

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
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	Dorchester / Limited Liability 4003 LADSON RD LADSON, SC 29456-4936 AGING GRACEFULLY SENIOR CARE SERVICES LLC ADC-0249 / 12/31/2018	80
Facility Email: ANGELAROOMAN@YAHOO.COM	Number of Participants: 80	

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

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

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

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

Totals For Facility/License Type: Body Piercing

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

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
ANTONIO-STAPLES RESIDENTIAL CARE FACILITY 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	24
Alzheimer Care:No Max # Resident:0	Alzheimer Unit: No Max # Beds: 0	
Certifications:None		
CROSSINGS AT WESCOTT PLANTATION 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:0	Alzheimer Unit: Yes Max # Beds: 0	
Certifications:None		
CYPRESS PLACE 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		
MAGNOLIAS OF SUMMERVILLE 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		
PRESBYTERIAN COMMUNITIES OF SOUTH CAROLINA-SUMMERVILLE 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	County/Ownership Type	Licensed
Location Street	Mailing/Billing Address	Units
Location City, State	Licensee	
Administrator/Phone	License Nbr/Expiration Date	

ROYAL OAKS	Dorchester /	53
950 TRAVELERS BLVD	950 TRAVELERS BLVD	
SUMMERVILLE, SC 29485-8213 FAC.#:843-832-8481	SUMMERVILLE, SC 29485-8213	
KOESTER KELLY H PH#: 843-832-8481	CARE RSL SUMMERVILLE OPCO LLC	
Facility Email: KKOESTER@ROYALSUMMERVILLE.COM	CRC-0859 / 01/31/2019	

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

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

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
COASTAL CENTER-HIGHLANDS 510 9995 MILES-JAMISON RD SUMMERVILLE, SC 29485 FAC.#:843-821-5801 HILL REBECCA PH#: 843-821-5801 Facility Email: 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 MR16-0342 / 05/31/2018	22
COASTAL CENTER-HIGHLANDS HILLSIDE 9995 MILES-JAMISON RD SUMMERVILLE, SC 29485 FAC.#:843-821-5801 HILL REBECCA PH#: 843-821-5801 Facility Email: 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 MR16-0310 / 06/30/2018	188

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

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.#:843-553-9540 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 / 03/30/2018	4
Counties Served: Berkeley, Charleston, Colleton, Dorchester		

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

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

Certifications:None

SUMMERVILLE MEDICAL CENTER 295 MIDLAND PKWY SUMMERVILLE, SC 29485-8104 FAC.#:843-970-5101 VALENTINE LISA R PH#: 843-970-5101 Facility Email: LISA.VALENTINE1@HCAHEALTHCARE.COM	Dorchester / Ltd. Liability 295 MIDLAND PKWY SUMMERVILLE, SC 29485-8104 TRIDENT MEDICAL CENTER LLC HTL-0780 / 04/30/2018	94
Licensed Beds: General: 94 Psychiatric: 0 Rehab: 0 Substance Abuse: 0 Other Beds : NICU: 0 Neonatal Special Care: 4		

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
A FRIEND FOR LIFE 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 IHCP-0689 / 05/31/2018	- 1
ALLCARE LIVING SERVICES INC 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 IHCP-0242 / 07/31/2018	- 1
ALLIED MEDICAL STAFFING 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 IHCP-0225 / 07/31/2018	- 1
CARE GIVERS UNLIMITED 571 BEECH HILL RD SUMMERVILLE, SC 29485-7810 FAC.#:843-832-3222 PH#: Facility Email: CAREGIVERSUNLIMITED@GMAIL.COM	Dorchester / Limited Liability 571 BEECH HILL RD (single member) SUMMERVILLE, SC 29485-0056 CAREGIVERS UNLIMITED LLC IHCP-0010 / 04/30/2018	- 1
COMFORT KEEPERS 988 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 IHCP-0576 / 08/31/2018	- 1
DETORA'S INHOME CARE SERVICES 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 IHCP-0634 / 11/30/2017 (Renewal Pending)	- 1
HOME HELPERS CAREGIVING SERVICES 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 IHCP-0004 / 01/31/2019	- 1
JEANETTES LOVING CARE 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 IHCP-0271 / 09/30/2018	- 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
PREMIER LIFE IN-HOME CARE 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 IHCP-0796 / 12/31/2018	- 1
VISITING ANGELS OF DORCHESTER COUNTY 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 IHCP-0464 / 10/31/2018	- 1
VISTELAN HEALTHCARE 208 N CEDAR ST UNIT B SUMMERVILLE, SC 29483-6451 FAC.#:843-771-0292 PH#: Facility Email: RITAPRIDEMORE@VISTELAN.COM	Dorchester / Limited Liability Company (single member) 208 N CEDAR ST UNIT B SUMMERVILLE, SC 29483-6451 VISTELAN LLC IHCP-0024 / 10/31/2018	- 1

Totals For Facility/License Type: <u>Inhome Care Provider</u>	
Number of Activities/Facilities licensed: <u>11</u>	Number Licensed Units: <u>- 11</u>

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

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

PRESBYTERIAN COMMUNITIES OF SOUTH CAROLINA-SUMMERVILLE 201 W 9TH NORTH ST SUMMERVILLE, SC 29483-6721 FAC.#:843-873-2550 WHITE YOLANDA M PH#: 843-873-2550 Facility Email: YOLANDA.WHITE@PRESHOMESC.ORG	Dorchester / Non-Profit Corporation 201 W 9TH NORTH ST OFC 140 SUMMERVILLE, SC 29483-6701 PRESBYTERIAN COMMUNITIES OF SOUTH CAROLINA NCF-0202 / 04/30/2018	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

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

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

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
DCI ARCHDALE 5300 ARCHDALE BLVD N CHARLESTON, SC 29418-3343 FAC.#:843-552-0935 BRAISTED APRIL PH#: 843-552-0935 Facility Email: SUSAN.WATTS@DCIINC.ORG	Dorchester / Non-Profit Corporation 1411 KING ST CHARLESTON, SC 29403-3008 DIALYSIS CLINIC INC ERD-0195 / 01/31/2019	21
Licensed Stations: Hemodialysis: 20 Peritoneal: 5		
FLOWER TOWN HOME TRAINING 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 ERD-0237 / 04/30/2018	4
Licensed Stations: Hemodialysis: 0 Peritoneal: 4		
FRESENIUS MEDICAL CARE SUMMERVILLE 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 ERD-0153 / 11/30/2018	21
Licensed Stations: Hemodialysis: 21 Peritoneal: 0		
JEDBURG DIALYSIS 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 ERD-0236 / 09/30/2018	18
Licensed Stations: Hemodialysis: 17 Peritoneal: 0		

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

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

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

Number of Activities/Facilities licensed in county of : <u>Dorchester</u>	# Lics: <u>40</u>
	Number Licensed Units : <u>1,300</u>

Report Totals

Total Number of Activities/Facilities licensed: 40 **Total Number Licensed Units:** 1,300