

County: **Dorchester**

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
<b>AGING GRACEFULLY SENIOR CARE/GRACEFUL EMBRACE DEVELOPMENTAL DAY PROGRAM 4003 LADSON RD LADSON, SC 29456-4936 FAC.#:843-873-5121 ROOMAN ANGELA I PH#: 843-873-5121</b>	Dorchester / Limited Liability 4003 LADSON RD LADSON, SC 29456-4936 AGING GRACEFULLY SENIOR CARE SERVICES LLC <b>ADC-0249 / 12/31/2018</b>	80
<b>Facility Email: ANGELAROOMAN@YAHOO.COM</b>	<b>Number of Participants: 80</b>	

<b>Totals For Facility/License Type: <u>Adult Day Care</u></b>	
<b>Number of Activities/Facilities licensed: <u>1</u></b>	<b>Number Licensed Units: <u>80</u></b>

County: **Dorchester**

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
<b>LOWCOUNTRY OUTPATIENT SURGERY CENTER</b> 93 SPRINGVIEW LN UNIT A SUMMERVILLE, SC 29485-8154 FAC.#:843-285-6065 MCQUISTON JOYCE A PH#: 843-285-6065 <b>Facility Email:</b> JMCQUISTON@LOWCOUNTRYORTHO.COM	Dorchester / Limited Liability 93 SPRINGVIEW LN UNIT A SUMMERVILLE, SC 29485-8154 LOWCOUNTRY OUTPATIENT SURGERY CENTER LLC <b>ASF-0089 / 08/31/2018</b>	5
<b>Operating Rooms: 3 Procedure Rooms: 2 Endoscopy Rooms: 0</b>		
<b>SUMMERVILLE ENDOSCOPY CENTER</b> 328 MIDLAND PKWY SUMMERVILLE, SC 29485 FAC.#:843-722-8000 PUNTENNEY WANDA W PH#: 843-722-8000 <b>Facility Email:</b> KIM.OWEN@CHARLESTONGI.COM	Dorchester / 1962 CHARLIE HALL BLVD CHARLESTON, SC 29414-5740 SUMMERVILLE ENDOSCOPY CENTER LLC <b>ASF-0120 / 02/28/2019</b>	2
<b>Operating Rooms: 0 Procedure Rooms: 0 Endoscopy Rooms: 2</b>		

<b>Totals For Facility/License Type: <u>Ambulatory Surgery</u></b>	
<b>Number of Activities/Facilities licensed: _____ 2</b>	<b>Number Licensed Units: _____ 7</b>

County: **Dorchester**

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>EXOTIC IMPRESSIONS II</b> 10150 DORCHESTER RD UNIT 212 SUMMERVILLE, SC 29485-8536 FAC.#:843-797-2280 FINCH MATTHEW D PH#: 843-797-2280 <b>Facility Email:</b> EXOTICIMPRESSIONS2@GMAIL.COM	Dorchester / Ltd. Liability 10150 DORCHESTER RD UNIT 212 SUMMERVILLE, SC 29485-8536 EXOTIC IMPRESSIONS LLC <b>BP-0234 / 06/30/2018</b>	1

<b>Totals For Facility/License Type: <u>Body Piercing</u></b>	
<b>Number of Activities/Facilities licensed:</b> <u>1</u>	<b>Number Licensed Units:</b> <u>1</u>

County: **Dorchester**

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>ANTONIO-STAPLES RESIDENTIAL CARE FACILITY</b> 10745 HWY 78 E SUMMERVILLE, SC 29483-8710 FAC.#:843-821-8912 STAPLES ERMELINDA M PH#: 843-821-8912 Facility Email: Z4TINKERBELL@AOL.COM	Dorchester / Corporation 10745 HWY 78 E SUMMERVILLE, SC 29483-8710 ANTONIO-STAPLES RESIDENTIAL CARE FACILITY INC CRC-0706 / 03/31/2018 (Renewal Pending)	24
Alzheimer Care:No Max # Resident:0	Alzheimer Unit: No Max # Beds: 0	
Certifications:None		
<b>CROSSINGS AT WESCOTT PLANTATION</b> 5130 WESCOTT BLVD SUMMERVILLE, SC 29485 FAC.#:843-486-2712 FERRERE GLENN W PH#: 843-486-2712 Facility Email: SVRBAS@HARMONYSENIORSERVICES.COM	Dorchester / Limited Liability 5130 WESCOTT BLVD SUMMERVILLE, SC 29485 CHARLESTON OPERATIONS LLC CRC-1596 / 06/30/2018	105
Alzheimer Care:Yes Max # Resident:36	Alzheimer Unit: Yes Max # Beds: 34	
Certifications:None		
<b>CYPRESS PLACE</b> 205 MIDLAND PKWY SUMMERVILLE, SC 29485-8104 FAC.#:843-875-7163 DICKERSON MATTHEW B PH#: 843-875-7163 Facility Email: ALCLICENSE@ENLIVANT.COM	Dorchester / Limited Liability 330 N WABASH AVE STE 3700 CHICAGO, IL 60611-7605 CYPRESS AID OPCO LLC CRC-1411 / 11/30/2018	44
Alzheimer Care:Yes Max # Resident:6	Alzheimer Unit: No Max # Beds: 0	
Certifications:None		
<b>MAGNOLIAS OF SUMMERVILLE</b> 335 MIDLAND PKWY SUMMERVILLE, SC 29485-8138 FAC.#:843-821-4122 REINHEIMER CINDY PH#: 843-821-4122 Facility Email: CINDY@MAGNOLIASOFSUMMERVILLE.COM	Dorchester / Ltd. Liability 335 MIDLAND PKWY SUMMERVILLE, SC 29485-8138 CAROLINA RETIREMENT SERVICES OF SUMMERVILLE LLC CRC-1414 / 05/31/2018	60
Alzheimer Care:Yes Max # Resident:5	Alzheimer Unit: No Max # Beds: 0	
Certifications:None		
<b>PRESBYTERIAN COMMUNITIES OF SOUTH CAROLINA-SUMMERVILLE</b> 201 W 9TH NORTH ST SUMMERVILLE, SC 29483-6721 FAC.#:843-873-2550 MILLER ROBIN C PH#: 843-873-2550 Facility Email: RMILLER@PRESHOMESC.ORG	Dorchester / Non-Profit Corporation 201 W 9TH NORTH ST OFC 140 SUMMERVILLE, SC 29483-6701 PRESBYTERIAN COMMUNITIES OF SOUTH CAROLINA CRC-0245 / 09/30/2018	114
Alzheimer Care:No Max # Resident:0	Alzheimer Unit: No Max # Beds: 0	
Certifications:None		

County: Dorchester

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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ROYAL OAKS 950 TRAVELERS BLVD SUMMERVILLE, SC 29485-8213 FAC.#:843-832-8481 KOESTER KELLY H PH#: 843-832-8481 Facility Email: KKOESTER@ROYALSUMMERVILLE.COM	Dorchester / 950 TRAVELERS BLVD SUMMERVILLE, SC 29485-8213 CARE RSL SUMMERVILLE OPKO LLC CRC-0859 / 01/31/2019	53
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Alzheimer Care:Yes      Max # Resident:22      Alzheimer Unit: Yes      Max # Beds: 24

Certifications:None

Totals For Facility/License Type: <u>Community Residential Care Facility</u>	
Number of Activities/Facilities licensed: _____ 6	Number Licensed Units: _____ 400

County: **Dorchester**

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>PARSONS I GROUP HOME</b> 711 PARSONS RD SUMMERVILLE, SC 29483-3359 FAC.#:843-871-1285 OLDS CHRISTA PH#: 843-871-1285 <b>Facility Email:</b> CELESTE.RICHARDSONSDORCHESTERDSNB.ORG	Dorchester / State PO BOX 4706, DDSN C/O DAVID GOODELL COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS <b>MR15-0215 / 06/30/2018</b>	8
<b>PARSONS II GROUP HOME</b> 707 PARSONS RD SUMMERVILLE, SC 29483-3359 FAC.#:843-871-1285 OLDS CHRISTA K PH#: 843-871-1285 <b>Facility Email:</b> CELESTE.RICHARDSON@DORCHESTERDSNB.ORG	Dorchester / State PO BOX 4706, DDSN C/O DAVID GOODELL COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS <b>MR15-0216 / 06/30/2018</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: **Dorchester**

Facility Type: **Habilitation R16**

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
<b>COASTAL CENTER-HIGHLANDS 510</b> 9995 MILES-JAMISON RD SUMMERVILLE, SC 29485 FAC.#:843-821-5801 HILL REBECCA PH#: 843-821-5801 <b>Facility Email:</b> BHILL@DDSN.SC.GOV	Dorchester / State PO BOX 4706, DDSN C/O DAVID GOODELL COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS <b>MR16-0342 / 05/31/2018</b>	22
<b>COASTAL CENTER-HIGHLANDS HILLSIDE</b> 9995 MILES-JAMISON RD SUMMERVILLE, SC 29485 FAC.#:843-821-5801 HILL REBECCA PH#: 843-821-5801 <b>Facility Email:</b> BHILL@DDSN.SC.GOV	Dorchester / State PO BOX 4706, DDSN C/O DAVID GOODELL COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS <b>MR16-0310 / 06/30/2018</b>	188

<b>Totals For Facility/License Type: <u>Habilitation R16</u></b>	
<b>Number of Activities/Facilities licensed: <u>2</u></b>	<b>Number Licensed Units: <u>210</u></b>

County: **Dorchester**

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
TRANSITIONS HOSPICE CARE OF GEORGIA 405 N MAGNOLIA ST SUMMERVILLE, SC 29483 FAC.#:843-875-7915 MCGOLDRICK ANGELA PH#: 843-875-7915 Facility Email: AMCGOLDRICK@TRANSITIONSHC.COM	Dorchester / Corporation 610 SHORTER AVE STE 9 ROME, GA 30165 TRANSITIONS HOSPICE CARE OF GEORGIA INC HPC-0149 / 03/31/2019	4
Counties Served: <b>Berkeley, Charleston, Colleton, Dorchester</b>		

<b>Totals For Facility/License Type: <u>Hospice Program</u></b>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>4</u>



County: **Dorchester**

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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<b>LIEBER CORRECTIONAL INSTITUTION INFIRMARY</b> 136 WILBORN AVE RIDGEVILLE, SC 29472-6351 FAC.#:803-896-3702 MAUNEY LUANNE PH#: 803-896-3702 <b>Facility Email:</b> ARDIS.JENNY@DOC.STATE.SC.US	Dorchester / State PO BOX 210382 COLUMBIA, SC 29221-0382 SC DEPT OF CORRECTIONS <b>HTL-0874 / 04/30/2019</b>	10
<b>Licensed Beds: General: 10    Psychiatric: 0    Rehab: 0    Substance Abuse: 0</b> <b>Other Beds :        NICU: 0        Neonatal Special Care: 0</b>		

Certifications:None

<b>SUMMERVILLE MEDICAL CENTER</b> 295 MIDLAND PKWY SUMMERVILLE, SC 29485-8104 FAC.#:843-970-5101 VALENTINE LISA R PH#: 843-970-5101 <b>Facility Email:</b> LISA.VALENTINE1@HCAHEALTHCARE.COM	Dorchester / 295 MIDLAND PKWY SUMMERVILLE, SC 29485-8104 TRIDENT MEDICAL CENTER LLC <b>HTL-0780 / 04/30/2019</b>	94
<b>Licensed Beds: General: 94    Psychiatric: 0    Rehab: 0    Substance Abuse: 0</b> <b>Other Beds :        NICU: 0        Neonatal Special Care: 4</b>		

Certifications:Abortions, Perinatal Level II, JCAHO Accredited

**Totals For Facility/License Type:**Hospital or Institutional General Infirmary  
 Number of Activities/Facilities licensed: 2      Number Licensed Units: 104

County: **Dorchester**

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>A FRIEND FOR LIFE</b> 7013 DORCHESTER RD NORTH CHARLESTON, SC 29418-3407 FAC.#:854-999-3946 SANCHEZ REBECCA PH#: 854-999-3946 Facility Email: 1STLADYJ@GMAIL.COM	Dorchester / Limited Liability 7013 DORCHESTER RD NORTH CHARLESTON, SC 29418-3407 A FRIEND FOR LIFE LLC <b>IHCP-0689 / 05/31/2018</b>	- 1
<b>ALLCARE LIVING SERVICES INC</b> 107 W 6TH NORTH ST STE 208 SUMMERVILLE, SC 29483 FAC.#:843-832-9888 PH#: Facility Email: SWILLIAMS@ALLCARELIVINGSERVICES.COM	Dorchester / Corporation 1675 N MAIN ST STE 105B SUMMERVILLE, SC 29483-7847 ALLCARE LIVING SERVICES INC <b>IHCP-0242 / 07/31/2018</b>	- 1
<b>ALLIED MEDICAL STAFFING</b> 200 W 5TH NORTH ST SUMMERVILLE, SC 29483-6512 FAC.#:843-285-7900 PH#: Facility Email: TBESON@ALLIEDMEDICALSTAFF.COM	Dorchester / Corporation 200 W 5TH NORTH ST SUMMERVILLE, SC 29483-6512 ALLIED MEDICAL STAFFING <b>IHCP-0225 / 07/31/2018</b>	- 1
<b>CARE GIVERS UNLIMITED</b> 571 BEECH HILL RD SUMMERVILLE, SC 29485-7810 FAC.#:843-832-3222 PH#: Facility Email: CAREGIVERSUNLIMITED@GMAIL.COM	Dorchester / Limited Liability (Company is single member) SUMMERVILLE, SC 29485-0056 CAREGIVERS UNLIMITED LLC <b>IHCP-0010 / 04/30/2018</b>	- 1
<b>COMFORT KEEPERS 988</b> 1710 OLD TROLLEY RD STE D SUMMERVILLE, SC 29485 FAC.#:843-934-2754 PH#: Facility Email: TERESANIX@COMFORTKEEPERS.COM	Dorchester / Corporation 1710 OLD TROLLEY RD STE D SUMMERVILLE, SC 29485 NIX JUSTINE GRACIE <b>IHCP-0576 / 08/31/2018</b>	- 1
<b>DETORA'S INHOME CARE SERVICES</b> 925 W 5TH N ST SUMMERVILLE, SC 29483 FAC.#:854-999-8186 ADDISON DEIDRA PH#: 854-999-8186 Facility Email: DETORA2016@GMAIL.COM	Dorchester / Sole Proprietorship 409 SPARKLEBERRY LN LADSON, SC 29456 ADDISON DEIDRA <b>IHCP-0634 / 11/30/2018</b>	- 1
<b>GLOBAL QUALITY HOME SERVICES</b> 162 W MAIN ST HARLEYVILLE, SC 29448 FAC.#:843-560-3559 PH#: Facility Email: GLOBALQHS@GMAIL.COM	Dorchester / Limited Liability PO BOX 131 HARLEYVILLE, SC 29448 GLOBAL QUALITY HOME SERVICES <b>IHCP-0773 / 01/31/2019</b>	- 1
<b>HOME HELPERS CAREGIVING SERVICES</b> 105 SCHOOL ST STE 2A RIDGEVILLE, SC 29472-8040 FAC.#:843-771-1305 PH#: Facility Email: TANDTCARES@HOMEHELPERS.COM	Dorchester / Limited Liability 105 SCHOOL ST STE 2A RIDGEVILLE, SC 29472-8040 ADAMS SOLUTIONS LLC <b>IHCP-0004 / 01/31/2019</b>	- 1

County: **Dorchester**

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>JEANETTES LOVING CARE</b> 107 CHALMERS CT SUMMERVILLE, SC 29485-8818 FAC.#:843-708-9698 PH#: Facility Email: JJVINHOMECARE@GMAIL.COM	Dorchester / Sole Proprietorship PO BOX 367 SUMMERVILLE, SC 29484-0367 JEANETTE LANGLEY-VINSON <b>IHCP-0271 / 09/30/2018</b>	- 1
<b>PREMIER LIFE IN-HOME CARE</b> 1710 TROLLEY RD STE C SUMMERVILLE, SC 29485 FAC.#:843-697-7309 PH#: Facility Email: XYZNICOLE@YAHOO.COM	Dorchester / Sole Proprietorship 1710 TROLLEY RD STE C SUMMERVILLE, SC 29485 MALLORY NICOLE <b>IHCP-0796 / 12/31/2018</b>	- 1
<b>VISITING ANGELS OF DORCHESTER COUNTY</b> 801 TRAVELERS BLVD STE A2 SUMMERVILLE, SC 29485-8476 FAC.#:734-474-3027 PH#: Facility Email: RCOFFEY@VISITINGANGELS.COM	Dorchester / Limited Liability 801 TRAVELERS BLVD STE A2 SUMMERVILLE, SC 29485-8476 DBRZ LLC <b>IHCP-0464 / 10/31/2018</b>	- 1
<b>VISTELAN HEALTHCARE</b> 208 N CEDAR ST UNIT B SUMMERVILLE, SC 29483-6451 FAC.#:843-771-0292 PH#: Facility Email: RITAPRIDEMORE@VISTELAN.COM	Dorchester / Limited Liability <del>208 N CEDAR ST UNIT B</del> SUMMERVILLE, SC 29483-6451 VISTELAN LLC <b>IHCP-0024 / 10/31/2018</b>	- 1

<b>Totals For Facility/License Type: <u>Inhome Care Provider</u></b>	
<b>Number of Activities/Facilities licensed:      <u>12</u></b>	<b>Number Licensed Units:      <u>- 12</u></b>

County: **Dorchester**

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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<b>HALLMARK HEALTHCARE CENTER</b> 255 MIDLAND PKWY SUMMERVILLE, SC 29485-8104 FAC.#:843-821-5005 STINSON DURENA PH#: 843-821-5005 <b>Facility Email:</b> DURENA.STINSON@PALMLTC.COM	Dorchester / Ltd. Liability 255 MIDLAND PKWY SUMMERVILLE, SC 29485-8104 PALMETTO HALLMARK OPERATING LLC <b>NCF-0932 / 09/30/2018</b>	88
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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

<b>OAKBROOK HEALTH AND REHABILITATION CENTER</b> 920 TRAVELERS BLVD SUMMERVILLE, SC 29485-8213 FAC.#:843-875-9053 HIERS KELLIE PH#: 843-875-9053 <b>Facility Email:</b> K.HIERS@PALMLTC.COM	Dorchester / Limited Liability 920 TRAVELERS BLVD SUMMERVILLE, SC 29485-8213 OAKBROOK HEALTH CARE LLC <b>NCF-0998 / 08/31/2018</b>	88
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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

<b>PRESBYTERIAN COMMUNITIES OF SOUTH CAROLINA-SUMMERVILLE</b> 201 W 9TH NORTH ST SUMMERVILLE, SC 29483-6721 FAC.#:843-873-2550 WHITE YOLANDA M PH#: 843-873-2550 <b>Facility Email:</b> YOLANDA.WHITE@PRESHOMESC.ORG	Dorchester / Non-Profit Corporation 201 W 9TH NORTH ST OFC 140 SUMMERVILLE, SC 29483-6701 PRESBYTERIAN COMMUNITIES OF SOUTH CAROLINA <b>NCF-0202 / 04/30/2018</b>	87
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Licensed Beds: Nursing Home: 87 Institutional Nursing Home: 0  
 Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

<b>ST GEORGE HEALTHCARE CENTER</b> 905 DUKES ST SAINT GEORGE, SC 29477-2059 FAC.#:843-563-4602 SELLARS RICHARD PH#: 843-563-8481 <b>Facility Email:</b> RICHARD.SELLARS0579@FUNDLTC.COM	Dorchester / Limited Liability 905 DUKES ST SAINT GEORGE, SC 29477-2059 ST GEORGE HEALTH CARE LLC <b>NCF-0999 / 08/31/2018</b>	88
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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

Totals For Facility/License Type: **Nursing Home**  
 Number of Activities/Facilities licensed: 4 Number Licensed Units: 351

County: **Dorchester**

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>DORCHESTER ALCOHOL AND DRUG COMMISSION</b> 500 N MAIN ST STE 4 SUMMERVILLE, SC 29483-6439 FAC.#:843-871-4790 MILLER SAMUEL J PH#: 843-871-4790 Facility Email: SSARGEANT@DADC.ORG	Dorchester / County 500 N MAIN ST STE 4 SUMMERVILLE, SC 29483-6439 DORCHESTER ALCOHOL AND DRUG COMMISSION (BOARD) OTP-0015 / 06/30/2018	2

Certifications:None

<b>Totals For Facility/License Type: <u>PSAD Outpatient</u></b>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>2</u>

County: **Dorchester**

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
<b>DCI ARCHDALE</b> 5300 ARCHDALE BLVD N CHARLESTON, SC 29418-3343 FAC.#:843-552-0935 FOLEY KRISTIE PH#: 843-552-0935 Facility Email: SUSAN.WATTS@DCIINC.ORG	Dorchester / Non-Profit Corporation 1411 KING ST CHARLESTON, SC 29403-3008 DIALYSIS CLINIC INC <b>ERD-0195 / 01/31/2019</b>	21
<b>Licensed Stations: Hemodialysis: 20 Peritoneal: 5</b>		
<b>FLOWER TOWN HOME TRAINING</b> 2143 N MAIN ST SUMMERVILLE, SC 29483-6415 FAC.#:843-875-1779 SHATTUCK ANN PH#: 843-875-1779 Facility Email: STEPHANIE.KING1@DAVITA.COM	Dorchester / Limited Liability L & C DEPARTMENT, 5200 VIRGINIA WAY BRENTWOOD, TN 37027 ATELL DIALYSIS LLC <b>ERD-0237 / 04/30/2018</b>	4
<b>Licensed Stations: Hemodialysis: 0 Peritoneal: 4</b>		
<b>FRESENIUS MEDICAL CARE SUMMERVILLE</b> 109 BURTON AVE STE A SUMMERVILLE, SC 29485-8117 FAC.#:843-875-9800 BLANKENSHIP KARA PH#: 843-875-9800 Facility Email: ANNE.DURANT@FMC-NA.COM	Dorchester / Limited Liability 109 BURTON AVE STE A SUMMERVILLE, SC 29485-8117 RAI CARE CENTERS OF SOUTH CAROLINA I LLC <b>ERD-0153 / 11/30/2018</b>	21
<b>Licensed Stations: Hemodialysis: 21 Peritoneal: 0</b>		
<b>JEDBURG DIALYSIS</b> 2897 W 5TH NORTH ST SUMMERVILLE, SC 29483-9674 FAC.#:843-873-3955 KENNEDY KATHERYN PH#: 843-873-3955 Facility Email: LASHUNDRA.IVERY@DAVITA.COM	Dorchester / Corporation 5200 VIRGINIA WAY, LICENSING AND CERTIFICATION BRENTWOOD, TN 37027-7569 TOTAL RENAL CARE INC <b>ERD-0236 / 09/30/2018</b>	18
<b>Licensed Stations: Hemodialysis: 17 Peritoneal: 0</b>		

<b>Totals For Facility/License Type: <u>Renal Dialysis</u></b>	
<b>Number of Activities/Facilities licensed: _____ 4</b>	<b>Number Licensed Units: _____ 64</b>

County: Dorchester

Facility Type: Residential Treatment for Children & Adolescents

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
<b>PALMETTO PINES BEHAVIORAL HEALTH</b> 225 MIDLAND PKWY SUMMERVILLE, SC 29485-8104 FAC.#:843-851-5015 LAWRENCE LINCOLN PH#: 843-851-5015 Facility Email: LINCOLN.LAWRENCE@UHSINC.COM	Dorchester / Corporation 225 MIDLAND PKWY SUMMERVILLE, SC 29485-8104 ABS LINCS SC INC RTF-0017 / 01/31/2019	64

Totals For Facility/License Type: <u>Residential Treatment for Children &amp; Adolescents</u>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>64</u>

County: **Dorchester**

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>ARTISTIC INK III</b> 1111 N MAIN ST STE C SUMMERVILLE, SC 29483-7319 FAC.#:843-771-2902 BURISS JASON PH#: 706-498-5811 <b>Facility Email:</b> TIMDEANBROWN@GMAIL.COM	Dorchester / Sole Proprietorship 1111 N MAIN ST STE C SUMMERVILLE, SC 29483-7319 ROWLAND TERRY <b>TF-0085 / 05/31/2018</b>	4
<b>ROSES AND RUINS</b> 10150 DORCHESTER RD UNIT 213 SUMMERVILLE, SC 29485-8536 FAC.#:843-419-6532 ZEALY LAWRENCE CHRISTOPHER PH#: 843-442-4033 <b>Facility Email:</b> CHRISZEALY@YAHOO.COM	Dorchester / Limited Liability 1669 MEETING STREET RD NORTH CHARLESTON, SC 29405-9408 ROSES AND RUINS TATTOO LLC <b>TF-0137 / 06/30/2018</b>	4

<b>Totals For Facility/License Type: <u>Tattoo Facility</u></b>	
<b>Number of Activities/Facilities licensed:</b> <u>2</u>	<b>Number Licensed Units:</b> <u>8</u>

<b>Number of Activities/Facilities licensed in county of :</b> <u>Dorchester</u>	<b># Lics:</b> <u>41</u>
	<b>Number Licensed Units :</b> <u>1,299</u>

**Report Totals**

**Total Number of Activities/Facilities licensed:** 41      **Total Number Licensed Units:** 1,299