

County: Cherokee

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
ANGELIC ADULT DAY CARE 140 4TH AVE GAFFNEY, SC 29340 FAC.#:864-489-1288 SMTIH CATRINA PH#: 864-489-1288 Facility Email: CATRINASP@GMAIL.COM	Cherokee / Limited Liability 140 4TH AVE GAFFNEY, SC 29341 ANGELIC SERVICES LLC ADC-0309 / 03/31/2018 (Renewal Pending)	5
Number of Participants: 5		
BETHEL SENIOR DAY CARE CENTER 218 W DR LM ROSEMOND LN GAFFNEY, SC 29340-3144 FAC.#:864-489-7552 SANDERS JR JAMES W PH#: 864-489-7552 Facility Email: JPBROWN59@OUTLOOK.COM	Cherokee / Corporation PO BOX 44 GAFFNEY, SC 29342-0044 BETHEL SENIOR DAY CENTER INC ADC-0153 / 11/30/2018	30
Number of Participants: 30		

Totals For Facility/License Type: <u>Adult Day Care</u>	
Number of Activities/Facilities licensed: _____ 2	Number Licensed Units: _____ 35

County: Cherokee

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
IVY GROVE RESIDENTIAL CARE CENTER 483 LOCKHART LN GAFFNEY, SC 29341-2841 FAC.#:864-487-0869 MELEKWE OBIAJULU E PH#: 864-487-0869 Facility Email: OSKARMANI@AOL.COM	Cherokee / Ltd. Liability 483 LOCKHART LN GAFFNEY, SC 29341-2841 HARMONY RESIDENTIAL CARE CENTER LLC CRC-1458 / 10/31/2018	62
Alzheimer Care:Yes Max # Resident:10 Alzheimer Unit: No Max # Beds: 0		
Certifications:None		

MAGNOLIAS OF GAFFNEY ASSISTED LIVING COMMUNITY 101 PARK CT GAFFNEY, SC 29341 FAC.#:864-206-0006 MOON AMY PH#: 864-206-0006 Facility Email: AMOON@ROYALGAFFNEY.COM	Cherokee / Ltd. Liability 101 PARK CT GAFFNEY, SC 29341 CARE RSL GAFFNEY OPCO LLC CRC-1281 / 01/31/2019	90
Alzheimer Care:Yes Max # Resident:16 Alzheimer Unit: Yes Max # Beds: 24		
Certifications:None		

PEACHTREE CENTRE COMMUNITY RESIDENTIAL CARE FACILITY 1434 N LIMESTONE ST GAFFNEY, SC 29340-4798 FAC.#:864-487-2717 GENTRY KATRINA PH#: 864-487-2717 Facility Email: ADMI@PEACHTREECTR.COM	Cherokee / County 1434 N LIMESTONE ST GAFFNEY, SC 29340-4798 PEACHTREE OPERATING GROUP LLC CRC-1904 / 12/31/2018	28
Alzheimer Care:Yes 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>3</u>	Number Licensed Units: <u>180</u>

County: Cherokee

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
J CLAUDE FORT COMMUNITY RESIDENCE BUILDING I 816 W MONTGOMERY ST GAFFNEY, SC 29341-1753 FAC.#:864-649-2306 GRAY CHARLIE PH#: 864-649-2306 Facility Email: CGRAY@CHEROKEEDSNB.ORG	Cherokee / State PO BOX 4706, DDSN C/O DAVID GOODELL COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0091 / 11/30/2018	8
J CLAUDE FORT COMMUNITY RESIDENCE BUILDING II 818 W MONTGOMERY ST GAFFNEY, SC 29341-1753 FAC.#:864-649-2306 GRAY CHARLIE PH#: 864-649-2306 Facility Email: CGRAY@CHEROKEEDSNB.ORG	Cherokee / State PO BOX 4706, DDSN C/O DAVID GOODELL COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0092 / 11/30/2018	8

Totals For Facility/License Type: Habilitation R15

Number of Activities/Facilities licensed: 2 Number Licensed Units: 16

County: Cherokee

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
KINDRED AT HOME-UPSTATE 206 CHESNEE HWY STE G & H GAFFNEY, SC 29341-2709 FAC.#:864-488-0898 RANDOLPH TERESA PH#: 864-488-0898 Facility Email: JANET.COMBS@GENTIVA.COM	Cherokee / Limited Liability LICENSING & CERTIFICATION DEPT., 12900 FOSTER ST STE 400 OVERLAND PARK, KS 66213-2696 TOTAL CARE HOME HEALTH OF NORTH CAROLINA LLC HHA-0178 / 11/30/2018	4

Counties Served: Cherokee, Chester, Union, York

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:

Totals For Facility/License Type: <u>Home Health</u>	
Number of Activities/Facilities licensed: _____ 1	Number Licensed Units: _____ 4

County: Cherokee

Facility Type: Hospital or Institutional General Infirmary

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

MARY BLACK HEALTH SYSTEM-GAFFNEY	Cherokee / Limited Liability	125
1530 N LIMESTONE ST	1530 N LIMESTONE ST	
GAFFNEY, SC 29340-4738 FAC.#:864-487-1500	GAFFNEY, SC 29340-4738	
SELF JOSHUA PH#: 864-487-1568	GAFFNEY HMA LLC	

Facility Email: LYNN.PEELER@MARYBLACKGAFFNEY.ORG

HTL-0476 / 05/31/2018

Licensed Beds: General: 125 Psychiatric: 0 Rehab: 0 Substance Abuse: 0

Other Beds : NICU: 0 Neonatal Special Care: 0

Certifications: Perinatal Level I, JCAHO Accredited

Totals For Facility/License Type: Hospital or Institutional General Infirmary

Number of Activities/Facilities licensed: 1 Number Licensed Units: 125

County: Cherokee

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
ANGELIC HOMECARE 140 4TH AVE GAFFNEY, SC 29340 FAC.#:864-489-1288 SMITH CATRINA PH#: 864-489-1288 Facility Email: CATRINASP@GMAIL.COM	Cherokee / Limited Liability 140 4TH AVE GAFFNEY, SC 29340 ANGELIC SERVICES LLC IHCP-0074 / 03/31/2018 (Renewal Pending)	- 1
HEAVEN SENT CAREGIVERS 113 W BIRNIE ST GAFFNEY, SC 29340-3123 FAC.#:864-489-2633 PH#:	Cherokee / Sole Proprietorship 113 W BIRNIE ST GAFFNEY, SC 29340-3123 DORSHEKA JOHNSON IHCP-0375 / 09/30/2018	- 1

Totals For Facility/License Type: <u>Inhome Care Provider</u>	
Number of Activities/Facilities licensed: <u>2</u>	Number Licensed Units: <u>- 2</u>

County: Cherokee

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	

BLUE RIDGE IN BROOKVIEW HOUSE	Cherokee / Limited Liability Limited	132
510 THOMPSON ST	510 THOMPSON ST	
GAFFNEY, SC 29340-3620 FAC.#:864-489-3101	GAFFNEY, SC 29340-3620	
SAIN SUSAN PH#: 864-489-3101	BLUE RIDGE IN BROOKVIEW HOUSE LLC	
Facility Email: ADMIN@BROOKVIEW.CARE	NCF-0979 / 12/31/2018	

Licensed Beds: Nursing Home: 132 Institutional Nursing Home: 0

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

Certifications:None

PEACHTREE CENTRE	Cherokee / Limited Liability	111
1434 N LIMESTONE ST	1434 N LIMESTONE ST	
GAFFNEY, SC 29340-4798 FAC.#:864-487-2717	GAFFNEY, SC 29340-4798	
BLACKWELDER SARAH CAMPBELL PH#: 864-487-2717	PEACHTREE OPERATING GROUP LLC	
Facility Email: ADMI@PEACHTREE.COM	NCF-0972 / 11/30/2018	

Licensed Beds: Nursing Home: 111 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>2</u>	Number Licensed Units: <u>243</u>

County: Cherokee

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
CHEROKEE COUNTY COMMISSION ON ALCOHOL AND DRUG ABUSE 201 W MONTGOMERY ST GAFFNEY, SC 29341-1773 FAC.#:864-487-2721 POWELL MELINDA B PH#: 864-487-2721 Facility Email: CCCADAPB@BELLSOUTH.NET	Cherokee / Non-Profit Corporation 201 W MONTGOMERY ST GAFFNEY, SC 29341-1773 CHEROKEE COUNTY COMMISSION ON ALCOHOL AND DRUG ABUSE-BOARD OTP-0022 / 08/31/2018	1

Certifications:None

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

County: Cherokee

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

DCI GAFFNEY 405 TIFFANY PARK GAFFNEY, SC 29341-1262 FAC.#:864-487-1727 BOLTON RN LAURA A PH#: Facility Email: LAURA.BOLTON@DCIINC.ORG	Cherokee / Non-Profit Corporation 405 TIFFANY PARK GAFFNEY, SC 29341-1262 DIALYSIS CLINIC INC ERD-0052 / 09/30/2018	28
---	---	----

Licensed Stations: Hemodialysis: 28 Peritoneal: 0

Totals For Facility/License Type: <u>Renal Dialysis</u>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>28</u>

Number of Activities/Facilities licensed in county of : <u>Cherokee</u>	# Lics: <u>15</u>
	Number Licensed Units : <u>630</u>

Report Totals

Total Number of Activities/Facilities licensed: 15 Total Number Licensed Units: 630