

County: Calhoun

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
FAITHFUL ADULT DAYCARE SERVICES 19 SAINT MATTHEWS RD SAINT MATTHEWS, SC 29135 FAC.#:803-655-7110 HANNAH KIM D PH#: 803-655-7110 Facility Email: FAITHFULADC@WINDSTREAM.NET	Calhoun / Limited Liability 19 SAINT MATTHEWS RD SAINT MATTHEWS, SC 29135 FAITHFUL ADULT DAYCARE SERVICES LLC ADC-0420 / 01/31/2019	20
Number of Participants:		20

Totals For Facility/License Type: <u>Adult Day Care</u>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>20</u>

County: Calhoun

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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MYERS RESIDENTIAL CARE FACILITY	Calhoun / Partnership	5
365 CALDON RD	365 CALDON RD	
SWANSEA, SC 29160-9541 FAC.#:803-568-3582	SWANSEA, SC 29160-9541	
MYERS MARY L PH#: 803-568-3582	LOUISE AND DAVID MYERS JR	
Facility Email: MYERSRCF@PBTCOMM.NET	CRC-0644 / 08/31/2018	

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

Certifications:None

MYERS RESIDENTIAL CARE FACILITY II	Calhoun / Partnership	7
365 CALDON RD	365 CALDON RD	
SWANSEA, SC 29160-9541 FAC.#:803-568-3582	SWANSEA, SC 29160-9541	
MYERS MARY LOUISE PH#: 803-568-3582	LOUISE AND DAVID MYERS JR	
Facility Email: MYERSRCF@PBTCOMM.NET	CRC-0851 / 01/31/2019	

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> 2 </u>	Number Licensed Units: <u> 12 </u>

County: Calhoun

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
FLORENCE GRESSETTE RESIDENCE 402 MILLIGAN CIR SAINT MATTHEWS, SC 29135-9422 FAC.#:803-874-2664 MOSS R PIKE PH#: 803-874-2664 Facility Email: PMOSS@CALHOUNDSNB.ORG	Calhoun / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0196 / 06/30/2018	8
WYLIE BRUNSON RESIDENCE 88 SUNFLOWER RD SAINT MATTHEWS, SC 29135-8423 FAC.#:803-874-2664 MOSS PIKE PH#: 803-874-2664 Facility Email: PMOSS@CALHOUNDSNB.ORG	Calhoun / State PO BOX 4706, DDSN C/O DAVID GOODELL COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0228 / 06/30/2018	8

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

County: Calhoun

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
CHARITY HOME CARE SERVICE LLC 101 HERLONG AVE SAINT MATTHEWS, SC 29135 FAC.#:803-874-2188 PH#: Facility Email: CHARITYHOMECARE@WINDSTREAM.NET	Calhoun / Limited Liability 101 HERLONG AVE SAINT MATTHEWS, SC 29135 CHARITY HOME CARE SERVICE LLC IHCP-0193 / 06/30/2018	- 1
FAITHFUL HOMECARE SERVICES 21 ST MATTHEWS RD SAINT MATTHEWS, SC 29135 FAC.#:803-655-5411 PH#: Facility Email: FAITHFULHOMECARE@WINDSTREAM.NET	Calhoun / Sole Proprietorship 21 ST MATTHEWS RD SAINT MATTHEWS, SC 29135 FAITHFUL HOMECARE SERVICES IHCP-0194 / 06/30/2018	- 1
NEW HOPE MINISTRIES IN-HOME SERVICES 130 BIG SHOT LN GASTON, SC 29053-8216 FAC.#:803-926-5279 PH#: Facility Email: WATSON-MILLS2@ATT.NET	Calhoun / Sole Proprietorship 130 BIG SHOT LN GASTON, SC 29053-8216 PRISCILLA WATSON-MILLS IHCP-0480 / 12/31/2018	- 1

Totals For Facility/License Type: <u>Inhome Care Provider</u>	
Number of Activities/Facilities licensed: _____ 3	Number Licensed Units: - _____ 3

County: Calhoun

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	

CALHOUN CONVALESCENT CENTER	Calhoun / Corporation	120
601 DANTZLER ST	PO BOX 157	
SAINT MATTHEWS, SC 29135-1522 FAC.#:803-655-7101	SAINT MATTHEWS, SC 29135-0157	
KIZER MELISSA R PH#: 803-655-7101	SAINT MATTHEWS HEALTH CARE LLC	
Facility Email: MELISSA.KIZER@FUNDLTC.COM	NCF-0505 / 02/28/2019	

Licensed Beds: Nursing Home: 120 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>1</u>	Number Licensed Units: <u>120</u>

Number of Activities/Facilities licensed in county of : <u>Calhoun</u>	# Lics: <u>9</u>
	Number Licensed Units : <u>165</u>

Report Totals

Total Number of Activities/Facilities licensed: 9 Total Number Licensed Units: 165