

County: Anderson

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>HORIZON ADULT DAY CARE</b> 3420 CLEMSON BLVD STE 17 ANDERSON, SC 29621-1324 FAC.#:864-225-3370 DOVE SANDRA PH#: 864-225-3370 <b>Facility Email:</b> DWRIGHT@SENIORSOLUTIONS-SC.ORG	Anderson / Non-Profit Corporation 3420 CLEMSON BLVD STE 17 ANDERSON, SC 29621-1324 SENIOR SOLUTIONS <b>ADC-0248 / 10/31/2018</b>	46
<b>Number of Participants:</b>		<b>46</b>
<b>MARKETPLACE CINEMA ADULT DAY CARE</b> 3420 CLEMSON BLVD STE 17 ANDERSON, SC 29621-1324 FAC.#:864-225-3370 DOVE SANDRA PH#: 864-225-3370 <b>Facility Email:</b> DWRIGHT@SENIORSOLUTIONS-SC.ORG	Anderson / Non-Profit Corporation 3420 CLEMSON BLVD STE 17 ANDERSON, SC 29621-1324 SENIOR SOLUTIONS <b>ADC-0246 / 01/31/2019</b>	40
<b>Number of Participants:</b>		<b>40</b>
<b>NEW HOPE ADULT DAY CARE</b> 1214 NEW HOPE RD ANDERSON, SC 29625-5460 FAC.#:864-222-2986 SIMS LARRY V PH#: 864-222-2986 <b>Facility Email:</b> L.SIMS13@YAHOO.COM	Anderson / Sole Proprietorship 1214 NEW HOPE RD ANDERSON, SC 29625-5460 SIMS JR LARRY V <b>ADC-0237 / 03/31/2018 (Renewal Pending)</b>	35
<b>Number of Participants:</b>		<b>35</b>

<b>Totals For Facility/License Type: <u>Adult Day Care</u></b>	
<b>Number of Activities/Facilities licensed:</b> <u>3</u>	<b>Number Licensed Units:</b> <u>121</u>

County: Anderson

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>ANMED HEALTH MEDICUS SURGERY CENTER</b> 107 PROFESSIONAL CT ANDERSON, SC 29621-2052 FAC.#:864-716-7900 EATON ANGELA R PH#: 864-716-7900 Facility Email: ANGIEKAY@MEDICUS1.COM	Anderson / Limited Liability PO BOX 1886 ANDERSON, SC 29622-1886 ANMED HEALTH MEDICUS SURGERY CENTER LLC ASF-0100 / 04/30/2018	5
Operating Rooms: 3 Procedure Rooms: 2 Endoscopy Rooms: 0		
<b>UPSTATE ENDOSCOPY CENTER</b> 1922 MCCONNELL SPRINGS RD STE B ANDERSON, SC 29621-2642 FAC.#:864-716-6555 ATKINS DEBORAH A PH#: 864-716-6555 Facility Email: DEBORAH.ATKINS@ANMEDHEALTH.ORG	Anderson / Ltd. Liability 1922 MCCONNELL SPRINGS RD STE B ANDERSON, SC 29621-2642 ANMED ENTERPRISES INC UPSTATE ENDOSCOPY CENTER LLC ASF-0083 / 06/30/2018	2
Operating Rooms: 0 Procedure Rooms: 0 Endoscopy Rooms: 2		

Totals For Facility/License Type: <u>Ambulatory Surgery</u>	
Number of Activities/Facilities licensed: <u>2</u>	Number Licensed Units: <u>7</u>

County: Anderson

Facility Type: Body Piercing

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
<b>AGGRESSIVE INK III BODY PIERCING</b> 407 HWY 28 BYP UNIT B ANDERSON, SC 29624-3044 FAC.#:864-226-3793 RICKETTS STEVE G PH#: 864-940-6552 <b>Facility Email:</b> AGGRESSIVEINK@GMAIL.COM	Anderson / Sole Proprietorship 407 HWY 28 BYP UNIT B ANDERSON, SC 29624-3044 RICKETTS STEVE G <b>BP-0210 / 07/31/2018</b>	1
<b>PAINTED PONY PIERCING LLC</b> 738 WHITEHALL RD ANDERSON, SC 29625-2264 FAC.#:864-314-8599 PRUITT THOMAS PH#: 864-354-8978 <b>Facility Email:</b> PAINTEDPONYPIERCING@YAHOO.COM	Anderson / Sole Proprietorship 738 WHITEHALL RD ANDERSON, SC 29625-2264 THOMAS PRUITT <b>BP-0251 / 06/30/2018</b>	1
<b>THE EDGE</b> 100 ELECTRIC CITY BLVD STE 60 ANDERSON, SC 29621-2306 FAC.#:864-359-2172 BROWN ASHLEY NICOLE PH#: 678-227-9973 <b>Facility Email:</b> ANDERSONTHEEDGE@GMAIL.COM	Anderson / 100 ELECTRIC CITY BLVD STE 60 ANDERSON, SC 29621-2306 RAINER BROWN & COMPANY LLC <b>BP-0246 / 07/31/2018</b>	1
<b>XPRESSIONS TANNING SALON</b> 112 W SHOCKLEY FERRY RD ANDERSON, SC 29624-3733 FAC.#:864-225-4806 GINN DONNA PH#: 864-225-4806 <b>Facility Email:</b> ANGLNURARMS@AOL.COM	Anderson / Sole Proprietorship 112 W SHOCKLEY FERRY RD ANDERSON, SC 29624-3733 GINN DONNA <b>BP-0193 / 02/28/2019</b>	1

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

**County: Anderson**

**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>BROOKDALE ANDERSON</b> 311 SIMPSON RD ANDERSON, SC 29621-2157 FAC.#:864-261-3875 JENKINS BRIAN PH#: 864-261-3875 <b>Facility Email:</b> BJENKINS1@BROOKDALE.COM	Anderson / Corporation 311 SIMPSON RD ANDERSON, SC 29621-2157 EMERITUS CORPORATION <b>CRC-1303 / 03/31/2019</b>	40
<b>Alzheimer Care:No</b> <b>Max # Resident:0</b>	<b>Alzheimer Unit: No</b> <b>Max # Beds: 0</b>	
<b>Certifications:None</b>		
<b>FAITH HOPE AND CHARITY RETIREMENT</b> 101 COE ST ANDERSON, SC 29624 FAC.#:864-226-0990 TOUCHTON MARY SIMS PH#: 864-226-0990 <b>Facility Email:</b> THERESTINGPLACE35@GMAIL.COM	Anderson / Sole Proprietorship PO BOX 13866 ANDERSON, SC 29624-0018 MARY SIMS TOUCHTON <b>CRC-0760 / 04/30/2019</b>	10
<b>Alzheimer Care:No</b> <b>Max # Resident:0</b>	<b>Alzheimer Unit: No</b> <b>Max # Beds: 0</b>	
<b>Certifications:None</b>		
<b>GARDEN HOUSE LLC</b> 201 EDGEBROOK DR ANDERSON, SC 29621-2573 FAC.#:864-964-5668 GUILBAULT KATHLEEN PH#: 864-964-5668 <b>Facility Email:</b> KGUILBAULT@PRINCIPALSENIORLIVING.COM	Anderson / Ltd. Liability 11175 CICERO DR STE 500 ALPHARETTA, GA 30022-0004 ARHC GHANDSC01 TRS LLC <b>CRC-1437 / 07/31/2018</b>	75
<b>Alzheimer Care:Yes</b> <b>Max # Resident:18</b>	<b>Alzheimer Unit: Yes</b> <b>Max # Beds: 18</b>	
<b>Certifications:None</b>		
<b>LAKEVIEW ASSISTED LIVING</b> 3420 CLEMSON BLVD STE 17 ANDERSON, SC 29621-1324 FAC.#:864-638-5212 WRIGHT DOUGLAS A PH#: 864-225-3370 <b>Facility Email:</b> DWRIGHT@SENIORSOLUTIONS-SC.ORG	Anderson / Non-Profit Corporation 3420 CLEMSON BLVD STE 17 ANDERSON, SC 29621-1324 LAKEVIEW ASSISTED LIVING INC <b>CRC-0086 / 04/30/2018</b>	19
<b>Alzheimer Care:Yes</b> <b>Max # Resident:2</b>	<b>Alzheimer Unit: No</b> <b>Max # Beds: 0</b>	
<b>Certifications:None</b>		
<b>MAPLES OF HONEA PATH</b> 224 WILDWOOD DR HONEA PATH, SC 29654-1335 FAC.#:864-369-2000 WILLIS MARK N PH#: 864-369-2000 <b>Facility Email:</b> WILLISFORHOUSE@GMAIL.COM	Anderson / Corporation 224 WILDWOOD DR HONEA PATH, SC 29654-1335 MAPLE MANOR INC <b>CRC-0819 / 05/31/2018</b>	74
<b>Alzheimer Care:Yes</b> <b>Max # Resident:30</b>	<b>Alzheimer Unit: No</b> <b>Max # Beds: 0</b>	
<b>Certifications:None</b>		

County: Anderson

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>MARCHBANKS ASSISTED LIVING AND MEMORY CARE</b> 2203 MARCHBANKS AVE ANDERSON, SC 29621-2247 FAC.#:864-231-7786 MORRISON KENNETH S PH#: 864-231-7786 Facility Email: SCOTT@MARCHBANKSAL.COM	Anderson / Ltd. Liability 2203 MARCHBANKS AVE ANDERSON, SC 29621-2247 CAROLINA RETIREMENT SERVICES OF ANDERSON LLC CRC-1413 / 05/31/2018	60
Alzheimer Care:Yes      Max # Resident:10	Alzheimer Unit: Yes      Max # Beds: 23	
Certifications:None		
<b>MORNINGSIDE OF ANDERSON</b> 1304 MCLEES RD ANDERSON, SC 29621-3345 FAC.#:864-964-9088 SPEER RICHARD W PH#: 864-964-9088 Facility Email: LICENSING@5SSL.COM	Anderson / Limited Liability Limited <del>400 CENTRE ST</del> NEWTON, MA 02458-2094 MORNINGSIDE OF ANDERSON LP CRC-1093 / 04/30/2018	88
Alzheimer Care:Yes      Max # Resident:15	Alzheimer Unit: No      Max # Beds: 0	
Certifications:None		
<b>NORTH POINTE ASSISTED LIVING</b> 701 SIMPSON RD ANDERSON, SC 29621-3077 FAC.#:864-226-5505 STOVALL SHARON PH#: 864-226-5505 Facility Email: SSTOVALL@CAPITALSENIORLIVING.NET	Anderson / Limited Liability 701 SIMPSON RD ANDERSON, SC 29621-3077 CSL NORTH POINTE SC LLC CRC-1454 / 10/31/2018	70
Alzheimer Care:Yes      Max # Resident:28	Alzheimer Unit: Yes      Max # Beds: 28	
Certifications:None		
<b>OAKVIEW PARK</b> 110 HOOD RD GREENVILLE, SC 29611 FAC.#:864-412-8990 WRIGHT MALEIKA N PH#: 864-412-8990 Facility Email: ADMIN@OAKVIEWPARKSC.COM	Anderson / 110 HOOD RD GREENVILLE, SC 29611 OAKVIEW PARK ALF CRC-1566 / 10/31/2018	90
Alzheimer Care:Yes      Max # Resident:17	Alzheimer Unit: Yes      Max # Beds: 30	
Certifications:None		
<b>RESTING PLACE #1</b> 207 E SHOCKLEY FERRY RD ANDERSON, SC 29624-3731 FAC.#:864-226-0990 TOUCHTON MARY S PH#: 864-226-0990 Facility Email: THERESTINGPLACE35@GMAIL.COM	Anderson / Sole Proprietorship PO BOX 13866 ANDERSON, SC 29624-0018 MARY SIMS TOUCHTON CRC-0499 / 11/30/2018	10
Alzheimer Care:No      Max # Resident:0	Alzheimer Unit: No      Max # Beds: 0	
Certifications:None		

County: Anderson

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>ROCKY RIVER BAPTIST ASSOCIATION RESIDENTIAL CARE HOME</b> 250 UNION HIGH DR BELTON, SC 29627-2445 FAC.#:864-338-1410 TOUCHTON JORDANA M PH#: 864-338-1410 Facility Email: ROCKYRIVERRCF@YAHOO.COM	Anderson / Non-Profit Corporation 250 UNION HIGH DR BELTON, SC 29627-2445 ROCKY RIVER BAPTIST ASSOCIATION CRC-1270 / 04/30/2018	28
Alzheimer Care:Yes Max # Resident:2	Alzheimer Unit: No Max # Beds: 0	
Certifications:None		
<b>SUMMIT PLACE OF ANDERSON</b> 107 PERPETUAL SQ ANDERSON, SC 29621-1713 FAC.#:864-222-9880 COOLEY LARINDA PH#: 864-222-9880 Facility Email: LCOOLEY@CAPITALSENIORLIVING.NET	Anderson / Limited Liability 107 PERPETUAL SQ ANDERSON, SC 29621-1713 CSL SUMMIT PLACE SC LLC CRC-1151 / 10/31/2018	89
Alzheimer Care:Yes Max # Resident:28	Alzheimer Unit: Yes Max # Beds: 32	
Certifications:None		
<b>UPSTATE RESIDENTIAL CARE</b> 1302 S MCDUFFIE ST ANDERSON, SC 29624-2745 FAC.#:864-225-6901 KELLER BOBBIE J PH#: 864-225-6901 Facility Email: HORACEALEXANDER@MYLASOUNDS.COM	Anderson / Sole Proprietorship PO BOX 14922 ANDERSON, SC 29624-0036 HORACE J ALEXANDER CRC-0233 / 08/31/2018	10
Alzheimer Care:No Max # Resident:0	Alzheimer Unit: No Max # Beds: 0	
Certifications:None		
<b>VILLAGE COMMUNITY CARE HOME-UNIT A</b> 1250 SALEM CHURCH RD ANDERSON, SC 29625-1310 FAC.#:864-225-4336 WILLIAMS PHYLLIS S PH#: 864-225-4336 Facility Email: VILLAGECARE365@GMAIL.COM	Anderson / Corporation PO BOX 5107 ANDERSON, SC 29623-5107 VILLAGE COMMUNITY CARE HOME INC CRC-0563 / 01/31/2019	11
Alzheimer Care:No Max # Resident:0	Alzheimer Unit: No Max # Beds: 0	
Certifications:None		
<b>VILLAGE COMMUNITY CARE HOME-UNIT B</b> 1250 SALEM CHURCH RD ANDERSON, SC 29625-1310 FAC.#:864-225-4336 WILLIAMS PHYLLIS S PH#: 864-225-4336 Facility Email: VILLAGECARE365@GMAIL.COM	Anderson / Corporation PO BOX 5107 ANDERSON, SC 29623-5107 VILLAGE COMMUNITY CARE HOME INC CRC-0564 / 01/31/2019	11
Alzheimer Care:No Max # Resident:0	Alzheimer Unit: No Max # Beds: 0	
Certifications:None		

County: Anderson

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
---	---	-------------------

VILLAGE COMMUNITY CARE HOME-UNIT C 1250 SALEM CHURCH RD ANDERSON, SC 29625-1310 FAC.#:864-225-4336 WILLIAMS PHYLLIS S PH#: 864-225-4336 Facility Email: VILLAGECARE365@GMAIL.COM	Anderson / Corporation PO BOX 5107 ANDERSON, SC 29623-5107 VILLAGE COMMUNITY CARE HOME INC CRC-0565 / 01/31/2019	11
--	--	----

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

Certifications:None

VILLAGE COMMUNITY CARE HOME-UNIT D 1250 SALEM CHURCH RD ANDERSON, SC 29625-1310 FAC.#:864-225-4336 WILLIAMS PHYLLIS S PH#: 864-225-4336 Facility Email: VILLAGECARE365@GMAIL.COM	Anderson / Corporation PO BOX 5107 ANDERSON, SC 29623-5107 VILLAGE COMMUNITY CARE HOME INC CRC-0566 / 01/31/2019	11
--	--	----

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

Certifications:None

Totals For Facility/License Type: Community Residential Care Facility  
 Number of Activities/Facilities licensed: 17      Number Licensed Units: 707

County: Anderson

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
---	---	-------------------

<b>ANMED HEALTH HOME HEALTH AGENCY</b> 1926 MCCONNELL SPRINGS RD ANDERSON, SC 29621-2642 FAC.#:864-512-6410 GETSINGER CHRISTI A PH#: 864-512-6410 <b>Facility Email:</b> HCCREDENTIALING@ANMEDHEALTH.ORG <b>Counties Served:</b> Anderson, Pickens <b>License Restrictions:</b> Physical Therapy: Y Speech Therapy: Y Occupational Therapy: Y Med. Social Services: Y Home Health Aid: Y Medical Supplies/Appliances/Durable Medical Equipment: N <b>Other:</b>	Anderson / Non-Profit Corporation PO BOX 195 ANDERSON, SC 29622-0195 ANMED HEALTH <b>HHA-0068 / 02/28/2019</b>	2
--	--	---

<b>KINDRED AT HOME-ANDERSON</b> 1704 E GREENVILLE ST STE 2D ANDERSON, SC 29621-7914 FAC.#:864-332-8200 MERCK FREDA L PH#: <b>Facility Email:</b> JANET.COMBS@GENTIVA.COM <b>Counties Served:</b> Abbeville, Anderson, Cherokee, Greenville, Greenwood, Laurens, McCormick, Oconee, Pickens, Spartanburg, Union <b>License Restrictions:</b> Physical Therapy: Y Speech Therapy: Y Occupational Therapy: Y Med. Social Services: Y Home Health Aid: Y Medical Supplies/Appliances/Durable Medical Equipment: N <b>Other:</b> REGISTERED NURSE	Anderson / Limited Liability 12900 FOSTER ST STE 400 OVERLAND PARK, KS 66213-2696 CAPITAL CARE RESOURCES OF SOUTH CAROLINA LLC <b>HHA-0001 / 12/31/2018</b>	11
--	---	----

<b>Totals For Facility/License Type: <u>Home Health</u></b>	
<b>Number of Activities/Facilities licensed: _____ 2</b>	<b>Number Licensed Units: _____ 13</b>



County: Anderson

Facility Type: Hospice Facility

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
CALLIE & JOHN RAINEY HOSPICE HOUSE 1835 ROGERS RD ANDERSON, SC 29621-2278 FAC.#:864-224-3358 MELBOURNE PAMELA S PH#: 864-224-3358 Facility Email: PMELBOURNE@HOSPICEHOUSE.NET	Anderson / Corporation 1835 ROGERS RD ANDERSON, SC 29621-2278 HOSPICE OF THE UPSTATE INC HPF-0001 / 08/31/2018	32

Totals For Facility/License Type: Hospice Facility

Number of Activities/Facilities licensed: 1      Number Licensed Units: 32

County: Anderson

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>DIVINE HOSPICE</b> 115 WHITEHALL RD ANDERSON, SC 29625 FAC.#:864-965-7660 KUMAR SANJEEV PH#: 864-375-9690 Facility Email: DHOSPICELLC@GMAIL.COM	Anderson / Limited Liability 115 WHITEHALL RD ANDERSON, SC 29625 DIVINE HOSPICE LLC HPC-0215 / 02/28/2019	3
<b>Counties Served: Anderson, Oconee, Pickens</b>		
<b>HOSPICE OF THE UPSTATE</b> 1835 ROGERS RD ANDERSON, SC 29621-2278 FAC.#:864-224-3358 MELBOURNE PAMELA S PH#: 864-224-3358 Facility Email: PMELBOURNE@HOSPICEHOUSE.NET	Anderson / Corporation 1835 ROGERS RD ANDERSON, SC 29621-2278 HOSPICE OF THE UPSTATE INC HPC-0017 / 07/31/2018	5
<b>Counties Served: Abbeville, Anderson, Greenville, Oconee, Pickens</b>		

<b>Totals For Facility/License Type: <u>Hospice Program</u></b>	
Number of Activities/Facilities licensed: <u>2</u>	Number Licensed Units: <u>8</u>

County: Anderson

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
---	---	-------------------

<b>ANMED HEALTH MEDICAL CENTER</b> 800 N FANT ST ANDERSON, SC 29621-5793 FAC.#:864-512-1109 MANSON WILLIAM T PH#: Facility Email: BILL.MANSON@ANMEDHEALTH.ORG	Anderson / Non-Profit Corporation 800 N FANT ST ANDERSON, SC 29621-5793 ANMED HEALTH HTL-0044 / 11/30/2018	461
Licensed Beds: General: 423 Psychiatric: 38 Rehab: 0 Substance Abuse: 0 Other Beds : NICU: 0 Neonatal Special Care: 0		

Certifications: Abortions, Trauma Center Level II, JCAHO Accredited

<b>ANMED HEALTH REHABILITATION HOSPITAL</b> 1 SPRING BACK WAY ANDERSON, SC 29621-2676 FAC.#:864-716-2600 MURRAY DENISE R PH#: 864-716-2600 Facility Email: DENISE.MURRAY@HEALTHSOUTH.COM	Anderson / Ltd. Liability 1 SPRING BACK WAY ANDERSON, SC 29621-2676 ANMED ENTERPRISES INC/HEALTHSOUTH LLC HTL-0838 / 12/31/2018	60
Licensed Beds: General: 0 Psychiatric: 0 Rehab: 60 Substance Abuse: 0 Other Beds : NICU: 0 Neonatal Special Care: 0		

Certifications: JCAHO Accredited

<b>ANMED HEALTH WOMEN'S AND CHILDREN'S HOSPITAL</b> 2000 E GREENVILLE ST ANDERSON, SC 29621-1580 FAC.#:864-512-4801 MANSON WILLIAM T PH#: 864-512-4801 Facility Email: TINA.JURY@ANMEDHEALTH.ORG	Anderson / Non-Profit Corporation 2000 E GREENVILLE ST, ANMED HEALTH CAMPUS ANDERSON, SC 29621-1580 ANMED HEALTH HTL-0896 / 06/30/2018	72
Licensed Beds: General: 72 Psychiatric: 0 Rehab: 0 Substance Abuse: 0 Other Beds : NICU: 0 Neonatal Special Care: 13		

Certifications: Abortions, Perinatal Level II, JCAHO Accredited

<b>PATRICK B HARRIS PSYCHIATRIC HOSPITAL</b> 130 HWY 252 ANDERSON, SC 29621-5054 FAC.#:864-231-2600 MCENIRY ALLEN PH#: 864-231-2600 Facility Email: ALLEN.MCENIRY@SCDMH.ORG	Anderson / State PO BOX 2907 ANDERSON, SC 29622-2907 SC DEPARTMENT OF MENTAL HEALTH HTL-0503 / 11/30/2018	200
Licensed Beds: General: 0 Psychiatric: 200 Rehab: 0 Substance Abuse: 0 Other Beds : NICU: 0 Neonatal Special Care: 0		

Certifications: JCAHO Accredited

Totals For Facility/License Type: <u>Hospital or Institutional General Infirmary</u>	
Number of Activities/Facilities licensed: _____ 4	Number Licensed Units: _____ 793

County: Anderson

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>ASSURANCE HEALTHCARE SERVICES LLC</b> 802 N MAIN ST ANDERSON, SC 29621-5525 FAC.#:864-642-4798 PH#: Facility Email: LASHERRIE_ASSURANCEHS@YAHOO.COM	Anderson / Limited Liability 802 N MAIN ST ANDERSON, SC 29621-5525 ASSURANCE HEALTHCARE SERVICES LLC <b>IHCP-0512 / 03/31/2018 (Renewal Pending)</b>	- 1
<b>AT HOME QUALITY CARE</b> 613 CELY RD EASLEY, SC 29642-9320 FAC.#:864-372-5040 MASON LARRY PH#: 864-372-5040 Facility Email: TASTE4LIFE19@YAHOO.COM	Anderson / Corporation 211 OAK LN LIBERTY, SC 29657 AT HOME QUALITY CARE INCORPORATED <b>IHCP-0764 / 10/31/2018</b>	- 1
<b>BEYOND CARE HOME CARE SERVICES LLC - HONEA PATH</b> 512-A E GREER ST HONEA PATH, SC 29654 FAC.#:864-369-0222 PH#: Facility Email: BEYONDCAREHC@ATT.NET	Anderson / 512-A E GREER ST HONEA PATH, SC 29654 BEYOND CARE LLC <b>IHCP-0107 / 04/30/2018</b>	- 1
<b>C 3 ELDERCARE</b> 107 N MAIN ST ANDERSON, SC 29621 FAC.#:864-934-5600 PH#: Facility Email: JCAREYJONES@AOL.COM	Anderson / Corporation 107 N MAIN ST ANDERSON, SC 29621 C3 ELDERCARE A SUBSIDIARY OF CONSOLIDATED SOUTHERN INDUSTRIES <b>IHCP-0214 / 07/31/2018</b>	- 1
<b>CARING HANDS HOME CARE OF THE UPSTATE INC</b> 1405-A PEARMAN DAIRY RD STE B ANDERSON, SC 29625 FAC.#:864-224-6953 PH#: Facility Email: CHHC@CARINGHANDSHC.COM	Anderson / Corporation 1405-A PEARMAN DAIRY RD STE B ANDERSON, SC 29625 CARING HANDS HOME CARE OF THE UPSTATE INC <b>IHCP-0210 / 06/30/2018</b>	- 1
<b>COMFORT KEEPERS - ANDERSON</b> 402 E GREENVILLE ST ANDERSON, SC 29621-5536 FAC.#:864-760-1900 PH#: Facility Email: ANDERSON@COMFORTKEEPERS.COM	Anderson / Limited Liability 402 E GREENVILLE ST ANDERSON, SC 29621-5536 JOE AND MELISA LLC <b>IHCP-0146 / 05/31/2018</b>	- 1
<b>CORPORATE CARE LLC-ANDERSON</b> 1212 N MAIN ST ANDERSON, SC 29624 FAC.#:864-261-8488 PH#: Facility Email: RR500@CORPORARE-SERVICSSC.COM	Anderson / Limited Liability PO BOX 16148 GREENVILLE, SC 29606-7148 CORPORATE CARE LLC <b>IHCP-0277 / 08/31/2018</b>	- 1
<b>FAMILY CARE MANAGEMENT LLC</b> 716 ANDERSON ST STE C BELTON, SC 29627-2148 FAC.#:864-392-1810 PH#: Facility Email: CHRYSTAL@FAMILYCAREMANAGEMENT.ORG	Anderson / Limited Liability 716 ANDERSON ST STE C BELTON, SC 29627-2148 FAMILY CARE MANAGEMENT LLC <b>IHCP-0506 / 06/30/2018</b>	- 1

County: Anderson

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>HOME BY CHOICE-FIRST UP INC</b> 1405-A PEARMAN DAIRY RD STE A ANDERSON, SC 29625 FAC.#:864-224-4907 PH#: Facility Email: HOMEBYCHOICE579@BELLSOUTH.NET	Anderson / Sole Proprietorship 1405-A PEARMAN DAIRY RD STE A ANDERSON, SC 29625 HOME BY CHOICE INC <b>IHCP-0209 / 05/31/2018</b>	- 1
<b>HOME INSTEAD SENIOR CARE - ANDERSON</b> 716 E GREENVILLE ST ANDERSON, SC 29621-4837 FAC.#:864-642-6780 PH#: Facility Email: WMARSHBURN@HOMEINSTEAD.COM	Anderson / Corporation 716 E GREENVILLE ST ANDERSON, SC 29621-4837 UPSTATE TARHEELS INC <b>IHCP-0043 / 01/31/2019</b>	- 1
<b>LOVING HANDS HOME CARE SERVICES</b> 2318 N MAIN ST ANDERSON, SC 29621-3876 FAC.#:864-221-4917 PH#: Facility Email: WOODSWENDY@HOTMAIL.COM	Anderson / Limited Liability 2318 N MAIN ST ANDERSON, SC 29621-3876 LOVING HANDS HOME CARE SERVICES LLC <b>IHCP-0828 / 03/31/2019</b>	- 1
<b>MAINSTREAM REHABILITATIVE SERVICES LLC</b> 4124 CLEMSON BLVD STE D ANDERSON, SC 29621-1169 FAC.#:864-351-9434 PH#: Facility Email: INFO@MAINSTREAMRS.COM	Anderson / Limited Liability 206 LAKEFOREST RD GREENWOOD, SC 29649 MAINSTREAM REHABILITATIVE SERVICES LLC <b>IHCP-0255 / 11/30/2018</b>	- 1
<b>NO PLACE LIKE HOME OF SOUTH CAROLINA - ANDERSON</b> 211 E CALHOUN ST ANDERSON, SC 29621-5542 FAC.#:864-224-3430 PH#: Facility Email: JLANE@MEDICAREGIVERS.COM	Anderson / Corporation 1172 OLD SALEM RD CONYERS, GA 30094-5944 NO PLACE LIKE HOME OF SOUTH CAROLINA INC <b>IHCP-0246 / 07/31/2018</b>	- 1
<b>RESCARE HOMECARE ANDERSON</b> 1103 N FANT ST ANDERSON, SC 29621-2037 FAC.#:864-224-9121 PH#: Facility Email: SHAWN.KEITH@RESCARE.COM	Anderson / Corporation 1103 FANT ST ANDERSON, SC 29621 SOUTHERN HOME CARE SERVICES INC DBA RESCARE HOMECARE <b>IHCP-0012 / 06/30/2018</b>	- 1
<b>SENIOR SOLUTIONS - IN HOME CARE</b> 3420 CLEMSON BLVD STE 17 ANDERSON, SC 29621-1324 FAC.#:864-225-3370 PH#: Facility Email: DWRIGHT@SENIORSOLUTIONS-SC.ORG	Anderson / Corporation 3420 CLEMSON BLVD STE 17 ANDERSON, SC 29621-1324 SENIOR SOLUTIONS <b>IHCP-0444 / 09/30/2018</b>	- 1
<b>SENIORS HELPERS - ANDERSON</b> 1214 N MAIN ST STE D ANDERSON, SC 29621-4729 FAC.#:864-844-9151 PH#: Facility Email: VRICKETTS@SENIORHELPERS.COM	Anderson / Limited Liability 2435 E NORTH ST # 165 GREENVILLE, SC 29615-1491 MARIE ANTHONY COMPANY LLC <b>IHCP-0166 / 05/31/2018</b>	- 1

County: Anderson

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>UPSTATE HEALTHCARE SERVICES</b> 212 E GREENVILLE ST ANDERSON, SC 29621-5509 FAC.#:864-209-8245 PH#: <b>Facility Email:</b> PENNELL@UHSSC.COM	Anderson / 212 E GREENVILLE ST ANDERSON, SC 29621-5509 UPSTATE MEDICAL STAFFING INC <b>IHCP-0149 / 05/31/2018</b>	- 1
<b>WELL CARE AT HOME LLC</b> 1209-B N FANT ST STE A ANDERSON, SC 29621 FAC.#:864-540-8005 LEE CHASTITY PH#: 864-540-8005 <b>Facility Email:</b> WELLCARE_ATHOME@YAHOO.COM	Anderson / Limited Liability 1209-B N FANT ST STE A ANDERSON, SC 29621 WELL CARE AT HOME LLC <b>IHCP-0329 / 12/31/2018</b>	- 1

<b>Totals For Facility/License Type: <u>Inhome Care Provider</u></b>	
<b>Number of Activities/Facilities licensed:</b> <u>18</u>	<b>Number Licensed Units:</b> - <u>18</u>

County: Anderson

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
---	---	-------------------

<b>BROOKDALE ANDERSON</b> 311 SIMPSON RD ANDERSON, SC 29621-2157 FAC.#:864-261-3875 JENKINS BRIAN PH#: 864-261-3875 <b>Facility Email:</b> BJENKINS1@BROOKDALE.COM	Anderson / Corporation 311 SIMPSON RD ANDERSON, SC 29621-2157 EMERICARE INC <b>NCF-0872 / 12/31/2018</b>	44
--	--	----

Licensed Beds: Nursing Home: 44 Institutional Nursing Home: 0

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

Certifications:None

<b>ELLENBURG NURSING CENTER</b> 611 E HAMPTON ST ANDERSON, SC 29624-2899 FAC.#:864-226-5054 ELLENBURG LYNDON W PH#: 864-226-5054 <b>Facility Email:</b> FUZZERONE@AOL.COM	Anderson / Corporation 611 E HAMPTON ST ANDERSON, SC 29624-2899 ELLENBURG NURSING CENTER INC <b>NCF-0231 / 03/31/2019</b>	181
---	---	-----

Licensed Beds: Nursing Home: 181 Institutional Nursing Home: 0

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

Certifications:None

<b>IVA REHABILITATION AND HEALTHCARE CENTER</b> 406 W BROAD ST IVA, SC 29655-1119 FAC.#:864-348-7433 FIELDS ANTHONY PH#: 864-224-3898 <b>Facility Email:</b> AFIELDS@ORIANNA.COM	Anderson / Limited Liability 406 W BROAD ST IVA, SC 29655-1119 IVA REHABILITATION AND HEALTHCARE CENTER LLC <b>NCF-0904 / 11/30/2018</b>	60
--	--	----

Licensed Beds: Nursing Home: 60 Institutional Nursing Home: 0

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

Certifications:None

<b>LINLEY PARK REHABILITATION AND HEALTHCARE CENTER</b> 208 JAMES ST ANDERSON, SC 29625-2942 FAC.#:864-226-3427 HERITAGE CARLA PH#: 864-226-3427 <b>Facility Email:</b> CHERITAGE@ORIANNA.COM	Anderson / Limited Liability 208 JAMES ST ANDERSON, SC 29625-2942 LINLEY PARK REHABILITATION AND HEALTHCARE CENTER LLC <b>NCF-0909 / 11/30/2018</b>	88
---	--	----

Licensed Beds: Nursing Home: 88 Institutional Nursing Home: 0

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

Certifications:None

County: Anderson

Facility Type: Nursing Home

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

NHC HEALTHCARE ANDERSON	Anderson / Ltd. Liability	290
1501 E GBREENVILLE ST	PO BOX 1327	
ANDERSON, SC 29621 FAC.#:864-226-8356	ANDERSON, SC 29622-1327	
MOORHOUSE BRADLEY W PH#: 864-226-8356	NHC HEALTHCARE/ANDERSON LLC	
Facility Email: LPENA@NHCANDERSON.COM	NCF-0801 / 06/30/2018	

Licensed Beds: Nursing Home: 290 Institutional Nursing Home: 0

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

Certifications:None

RICHARD M CAMPBELL VETERANS NURSING HOME	Anderson / State	220
4605 BELTON HWY	4605 BELTON HWY	
ANDERSON, SC 29621-5045 FAC.#:864-261-6734	ANDERSON, SC 29621-5045	
EVATT RUSSELL PH#: 864-261-6734	SC DEPARTMENT OF MENTAL HEALTH	
Facility Email: REVATT@HMRVSI.COM	NCF-0549 / 02/28/2019	

Licensed Beds: Nursing Home: 220 Institutional Nursing Home: 0

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

Certifications:None

SOUTHERN OAKS REHABILITATION AND HEALTHCARE CENTER	Anderson / Limited Liability	88
109 BENTZ RD	109 BENTZ RD	
PIEDMONT, SC 29673-1412 FAC.#:864-845-5177	PIEDMONT, SC 29673-1412	
FARTHING SHANNON PH#:	SOUTHERN OAKS REHABILITATION AND HEALTHCARE CENTER LLC	
Facility Email: SFARTHING@ORIANNA.COM	NCF-0907 / 11/30/2018	

Licensed Beds: Nursing Home: 88 Institutional Nursing Home: 0

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

Certifications:None

Totals For Facility/License Type: <u>Nursing Home</u>	
Number of Activities/Facilities licensed: <u>7</u>	Number Licensed Units: <u>971</u>



County: Anderson

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>ADULT DRUG COURT TREATMENT</b> 100 S MAIN ST ANDERSON, SC 29624-1619 FAC.#:864-260-4042 BRANYON AMY PH#: 864-260-1027 <b>Facility Email:</b> NIKKI.LINDSEY@SOLICITOR10.ORG	Anderson / County PO BOX 8002 ANDERSON, SC 29622-8002 ANDERSON COUNTY 10TH CIRCUIT SOLICITOR'S OFFICE <b>OTP-0099 / 01/31/2019</b>	1
---	--	---

**Certifications:None**

<b>ANDERSON-OCONEE BEHAVIORAL HEALTH SERVICES</b> 226 MCGEE RD ANDERSON, SC 29625-2104 FAC.#:864-260-4168 BECK RN KAREN B PH#: 864-260-4168 <b>Facility Email:</b> KARENBECK@AOBHS.ORG	Anderson / County 226 MCGEE RD ANDERSON, SC 29625-2104 ANDERSON-OCONEE BEHAVIORAL HEALTH SERVICES-BOARD <b>OTP-0030 / 09/30/2018</b>	2
--	--	---

**Certifications:None**

<b>SOUTHWEST CAROLINA TREATMENT CENTER</b> 341 W BELTLINE BLVD ANDERSON, SC 29625-1505 FAC.#:864-222-9798 WHITMIRE PAM PH#: 864-222-9798 <b>Facility Email:</b> JOY.BAILLEY@CAROLINATREATCENTERS.COM	Anderson / Limited Liability 1200 WOODRUFF RD STE A3 GREENVILLE, SC 29607-5732 SOUTHWEST CAROLINA TREATMENT CENTER LLC <b>OTPN-0049 / 03/01/2019</b>	1
--	--	---

**Certifications:Narcotics Treatment Program, Methodone Treatment Program**

**Totals For Facility/License Type: PSAD Outpatient**

Number of Activities/Facilities licensed: 3      Number Licensed Units: 4

County: Anderson

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
<b>FRESENIUS MEDICAL CARE ANDERSON DIALYSIS CLINIC</b> 416 E CALHOUN ST STE A ANDERSON, SC 29621-5852 FAC.#:864-224-1678 WADSWORTH AMANDA MARLENE PH#: 864-224-1678 Facility Email: AMANDA.WADSWORTH@FMC-NA.COM	Anderson / Limited Liability 416 E CALHOUN ST STE A ANDERSON, SC 29621-5852 FRESENIUS MEDICAL CARE ANDERSON LLC ERD-0105 / 07/31/2018	48
<p>Licensed Stations: Hemodialysis: 47 Peritoneal: 1</p>		
<b>FRESENIUS MEDICAL CARE BELTON-HONEA PATH</b> 200 CHURCH ST HONEA PATH, SC 29654-2213 FAC.#:864-369-6509 LINDLEY SHARON PH#: 864-369-6509 Facility Email: SHARON.LINDLEY@FMC-NA.COM	Anderson / Corporation 200 CHURCH ST HONEA PATH, SC 29654-2213 BIO-MEDICAL APPLICATIONS OF SOUTH CAROLINA INC ERD-0146 / 05/31/2018	17
<p>Licensed Stations: Hemodialysis: 17 Peritoneal: 0</p>		
<b>FRESENIUS MEDICAL CARE NORTH ANDERSON</b> 2021 CARDINAL CIR ANDERSON, SC 29621-1503 FAC.#:864-224-0024 COOLEY LINDA C PH#: 864-224-0024 Facility Email: LINDA.C.COOLEY@FMC-NA.COM	Anderson / Limited Liability 2021 CARDINAL CIR ANDERSON, SC 29621-1503 FRESENIUS MEDICAL CARE ANDERSON LLC ERD-0217 / 02/28/2019	25
<p>Licensed Stations: Hemodialysis: 21 Peritoneal: 2</p>		
<b>FRESENIUS MEDICAL CARE PENDLETON</b> 908 S MECHANIC ST PENDLETON, SC 29670-1815 FAC.#:864-646-6607 BARNETT DEBORAH PH#: 864-646-6607 Facility Email: DEBORAH.BARNETT@FMC-NA.COM	Anderson / Corporation 908 S MECHANIC ST PENDLETON, SC 29670-1815 BIO-MEDICAL APPLICATIONS OF SOUTH CAROLINA INC ERD-0145 / 12/31/2018	11
<p>Licensed Stations: Hemodialysis: 11 Peritoneal: 0</p>		
<b>PENDLETON DIALYSIS</b> 7703 HWY 76 PENDLETON, SC 29670-1818 FAC.#:864-646-7715 BOWSER DEBRA L PH#: 864-227-6011 Facility Email: SCL&C@DAVITA.COM	Anderson / Limited Liability Limited 5200 VINCENNA WAY STE 400, LICENSING AND CERTIFICATION BRENTWOOD, TN 37027-7569 RENAL TREATMENT CENTERS-SOUTHEAST LP ERD-0143 / 10/31/2018	10
<p>Licensed Stations: Hemodialysis: 10 Peritoneal: 0</p>		

<b>Totals For Facility/License Type: <u>Renal Dialysis</u></b>	
Number of Activities/Facilities licensed: _____	Number Licensed Units: _____
5	111

## County: Anderson

Facility Type: Tattoo Facility

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
<b>AGGRESSIVE INK 3</b> 407 HWY 28 BYP STE C ANDERSON, SC 29624-3044 FAC.#:864-226-3793 RICKETTS STEVE G PH#: 864-940-6552 <b>Facility Email:</b> AGGRESSIVEINK@GMAIL.COM	Anderson / Sole Proprietorship 407 HWY 28 BYP STE C ANDERSON, SC 29624-3044 RICKETTS STEVE G <b>TF-0073 / 06/30/2018</b>	3
<b>AGGRESSIVE INK II</b> 324 E SHOCKLEY FERRY RD ANDERSON, SC 29624-3824 FAC.#:864-231-9257 RICKETTS STEVE G PH#: 864-231-9257 <b>Facility Email:</b> AGGRESSIVEINK@GMAIL.COM	Anderson / Sole Proprietorship 324 E SHOCKLEY FERRY RD ANDERSON, SC 29624-3824 RICKETTS STEVE G <b>TF-0031 / 12/31/2018</b>	2
<b>ARTISTIC INK</b> 99 WELPINE RD PENDLETON, SC 29670-9606 FAC.#:864-226-1703 ROWLAND TERRY PH#: 843-312-7831 <b>Facility Email:</b> TERRYROWLAND777@YAHOO.COM	Anderson / Sole Proprietorship ROWLAND TERRY <b>TF-0059 / 10/31/2018</b>	4
<b>BLVD TATTOO CO</b> 3704 LIBERTY HWY ANDERSON, SC 29621-1309 FAC.#:864-224-7922 CHARPING STEVEN J PH#: 864-224-7922 <b>Facility Email:</b> BLVDTATTOOCO@YAHOO.COM	Anderson / Sole Proprietorship 3704 LIBERTY HWY ANDERSON, SC 29621-1309 CHARPING STEVEN J <b>TF-0111 / 11/30/2018</b>	5
<b>CHERRY BOMB TATTOO 3</b> 7202 HWY 76 STE C PENDLETON, SC 29670-9158 FAC.#:000-000-0000 ROACH JONATHAN PH#: 864-973-1994 <b>Facility Email:</b> JOHNNY.ROACH@YAHOO.COM	Anderson / Sole Proprietorship 7202 HWY 76 STE C PENDLETON, SC 29670-9158 ROACH JONATHAN AND ROACH WENDY <b>TF-0262 / 10/31/2018</b>	3
<b>HAZZARD LINE TATTOO</b> 1804 HWY 86 PIEDMONT, SC 29673 FAC.#:864-845-1700 PH#: <b>Facility Email:</b> HAZZARDLINE@GMAIL.COM	Anderson / Sole Proprietorship 1804 HWY 86 PIEDMONT, SC 29673 BRANDY DUNCAN <b>TF-0279 / 08/31/2018</b>	1
<b>HONKY TONK TATTOO</b> 121 VW CT ANDERSON, SC 29624-3000 FAC.#:864-328-9018 FILIPOVIC MICHAEL W PH#: 864-353-7400 <b>Facility Email:</b> HONKYTONK08@YAHOO.COM	Anderson / Sole Proprietorship 121 VW CT ANDERSON, SC 29624-3000 FILIPOVIC MICHAEL W <b>TF-0084 / 11/30/2017 (Renewal Pending)</b>	2
<b>JUST ANOTHER HOLE IN THE WALL TATTOO</b> 121 E WEST PKWY ANDERSON, SC 29621 FAC.#:843-685-3795 PH#: <b>Facility Email:</b> JUSTANOTHERHOLEINTHEWALL@GMAIL.COM	Anderson / 121 E WEST PKWY ANDERSON, SC 29621 JUST ANOTHER HOLE IN THE WALL TATTOO LLC <b>TF-0291 / 04/30/2018</b>	3

County: Anderson

Facility Type: Tattoo Facility

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
<b>LOST SAILOR STUDIO</b> 102 CPMMUNITY PARK DR STE B ANDERSON, SC 29621 FAC.#:864-622-8300 PH#:	Anderson / Sole Proprietorship 102 COMMUNITY PARK DR STE B ANDERSON, SC 29621 FREELIN KEITH A <b>TF-0293 / 06/30/2018</b>	5
<b>PAINTED PONY TATTOO-ANDERSON</b> 734 WHITEHALL RD ANDERSON, SC 29625-2264 FAC.#:864-226-2500 BRANDT KAREN L PH#: 864-226-2500 <b>Facility Email:</b> PAINTEDPONYTATTOO@YAHOO.COM	Anderson / Sole Proprietorship  BRANDT KAREN AND PRUITT THOMAS <b>TF-0034 / 02/28/2019</b>	5
<b>RELENTLESS TATTOO LLC</b> 34 HALTER DR PIEDMONT, SC 29673-6741 FAC.#:864-295-2237 BARNES JR REX C PH#: 864-295-2237 <b>Facility Email:</b> REXALL127@YAHOO.COM	Anderson / Limited Liability 34 HALTER DR PIEDMONT, SC 29673-6741 RELENTLESS TATTOO LLC <b>TF-0120 / 04/30/2018</b>	5
<b>SIREN'S COVE TATTOO</b> 3121-A HWY 153 PIEDMONT, SC 29673-7722 FAC.#:864-283-6900 ROBERSON ALYSIA PH#: 864-283-6900 <b>Facility Email:</b> ALYSIA_ROBERSON@YAHOO.COM	Anderson / Sole Proprietorship 13D EDGEWOOD DR WILLIAMSTON, SC 29697 ALYSIA ROBERSON <b>TF-0183 / 07/31/2018</b>	3
<b>STUDIO 22</b> 100 ELECTRIC CITY BLVD STE 50 ANDERSON, SC 29621-2306 FAC.#:864-437-8161 WILSON TODD EVAN PH#: 864-940-9034 <b>Facility Email:</b> TODDSTUDIO22@GMAIL.COM	Anderson / Sole Proprietorship 100 ELECTRIC CITY BLVD STE 50 ANDERSON, SC 29621-2306 WILSON TODD EVAN <b>TF-0165 / 01/31/2019</b>	3
<b>VANGUARD STUDIO</b> 4365 HWY 24 STE A ANDERSON, SC 29626 FAC.#:864-993-8924 ALEWINE LISA MARIE PH#: 864-993-8924 <b>Facility Email:</b> LISAMARIE8924@GMAIL.COM	Anderson / Limited Liability 1866 BELL RD IVA, SC 29655 VANGUARD STUDIOS LLC <b>TF-0272 / 06/30/2018</b>	4

<b>Totals For Facility/License Type: <u>Tattoo Facility</u></b>	
<b>Number of Activities/Facilities licensed:</b> <u>14</u>	<b>Number Licensed Units:</b> <u>48</u>

<b>Number of Activities/Facilities licensed in county of :</b> <u>Anderson</u>	<b># Lics:</b> <u>82</u>
	<b>Number Licensed Units :</b> <u>2,801</u>

Report Totals

Total Number of Activities/Facilities licensed: 82 Total Number Licensed Units: 2,801