

County: Clarendon

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
BRANCO ADULT DAYCARE CENTER 248 COMMERCE ST MANNING, SC 29102-2637 FAC.#:803-435-9780 WITHERSPOON ANGELA D PH#: 803-435-9780 Facility Email: BRANCOAW@YAHOO.COM	Clarendon / Ltd. Liability 238 COMMERCE ST MANNING, SC 29102-2637 BRANCO ADULT DAYCARE CENTER LLC ADC-0253 / 04/30/2018	83
Number of Participants:		83

Totals For Facility/License Type: <u>Adult Day Care</u>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>83</u>

County: Clarendon

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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DORCH COMMUNITY RESIDENTIAL CARE 3955 GREELEYVILLE HWY MANNING, SC 29102-6000 FAC.#:803-473-4681 MCALISTER DELISSA PH#: 803-473-4681 Facility Email: RGIBSOND@YAHOO.COM	Clarendon / Partnership PO BOX 122 MANNING, SC 29102-0122 EVELYN DORCH LEWIS AND ANDREW DORCH CRC-1078 / 03/30/2018	13
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Alzheimer Care:Yes Max # Resident:3 Alzheimer Unit: No Max # Beds: 0

Certifications:None

VANGUARD RESIDENTIAL SERVICES I 100 E HOSPITAL ST MANNING, SC 29102-3158 FAC.#:803-435-2330 WAY JAMES PH#: 803-435-2330 Facility Email: RWAY@CCDSNB.ORG	Clarendon / Non-Profit Corporation PO BOX 40 MANNING, SC 29102-0040 VANGUARD RESIDENTIAL SERVICES INC CRC-1313 / 06/30/2018	8
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Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

VANGUARD RESIDENTIAL SERVICES II 512 S CHURCH ST MANNING, SC 29102-3122 FAC.#:803-435-2330 WAY JAMES PH#: 803-435-2330 Facility Email: RWAY@CCDSNB.ORG	Clarendon / Non-Profit Corporation PO BOX 40 MANNING, SC 29102-0040 VANGUARD RESIDENTIAL SERVICES INC CRC-1314 / 06/30/2018	8
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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: 3 Number Licensed Units: 29

County: Clarendon

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
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MCLEOD HEALTH CLARENDON 10 E HOSPITAL ST MANNING, SC 29102-3153 FAC.#:803-433-3000 LOCKLAIR DEBORAH PH#: 803-433-3000 Facility Email: DLOCKLAIR@MCLEODHEALTH.ORG	Clarendon / Non-Profit Corporation PO BOX 550 MANNING, SC 29102-0550 MCLEOD HEALTH CLARENDON HTL-0930 / 07/31/2018	81
Licensed Beds: General: 81 Psychiatric: 0 Rehab: 0 Substance Abuse: 0 Other Beds : NICU: 0 Neonatal Special Care: 0		

Certifications:Swing Bed Unit(s), Perinatal Level I

TURBEVILLE CORRECTIONAL INSTITUTION INFIRMARY 1578 CLARENCE E COKER HWY TURBEVILLE, SC 29162-9419 FAC.#:803-896-3100 BLACKWELL STEPPNAY PH#:	Clarendon / State PO BOX 252 TURBEVILLE, SC 29162-0252 SC DEPT OF CORRECTIONS HTL-0901 / 10/31/2018	8
Facility Email: WWW.ARDIS.JENNY@DOC.STATE.SC.US Licensed Beds: General: 8 Psychiatric: 0 Rehab: 0 Substance Abuse: 0 Other Beds : NICU: 0 Neonatal Special Care: 0		

Certifications:None

Totals For Facility/License Type: <u>Hospital or Institutional General Infirmary</u>	
Number of Activities/Facilities licensed: _____ 2	Number Licensed Units: _____ 89

County: Clarendon

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
HAVE FAITH CARES LLC 1144 BLOOMSVILLE RD MANNING, SC 29102 FAC.#:803-435-8402 JOHNSON DIANE N PH#: 803-435-8402 Facility Email: HAVEFAITHCARES@YAHOO.COM	Clarendon / Limited Liability 1144 BLOOMSVILLE RD MANNING, SC 29102 HAVE FAITH CARES LLC IHCP-0522 / 04/30/2018	- 1
LEAN ON ME 27 S MILL ST MANNING, SC 29102-3167 FAC.#:803-435-4008 PH#: Facility Email: LOMATCHES@YAHOO.COM	Clarendon / Limited Liability 27 S MILL ST MANNING, SC 29102-3167 ATC HOME CARE SERVICES LLC IHCP-0133 / 04/30/2018	- 1
NEW HOPE HOME CARE LLC 232 COMMERCE ST MANNING, SC 29102 FAC.#:803-433-1777 PH#: Facility Email: EDRENACONYERS@YAHOO.COM	Clarendon / Limited Liability 232 COMMERCE ST MANNING, SC 29102 NEW HOPE HOME CARE LLC IHCP-0312 / 08/31/2018	- 1
PROFESSIONAL CARE OF MANNING LLC 203 E BOYCE ST MANNING, SC 29102-3005 FAC.#:803-435-4301 PH#: Facility Email: PROFESSIONALCARE@SC.RR.COM	Clarendon / Sole Proprietorship PO BOX 285 MANNING, SC 29102 PROFESSIONAL CARE OF MANNING LLC IHCP-0203 / 06/30/2018	- 1

Totals For Facility/License Type: <u>Inhome Care Provider</u>	
Number of Activities/Facilities licensed: _____ 4	Number Licensed Units: - _____ 4

County: Clarendon

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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<p>LAKE MARION NURSING FACILITY 1527 URBANA RD SUMMERTON, SC 29148-8929 FAC.#:803-485-2317 MILES ANETTE C PH#: 803-485-2317 Facility Email: AMILES@CLARENDONLTC.ORG</p>	<p>Clarendon / District PO BOX 1159 SUMMERTON, SC 29148-1159 CLARENDON HOSPITAL DISTRICT NCF-0736 / 01/31/2019</p>	<p>88</p>
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Licensed Beds: Nursing Home: 88 Institutional Nursing Home: 0

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

Certifications:None

<p>WINDSOR MANOR NURSING HOME 5583 SUMMERTON HWY MANNING, SC 29102-5217 FAC.#:803-478-2323 GILLEY JOHNNIE P PH#: 803-478-2323 Facility Email: JGILLEY@CLARENDONLTC.ORG</p>	<p>Clarendon / District PO BOX 1230 SUMMERTON, SC 29148-1230 CLARENDON HOSPITAL DISTRICT NCF-0737 / 01/31/2019</p>	<p>64</p>
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Licensed Beds: Nursing Home: 64 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>152</u>

County: Clarendon

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
CLARENDON BEHAVIORAL HEALTH SERVICES 14 N CHURCH ST MANNING, SC 29102-3502 FAC.#:803-435-2121 KIRVEN ARVILLA A PH#: 803-435-2121 Facility Email: AKIRVEN@CLARENDONBHS.COM	Clarendon / County PO BOX 430 MANNING, SC 29102-0430 CLARENDON COUNTY COMMISSION ON ALCOHOL AND DRUG ABUSE OTP-0048 / 02/28/2018	1

Certifications:Narcotics Treatment Program

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

County: Clarendon

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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FMC DIALYSIS SERVICES LAKE MARION 20 BUFF BLVD SUMMERTON, SC 29148-9448 FAC.#:803-485-2341 DAWKINS AUDRA PH#: 803-485-2341 Facility Email: JAMES.P. MOLONEY@FMC-NA.COM	Clarendon / Corporation 20 BUFF BLVD SUMMERTON, SC 29148-9448 BIO-MEDICAL APPLICATIONS OF SOUTH CAROLINA INC ERD-0099 / 02/28/2018	13
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Licensed Stations: Hemodialysis: 13 Peritoneal: 0

FRESENIUS MEDICAL CARE MANNING 3107 SUMTER HWY MANNING, SC 29102-9090 FAC.#:803-505-2121 BLACKWELL CHERYL PH#: 803-505-2121 Facility Email: JAMES.P.MOLONEY@FMC-NA.COM	Clarendon / Corporation 3107 SUMTER HWY MANNING, SC 29102-9090 BIO-MEDICAL APPLICATIONS OF SOUTH CAROLINA INC ERD-0181 / 06/30/2018	21
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Licensed Stations: Hemodialysis: 21 Peritoneal: 0

Totals For Facility/License Type: <u>Renal Dialysis</u>	
Number of Activities/Facilities licensed: <u>2</u>	Number Licensed Units: <u>34</u>

Number of Activities/Facilities licensed in county of : <u>Clarendon</u>	# Lics: <u>15</u>
Number Licensed Units : <u>384</u>	

Report Totals

Total Number of Activities/Facilities licensed: 15 Total Number Licensed Units: 384