

County: Barnwell

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
TRIPLE E ADULT DAY CARE #2 224 SANDERS LN BARNWELL, SC 29812-8063 FAC.#:803-259-1810 PH#: Facility Email: LCREECH16@GMAIL.COM	Barnwell / Sole Proprietorship PO BOX 965 ALLENDALE, SC 29810 CREECH LAUREN ADC-0429 / 07/31/2018	24
Number of Participants:		24

Totals For Facility/License Type: <u>Adult Day Care</u>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>24</u>

County: Barnwell

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
ACADEMY STREET COMMUNITY RESIDENCE 241 ACADEMY ST WILLISTON, SC 29853 FAC.#:803-259-7472 WASHINGTON MARY L PH#: 803-266-7833 Facility Email: BPARKER@BARNWELLSC.COM	Barnwell / State PO BOX 4706, DDSN C/O DAIVD GOODELL COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0177 / 06/30/2018	8
HARLEY ROAD COMMUNITY RESIDENCE 226 HARLEY RD WILLISTON, SC 29853 FAC.#:803-259-7472 WASHINGTON MARY L PH#: 803-259-7472 Facility Email: BPARKER@BARNWELLSC.COM	Barnwell / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0198 / 06/30/2018	8
LEMON PARK COMMUNITY RESIDENCE 95 LEMON PARK DR BARNWELL, SC 29812 FAC.#:803-259-7472 WASHINGTON MARY L PH#: 803-259-7472 Facility Email: BPARKER@BARNWELLSC.COM	Barnwell / State PO BOX 4706, DDSN C/O DAVID GOODELL COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0208 / 06/30/2018	8

Totals For Facility/License Type: Habilitation R15Number of Activities/Facilities licensed: 3 Number Licensed Units: 24

County: Barnwell

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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LAUREL BAYE HEALTHCARE OF BLACKVILLE LLC 1612 JONES BRIDGE RD BLACKVILLE, SC 29817-3066 FAC.#:803-284-4313 MYERS MITZI PH#: 803-329-6565 Facility Email: MMYERS@LAURELBAYE.COM	Barnwell / Ltd. Liability 1612 JONES BRIDGE RD BLACKVILLE, SC 29817-3066 LAUREL BAYE HEALTHCARE OF BLACKVILLE LLC NCF-0755 / 08/31/2018	85
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Licensed Beds: Nursing Home: 85 Institutional Nursing Home: 0

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

Certifications:None

LAUREL BAYE HEALTHCARE OF WILLISTON LLC 5721 SPRINGFIELD RD WILLISTON, SC 29853-1917 FAC.#:803-266-3229 PORTER NANCY PH#: 803-266-3229 Facility Email: NPORTER@LAURELBAYE.COM	Barnwell / Ltd. Liability 5721 SPRINGFIELD RD WILLISTON, SC 29853-1917 LAUREL BAYE HEALTHCARE OF WILLISTON LLC NCF-0754 / 08/31/2018	44
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Licensed Beds: Nursing Home: 44 Institutional Nursing Home: 0

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

Certifications:None

PRUITTHEALTH-BARNWELL 31 WREN ST BARNWELL, SC 29812-1528 FAC.#:803-259-5547 JAMISON MARY ANNE PH#: 803-259-5547 Facility Email: MJAMISON@PRUITTHEALTH.COM	Barnwell / Limited Liability 31 WREN ST BARNWELL, SC 29812-1528 PRUITTHEALTH-BARNWELL LLC NCF-0893 / 07/31/2018	44
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Licensed Beds: Nursing Home: 44 Institutional Nursing Home: 0

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

Certifications:None

Totals For Facility/License Type: Nursing Home
 Number of Activities/Facilities licensed: 3 Number Licensed Units: 173

County: Barnwell

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
AXIS I CENTER OF BARNWELL 1644 JACKSON ST BARNWELL, SC 29812-2156 FAC.#:803-541-1245 LONG CHERYL A PH#: 803-541-1245 Facility Email: PRUSH@AXIS1.ORG	Barnwell / County 1644 JACKSON ST BARNWELL, SC 29812-2156 BARNWELL COUNTY COMMISSION ON ALCOHOL AND DRUG ABUSE OTP-0040 / 11/30/2017	1

Certifications:None

Totals For Facility/License Type: <u>PSAD Outpatient</u>	
Number of Activities/Facilities licensed: _____ 1	Number Licensed Units: _____ 1

County: Barnwell

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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US RENAL CARE BARNWELL DIALYSIS 10708 MARLBORO AVE BARNWELL, SC 29812-6376 FAC.#:803-541-7225 COOPER DONNA PH#: 843-464-6212 Facility Email: LEGAL@USRENALCARE.COM	Barnwell / Limited Liability PO BOX 251549 PLANO, TX 75093-1500 DCA OF BARNWELL LLC ERD-0179 / 12/31/2017	15
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Licensed Stations: Hemodialysis: 15 Peritoneal: 0

Totals For Facility/License Type: <u>Renal Dialysis</u>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>15</u>

Number of Activities/Facilities licensed in county of : <u>Barnwell</u>	# Lics: <u>9</u>
	Number Licensed Units : <u>237</u>

Report Totals

Total Number of Activities/Facilities licensed: 9 Total Number Licensed Units: 237