

County: Edgefield

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	

<b>FOREST VIEW MANOR RETIREMENT CENTER</b>	Edgefield / Corporation	40
141 CALLISON HWY	141 CALLISON HWY	
MCCORMICK, SC 29835-3524 FAC.#:864-443-5857	MCCORMICK, SC 29835-3524	
NIXON KENNETH M PH#: 864-443-5857	HILLSIDE INC	
<b>Facility Email:</b> KMNIXON62@AOL.COM	<b>CRC-0500 / 11/30/2018</b>	

Alzheimer Care:Yes      Max # Resident:3      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>1</u>	Number Licensed Units: <u>40</u>

County: Edgefield

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>EDGEFIELD COMMUNITY RESIDENCE</b> 1305 HILLCREST DR EDGEFIELD, SC 29824 FAC.#:864-445-8178 SMITH OMEGA PH#: 864-445-8178 <b>Facility Email:</b> JBURTON@BURTONCENTER.ORG	Edgefield / State PO BOX 4706, DDSN C/O RUFUS BRITT COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS <b>MR15-0139 / 07/31/2018</b>	8

**Totals For Facility/License Type: Habilitation R15**

**Number of Activities/Facilities licensed: 1      Number Licensed Units: 8**

County: Edgefield

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
<b>EDGEFIELD COUNTY HOSPITAL</b> 300 RIDGE MEDICAL PLAZA RD EDGEFIELD, SC 29824-4525 FAC.#:803-637-3174 MILANES CARLOS PH#: 803-637-3174 Facility Email: LJACOBS@MYECH.ORG	Edgefield / County 300 RIDGE MEDICAL PLAZA RD EDGEFIELD, SC 29824-4525 EDGEFIELD COUNTY HOSPITAL BOARD HTL-0479 / 03/31/2019	25
Licensed Beds: General: 25    Psychiatric: 0    Rehab: 0    Substance Abuse: 0 Other Beds :    NICU: 0    Neonatal Special Care: 0		
Certifications: Swing Bed Unit(s), Critical Access Hospital		

Totals For Facility/License Type: <u>Hospital or Institutional General Infirmary</u>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>25</u>

County: Edgefield

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>CARESOUTH HOMECARE SERVICES</b> 340 LEE ST STE B JOHNSTON, SC 29832 FAC. #: 803-275-3535 CULBREATH-DICKERSON CHRISTIE PH#: 803-686-2025 <b>Facility Email:</b> CARESOUTHLLC@GMAIL.COM	Edgefield / Limited Liability  CARESOUTH HOMECARE SERVICES LLC <b>IHCP-0774 / 09/30/2018</b>	- 1
<b>COMFORT HOME CARE INC</b> 1 PECAN PARK EDGEFIELD, SC 29824 FAC. #: 803-261-1405 PH#: <b>Facility Email:</b> SAM.CHHC@GMAIL.COM	Edgefield / Corporation 100 OLD CHEROKEE RD STE F-333 LEXINGTON, SC 29072 COMFORT HOME CARE INC <b>IHCP-0545 / 08/31/2018</b>	- 1
<b>HOMECARE SOUTH SERVICES - LLC</b> 340 LEE ST JOHNSTON, SC 29832-1433 FAC. #: 803-275-9480 PH#: <b>Facility Email:</b> HOMECARESOUTH@ATT.NET	Edgefield / Limited Liability 340 LEE ST JOHNSTON, SC 29832-1433 HOMECARE SOUTH - LLC <b>IHCP-0176 / 06/30/2018 (Renewal Pending)</b>	- 1
<b>SUPERIOR NURSING SOLUTIONS</b> 1315 W MARTINTOWN RD STE A-5 N AUGUSTA, SC 29860 FAC. #: 803-279-2770 DUNN CHANDLER ALLEN PH#: 803-279-2770 <b>Facility Email:</b> SUPERIORNURSINGSOLUTIONS@COMCAST.NET	Edgefield / Limited Liability 1315 W MARTINTOWN RD STE A-5 N AUGUSTA, SC 29860 SUPERIOR NURSING SOLUTIONS LLC <b>IHCP-0798 / 01/31/2019</b>	- 1

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

County: Edgefield

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	

<b>RIDGE REHABILITATION AND HEALTHCARE CENTER</b>	Edgefield / Ltd. Liability	120
226 WA REEL DR	226 W A REEL DR	
EDGEFIELD, SC 29824-4534 FAC.#:803-637-5312	EDGEFIELD, SC 29824-4534	
OTHMAN MOHAMED M PH#: 803-637-5312	RIDGE REHABILITATION AND HEALTHCARE CENTER LLC	
<b>Facility Email:</b> MOTHMAN@ORIANNA.COM	<b>NCF-0941 / 11/30/2018</b>	

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>

County: Edgefield

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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US RENAL CARE EDGEFIELD DIALYSIS 306 MAIN ST EDGEFIELD, SC 29824-1326 FAC.#:803-637-3225 CLARKE SHARON M PH#: 803-637-3225 Facility Email: LEGAL@USRENALCARE.COM	Edgefield / Limited Liability PO BOX 251549 PLANO, TX 75025-1500 DCA OF EDGEFIELD LLC ERD-0149 / 09/30/2018	15
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Licensed Stations: Hemodialysis: 15 Peritoneal: 0

Totals For Facility/License Type: Renal Dialysis

Number of Activities/Facilities licensed: 1 Number Licensed Units: 15

Number of Activities/Facilities licensed in county of :	<u>Edgefield</u>	# Lics: <u>9</u>
	Number Licensed Units :	<u>204</u>

Report Totals

Total Number of Activities/Facilities licensed: 9 Total Number Licensed Units: 204