

County: Berkeley

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
LOW COUNTRY ACTIVE DAY CENTER 104 SPRINGHALL DR GOOSE CREEK, SC 29445-5335 FAC.#:843-553-1805 GOODSON WHITNEY PH#: Facility Email: WGOODSON@ACTIVEDAY.COM	Berkeley / Corporation 6 NESHAMINY INTERPLEX DR STE 401 FEASTERVILLE TREVOSSE, PA 19053 ACSR INC ADC-0195 / 02/28/2019	97
Number of Participants:		97

<b>Totals For Facility/License Type: <u>Adult Day Care</u></b>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>97</u>

County: Berkeley

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
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ROPER HOSPITAL AMBULATORY SURGERY BERKELEY 730 STONEY LANDING RD MONCKS CORNER, SC 29461-2948 FAC.#:843-719-5585 MANNARINO SHERRIE PH#: Facility Email: SHERRIE.MANNARINO@RSFH.COM	Berkeley / Non-Profit Corporation 730 STONEY LANDING RD MONCKS CORNER, SC 29461-2948 ROPER HOSPITAL INC ASF-0063 / 02/28/2019	4
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Operating Rooms: 3 Procedure Rooms: 1 Endoscopy Rooms: 0

Totals For Facility/License Type: <u>Ambulatory Surgery</u>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>4</u>

County: Berkeley

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>PREMIER PIERCING</b> 1111 N MAIN ST UNIT B SUMMERVILLE, SC 29483-7319 FAC.#:843-771-2903 LONSBERRY KARA PH#: 843-771-2903 <b>Facility Email:</b> PREMIERPIERCING@YAHOO.COM	Berkeley / Sole Proprietorship 1111 N MAIN ST STE B SUMMERVILLE, SC 29483-7319 LAZAR JAMES AND LONSBERRY KARA <b>BP-0223 / 08/31/2018</b>	1

**Totals For Facility/License Type: Body Piercing**

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

County: Berkeley

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>BLAKE AT CARNES CROSSROADS LLC</b> 4015 2ND AVE SUMMERVILLE, SC 29486 FAC.#:843-376-3996 DAUGHERTY KATHRYN PH#: 843-376-3996 Facility Email: MICHAEL@CARDINALVENTURES.NET	Berkeley / Limited Liability 4015 2ND AVE SUMMERVILLE, SC 29486 BLAKE AT CARNES CROSSROADS CRC-1896 / 07/31/2018	114
Alzheimer Care:Yes Max # Resident:0	Alzheimer Unit: Yes Max # Beds: 40	
Certifications:None		
<b>GOOSE CREEK MANOR #1</b> 104 MARILYN ST GOOSE CREEK, SC 29445-3104 FAC.#:843-572-7442 DEDIOS LETICIA G PH#: 843-572-7442 Facility Email: GOOSECREEKMANOR@AOL.COM	Berkeley / Corporation 104 MARILYN ST GOOSE CREEK, SC 29445-3104 NL & JR INCORPORATED CRC-0639 / 06/30/2018	7
Alzheimer Care:No Max # Resident:0	Alzheimer Unit: No Max # Beds: 0	
Certifications:None		
<b>GOOSE CREEK MANOR #2</b> 104 MARILYN ST GOOSE CREEK, SC 29445-3104 FAC.#:843-572-7442 DEDIOS LETICIA G PH#: 843-572-7442 Facility Email: GOOSECREEKMANOR@AOL.COM	Berkeley / Corporation 104 MARILYN ST GOOSE CREEK, SC 29445-3104 NL & JR INCORPORATED CRC-0762 / 04/30/2018	36
Alzheimer Care:No Max # Resident:0	Alzheimer Unit: No Max # Beds: 0	
Certifications:None		
<b>NELSON'S RESIDENTIAL CARE</b> 2504 HWY 311 CROSS, SC 29436-3339 FAC.#:843-753-7098 NELSON LUCILLE S PH#: 843-753-7098 Facility Email: LNELSON2527@HOTMAIL.COM	Berkeley / Sole Proprietorship 2504 HWY 311 CROSS, SC 29436-3339 LUCILLE S NELSON CRC-2004 / 11/30/2018	5
Alzheimer Care:No Max # Resident:0	Alzheimer Unit: No Max # Beds: 0	
Certifications:None		
<b>NEW BEGINNINGS OF PINEVILLE</b> 212 MITCHELLBAY LN PINEVILLE, SC 29468-3200 FAC.#:843-351-2240 RAVENELL HELEN W PH#: 843-412-1246 Facility Email: NEW.BEGINNINGS@TDS.NET	Berkeley / Sole Proprietorship 212 MITCHELLBAY LN PINEVILLE, SC 29468-3200 RAVENELL HELEN W CRC-1521 / 04/30/2018	4
Alzheimer Care:No Max # Resident:0	Alzheimer Unit: No Max # Beds: 0	
Certifications:None		

County: Berkeley

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>OAKVIEW BOARDING HOME</b> 1818 S LIVE OAK DR MONCKS CORNER, SC 29461-7216 FAC.#:843-761-3273 BIASCAN ERLINDA M PH#: 843-761-3273 Facility Email: BIASCANA@YAHOO.COM	Berkeley / Corporation 1818 S LIVE OAK DR MONCKS CORNER, SC 29461-7216 OAKVIEW BOARDING HOME INC CRC-1153 / 04/30/2018	10
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Alzheimer Care:No      Max # Resident:0      Alzheimer Unit: No      Max # Beds: 0

Certifications:None

<b>PINEWOOD PLACE</b> 101 CENTENNIAL BLVD GOOSE CREEK, SC 29445-7079 FAC.#:843-569-2520 GREENWOOD RAE-LYNN PH#: 843-569-2520 Facility Email: ALCLICENSE@ENLIVANT.COM	Berkeley / 330 N WABASH AVE STE 3700 CHICAGO, IL 60611-7605 PINEWOOD AID OPCO LLC CRC-1406 / 11/30/2018	44
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Alzheimer Care:Yes      Max # Resident:4      Alzheimer Unit: No      Max # Beds: 0

Certifications:None

<b>QUALITY CARE RESIDENTIAL HOME</b> 107 ETLING AVE GOOSE CREEK, SC 29445-3001 FAC.#:843-863-0209 DOTTERY VERNELL PH#: 843-863-0209 Facility Email: VERNELL@QUALITYCAREOFSC.COM	Berkeley / PO BOX 129 CHINA GROVE, NC 28023 QUALITY CARE RESIDENTIAL HOME SC LLC CRC-0715 / 01/31/2019	29
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Alzheimer Care:No      Max # Resident:0      Alzheimer Unit: No      Max # Beds: 0

Certifications:None

<b>SUMMIT PLACE OF DANIEL ISLAND</b> 320 SEVEN FARMS DR DANIEL ISLAND, SC 29492-7532 FAC.#:843-814-9238 WOOLLEY KATHRYN D PH#: 843-814-9238 Facility Email: KWOOLLEY@5SSL.COM	Berkeley / Limited Liability 400 CENTRE ST NEWTON, MA 02458-2094 SNH SE DANIEL ISLAND TENANT LLC CRC-1282 / 05/31/2018	76
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Alzheimer Care:No      Max # Resident:0      Alzheimer Unit: No      Max # Beds: 0

Certifications:None

<b>Totals For Facility/License Type: <u>Community Residential Care Facility</u></b>	
Number of Activities/Facilities licensed: <u>    9    </u>	Number Licensed Units: <u>    325    </u>

County: Berkeley

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>CONIFER I COMMUNITY RESIDENCE</b> 110 RESINWOOD DR MONCKS CORNER, SC 29461 FAC.#:843-761-0311 WILSON SUSAN PH#: 843-761-0311 <b>Facility Email:</b> ASHOOK@BCISERVICES.ORG	Berkeley / State PO BOX 4706, DDSN C/O DAVID GOODELL COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS <b>MR15-0119 / 05/31/2018</b>	8
<b>CONIFER II COMMUNITY RESIDENCE</b> 114 RESINWOOD DR MONCKS CORNER, SC 29461 FAC.#:843-761-0311 WILSON SUSAN PH#: 843-761-0311 <b>Facility Email:</b> ASHOOK@BCISERVICES.ORG	Berkeley / State PO BOX 4706, DDSN C/O DAVID GOODELL COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS <b>MR15-0120 / 05/31/2018</b>	8

<b>Totals For Facility/License Type: <u>Habilitation R15</u></b>	
<b>Number of Activities/Facilities licensed:</b> <u>2</u>	<b>Number Licensed Units:</b> <u>16</u>

County: Berkeley

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>PRUITTHEALTH HOSPICE-CHARLESTON</b> 139 GATEWAY DR LADSON, SC 29456 FAC.#:843-573-8623 PH#:	Berkeley / Corporation 171 CHURCH ST STE 210 CHARLESTON, SC 29401 PRUITTHEALTH HOSPICE INC <b>HPC-0114 / 11/30/2018</b>	15
<b>Facility Email:</b> LDANKO@PRUITTHEALTH.COM		
<b>Counties Served:</b> Aiken, Allendale, Bamberg, Barnwell, Berkeley, Calhoun, Charleston, Clarendon, Colleton, Dorchester, Edgefield, Lexington, McCormick, Orangeburg, Richland		

<b>Totals For Facility/License Type:</b> <u>Hospice Program</u>	
<b>Number of Activities/Facilities licensed:</b> <u>1</u>	<b>Number Licensed Units:</b> <u>15</u>

County: Berkeley

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>AISHA'S DIVINE SETTING HOME CARE</b> 320 CIRCADAS SONG DR MONCKS CORNER, SC 29461 FAC.#:855-277-8885 BROUGHTON AISHA PH#: 843-568-9812 Facility Email: AISHASDIVINESETTING@GMAIL.COM	Berkeley / Limited Liability  AISHA'S DIVINE SETTING HOME CARE LLC <b>IHCP-0654 / 03/31/2018 (Renewal Pending)</b>	- 1
<b>AN ANGELS TOUCH LLC</b> 219 N HWY 52 STE J MONCKS CORNER, SC 29461-3926 FAC.#:843-291-3355 PETERSON KIMBERLY L PH#: 843-291-3355 Facility Email: MFRANK@ANANGELSTOUCH.BIZ	Berkeley / Limited Liability PO BOX 938 MONCKS CORNER, SC 29461-0938 AN ANGELS TOUCH LLC <b>IHCP-0338 / 08/31/2018</b>	- 1
<b>COMPLETE CARE</b> 204 SUMMER VIEW RD SUMMERVILLE, SC 29486 FAC.#:631-921-5886 PH#: Facility Email: COMPLETECARE@MAIL.COM	Berkeley / Sole Proprietorship 204 SUMMER VIEW RD SUMMERVILLE, SC 29483 BAILEY LAURA <b>IHCP-0400 / 12/31/2018</b>	- 1
<b>ICAREDEEPLY</b> 207 MARKET HALL ST MONCKS CORNER, SC 29461 FAC.#:843-761-2451 PH#: Facility Email: JEREMIAHHENDERSON40@YAHOO.COM	Berkeley / Limited Liability 207 MARKET HALL ST MONCKS CORNER, SC 29461 ICAREDEEPLY LLC <b>IHCP-0732 / 07/31/2018</b>	- 1
<b>PALMETTO HOME CARE SPECIALISTS LLC</b> 114 SPRINGHALL DR GOOSE CREEK, SC 29445 FAC.#:843-452-6739 PH#: Facility Email: DAVETHEDPM@YAHOO.COM	Berkeley / Limited Liability 114 SPRINGHALL DR GOOSE CREEK, SC 29445 PALMETTO HOME CARE SPECIALISTS LLC <b>IHCP-0084 / 03/31/2018 (Renewal Pending)</b>	- 1
<b>PATHWAYS HOME CARE SERVICES</b> 3266 PINWOOD DR LADSON, SC 29456 FAC.#:843-970-8290 PH#: Facility Email: PATHWAYSHOMECARESERVICES@GMAIL.COM	Berkeley / Limited Liability 3266 PINWOOD DR LADSON, SC 29456 PATHWAYS HOME CARE SERVICES LLC <b>IHCP-0677 / 07/31/2018</b>	- 1

<b>Totals For Facility/License Type: <u>Inhome Care Provider</u></b>	
<b>Number of Activities/Facilities licensed:</b> _____	<b>Number Licensed Units:</b> _____
6	- 6



County: Berkeley

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>HEARTLAND HEALTH AND REHABILITATION CARE CENTER- HANAHAN</b> 1800 EAGLE LANDING BLVD HANAHAN, SC 29410-8517 FAC.#:843-553-0656 GREEN DWIGHT PH#: 843-553-0656	Berkeley / Limited Liability 333 N SUMMIT ST, LICENSURE SUPPORT TOLEDO, OH 43604-1531 HEARTLAND-CHARLESTON OF HANAHAN SC LLC <b>NCF-0526 / 12/31/2018</b>	135
<b>Facility Email:</b> 4015ADMIN@HCR-MANORCARE.COM <b>Licensed Beds: Nursing Home:</b> 135 <b>Institutional Nursing Home:</b> 0 <b>Alzheimer Care:</b> No <b>Max # Resident:</b> 0 <b>Alzheimer Unit:</b> No <b>Max # Beds:</b> 0		

Certifications:None

<b>LAKE MOULTRIE NURSING HOME</b> 1038 MCGILL LN SAINT STEPHEN, SC 29479-3196 FAC.#:843-567-2307 DRIGGERS JOANN C PH#: 843-567-2307	Berkeley / District PO BOX 1108 SAINT STEPHEN, SC 29479-1108 CLARENDON HOSPITAL DISTRICT <b>NCF-0738 / 12/31/2018</b>	88
<b>Facility Email:</b> JDRIGGERS@CLARENDONLTC.ORG <b>Licensed Beds: Nursing Home:</b> 88 <b>Institutional Nursing Home:</b> 0 <b>Alzheimer Care:</b> No <b>Max # Resident:</b> 0 <b>Alzheimer Unit:</b> No <b>Max # Beds:</b> 0		

Certifications:None

<b>PRUITTHEALTH-MONCKS CORNER</b> 505 S LIVE OAK DR MONCKS CORNER, SC 29461-3554 FAC.#:843-761-8368 HOLLINGSWORTH ROXANNE PH#: 843-761-8368	Berkeley / Limited Liability 505 S LIVE OAK DR MONCKS CORNER, SC 29461-3554 PRUITTHEALTH-MONCKS CORNER LLC <b>NCF-0943 / 10/31/2018</b>	132
<b>Facility Email:</b> CFLANSBURG@PRUITTHEALTH.COM <b>Licensed Beds: Nursing Home:</b> 132 <b>Institutional Nursing Home:</b> 0 <b>Alzheimer Care:</b> No <b>Max # Resident:</b> 0 <b>Alzheimer Unit:</b> No <b>Max # Beds:</b> 0		

Certifications:None

<b>Totals For Facility/License Type: <u>Nursing Home</u></b>	
<b>Number of Activities/Facilities licensed:</b> _____	<b>Number Licensed Units:</b> _____
3	355

County: Berkeley

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>ERNEST E KENNEDY CENTER</b> 306 AIRPORT DR MONCKS CORNER, SC 29461-2629 FAC.#:843-761-8272 TILGHMAN JR JEROME E PH#: 843-761-8272 Facility Email: JTILGHMAN@EKCENTER.ORG	Berkeley / Non-Profit Corporation 306 AIRPORT DR MONCKS CORNER, SC 29461-2629 ERNEST E KENNEDY CENTER (INC) OTP-0025 / 06/30/2018	2

Certifications:None

<b>TRUE HEART COUNSELING</b> 255 N HWY 52, HAYNES OFFICE PLAZA STE 1 MONCKS CORNER, SC 29461-3927 FAC.#:843-761-1444 ALEXANDER DARREN L PH#: 843-761-1444 Facility Email: TRUEHEARTCOUNSELING@GMAIL.COM	Berkeley / Limited Liability 255 N HWY 52, HAYNES OFFICE PLAZA STE 1 MONCKS CORNER, SC 29461-3927 TRUE HEART COUNSELING LLC OTP-0101 / 08/31/2018	1
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Certifications:None

<b>Totals For Facility/License Type: <u>PSAD Outpatient</u></b>	
Number of Activities/Facilities licensed: _____ 2	Number Licensed Units: _____ 3

County: Berkeley

Facility Type: Renal Dialysis

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

<b>DCI GOOSE CREEK</b>	Berkeley / Non-Profit Corporation	17
98 HAMLET CIR	1411 KING ST	
GOOSE CREEK, SC 29445-8100 FAC.#:843-863-8633	CHARLESTON, SC 29403-3008	
SALVADOR IMELDA P PH#:	DIALYSIS CLINIC INC	
<b>Facility Email:</b> SUSAN.WATTS@DCIINC.ORG	<b>ERD-0172 / 09/30/2018</b>	

Licensed Stations: Hemodialysis: 17 Peritoneal: 0

<b>FRESENIUS MEDICAL CARE LOWCOUNTRY HOME DIALYSIS</b>	Berkeley / Limited Liability	6
1980 N MAIN ST	1980 N MAIN ST	
SUMMERVILLE, SC 29483-7812 FAC.#:843-695-0061	SUMMERVILLE, SC 29483-7812	
WESTBURY ANGELA PH#: 843-695-0061	FRESENIUS MEDICAL CARE GOOSE CREEK HOME DIALYSIS LLC	
<b>Facility Email:</b> ANNE.DURANT@FMC-NA.COM	<b>ERD-0218 / 02/28/2019</b>	

Licensed Stations: Hemodialysis: 0 Peritoneal: 6

<b>FRESENIUS MEDICAL CARE MONCKS CORNER</b>	Berkeley / Limited Liability	25
112 MCCORMICK CIR	112 MCCORMICK CIR	
MONCKS CORNER, SC 29461-3152 FAC.#:843-899-4953	MONCKS CORNER, SC 29461-3152	
ZUNIGA SHALES PH#: 843-899-4953	RAI CARE CENTERS OF SOUTH CAROLINA I LLC	
<b>Facility Email:</b> ANNE.DURANT@FMC-NA.COM	<b>ERD-0152 / 11/30/2018</b>	

Licensed Stations: Hemodialysis: 25 Peritoneal: 0

<b>GOOSE CREEK DIALYSIS</b>	Berkeley / Corporation	17
109 GREENLAND DR	5200 VIRGINIA WAY STE 400, LICENSING AND CERTIFICATION	
GOOSE CREEK, SC 29445-5354 FAC.#:843-377-1199	BRENTWOOD, TN 37027-7569	
SINGLETARY RN CHERYL S PH#: 000-000-0000	TOTAL RENAL CARE INC	
<b>Facility Email:</b> LASHUNDRA.IVERY@DAVITA.COM	<b>ERD-0164 / 09/30/2018</b>	

Licensed Stations: Hemodialysis: 17 Peritoneal: 0

**Totals For Facility/License Type: Renal Dialysis**

Number of Activities/Facilities licensed: 4      Number Licensed Units: 65

County: Berkeley

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>BLU GORILLA II TATTOO</b> 105 EAGLE RD STE 3 GOOSE CREEK, SC 29445-5991 FAC.#:843-573-7341 DENNIS TIMOTHY A PH#: 843-789-2244 <b>Facility Email:</b> BLUGORILLA.ALYX@GMAIL.COM	Berkeley / Limited Liability 1409 KING ST CHARLESTON, SC 29403-3008 BLU GORILLA TATTOO INC <b>TF-0018 / 12/31/2018</b>	4
<b>IVORY TIGER TATTOO</b> 1905 N MAIN ST SUMMERVILLE, SC 29483-7820 FAC.#:843-821-8145 DWYER RAYMOND PH#: 843-821-8145 <b>Facility Email:</b> PONYCHICK78@AOL.COM	Berkeley / Limited Liability 1905 N MAIN ST SUMMERVILLE, SC 29483-7820 DIXIE DERMAGRAPHIC DESIGNS LLC <b>TF-0067 / 05/31/2018</b>	3
<b>MOTORCITY INK</b> 2072 N MAIN ST SUMMERVILLE, SC 29483-7866 FAC.#:843-714-4042 WAKEFIELD JON W PH#: 843-714-4042 <b>Facility Email:</b> MOTORCITYINK@HOTMAIL.COM	Berkeley / Limited Liability 2072 N MAIN ST SUMMERVILLE, SC 29483-7866 MOTORCITY INK LLC <b>TF-0154 / 04/30/2018</b>	6
<b>MYSTIC TIKI TATTOO &amp; GALLERY</b> 1204 N MAIN ST STE E SUMMERVILLE, SC 29483-7343 FAC.#:843-851-8287 REED JASON C PH#: 843-819-1003 <b>Facility Email:</b> JR9716@MSN.COM	Berkeley / 1204 N MAIN ST STE E SUMMERVILLE, SC 29483-7343 FLAMING TIKI LLC <b>TF-0032 / 12/31/2018</b>	4

<b>Totals For Facility/License Type: <u>Tattoo Facility</u></b>	
Number of Activities/Facilities licensed: <u>4</u>	Number Licensed Units: <u>17</u>

Number of Activities/Facilities licensed in county of : <u>Berkeley</u>	# Lics: <u>34</u>
	Number Licensed Units : <u>892</u>

Report Totals

Total Number of Activities/Facilities licensed: 34 Total Number Licensed Units: 892