

County: Georgetown

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
GEORGETOWN ACTIVE DAY CENTER AT HIGHMARKET STREET 2902 HIGHMARKET ST GEORGETOWN, SC 29440-2918 FAC.#:843-546-2055 ARDITO DONNA L PH#: 843-546-2055 Facility Email: DLARDITO@ACTIVEDAY.COM	Georgetown / Corporation 6 NESHAMINY INTERPLEX STE 401 FEASTERVILLE TREVOSSE, PA 19053 ACTIVE SC TWO INC ADC-0208 / 07/31/2018	64
Number of Participants: 64		
OASIS ADULT DAY CARE CENTER 2317 PRINCE ST GEORGETOWN, SC 29440-2925 FAC.#:843-527-4848 GRAHAM MAZIE E PH#: 843-527-4848 Facility Email: OASISINC2001@YAHOO.COM	Georgetown / Corporation 2317 PRINCE ST GEORGETOWN, SC 29440-2925 OASIS ADULT DAY CARE CENTER ADC-0207 / 08/31/2018	12
Number of Participants: 12		

Totals For Facility/License Type: <u>Adult Day Care</u>	
Number of Activities/Facilities licensed: _____ 2	Number Licensed Units: _____ 76

County: Georgetown

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
BAY MICROSURGICAL UNIT 1200 HIGHMARKET ST GEORGETOWN, SC 29440-3227 FAC.#:843-546-8421 SPRING JANET R PH#: 843-546-8421 Facility Email: JSRING@COASTALEYEGROUP.COM	Georgetown / Corporation PO BOX 2900 GEORGETOWN, SC 29442-2900 BAY MICROSURGICAL UNIT INC ASF-0090 / 11/30/2018	1
Operating Rooms: 1 Procedure Rooms: 0 Endoscopy Rooms: 0		
CAROLINA COAST SURGERY CENTER 3545 HWY 17 BYPASS MURRELLS INLET, SC 29576 FAC.#:843-299-1717 ANDREWS TAMMY PH#: 843-766-7103 Facility Email: TANDREWS@CAROLINACOASTSC.COM	Georgetown / Limited Liability 3545 HWY 17 BYP STE 150 MURRELLS INLET, SC 29576 MURRELLS INLET ASC LLC ASF-0121 / 07/31/2018	4
Operating Rooms: 2 Procedure Rooms: 2 Endoscopy Rooms: 0		
TIDELANDS GEORGETOWN ENDOSCOPY CENTER 2361 N FRASER ST GEORGETOWN, SC 29440-6410 FAC.#:843-520-8602 MAXWELL PAM PH#: 843-520-8602 Facility Email: ATANNER@TIDELANDSHEALTH.ORG	Georgetown / Corporation GEORGETOWN MEMORIAL HOSPITAL ASF-0106 / 08/31/2018	1
Operating Rooms: 0 Procedure Rooms: 0 Endoscopy Rooms: 1		
TIDELANDS WACCAMAW SURGERY CENTER 3911 HWY 17 BYPASS UNIT B MURRELLS INLET, SC 29576-5014 FAC.#:843-651-8211 RESETAR GAYLE PH#: 843-652-8211 Facility Email: GRESETAR@TIDELANDSHEALTH.ORG	Georgetown / Non-Profit Corporation 3911 HWY 17 UNIT B MURRELLS INLET, SC 29576-5014 WACCAMAW COMMUNITY HOSPITAL (INC) ASF-0085 / 08/31/2018	2
Operating Rooms: 1 Procedure Rooms: 1 Endoscopy Rooms: 0		

Totals For Facility/License Type: <u>Ambulatory Surgery</u>	
Number of Activities/Facilities licensed: _____ 4	Number Licensed Units: _____ 8

County: Georgetown

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
INLET COASTAL RESORT 5087 HWY 17 N BP MURRELLS INLET, SC 29576 FAC.#:843-405-2005 MCGRAW KEVIN PH#: 843-405-2005 Facility Email: KMCGRRAW@INLETCOASTAL.COM	Georgetown / Limited Liability 5087 OCEAN HWY 17 N BYPASS MURRELL'S INLET, SC 29576 INLET COASTAL RESORT LLC CRC-1549 / 08/31/2018	62
Alzheimer Care:Yes Max # Resident:21	Alzheimer Unit: Yes Max # Beds: 20	
Certifications:None		
JESSAMINE COMMUNITY RESIDENCE 143 JESSAMINE AVE GEORGETOWN, SC 29440-5837 FAC.#:843-527-1390 RANDOLPH STACEY PH#: 843-527-1390 Facility Email: SANTLEY@GCBDSN.COM	Georgetown / County PO BOX 1471 GEORGETOWN, SC 29442-1471 GEORGETOWN COUNTY BOARD OF DISABILITIES AND SPECIAL NEEDS CRC-1445 / 06/30/2018	8
Alzheimer Care:No Max # Resident:0	Alzheimer Unit: No Max # Beds: 0	
Certifications:None		
LAKES AT LITCHFIELD ASSISTED LIVING 120 LAKES AT LITCHFIELD DR PAWLEYS ISLAND, SC 29585-5515 FAC.#:843-235-9393 BARBER JEFF PH#: 843-235-9393 Facility Email: JBARBER@LAKES-LITCHFIELD.COM	Georgetown / Ltd. Liability 120 LAKES AT LITCHFIELD DR PAWLEYS ISLAND, SC 29585-5515 LITCHFIELD RETIREMENT LLC CRC-1116 / 08/31/2018	79
Alzheimer Care:Yes Max # Resident:20	Alzheimer Unit: Yes Max # Beds: 24	
Certifications:None		
MARY'S HOME CARE 224 WARD LOOP HEMINGWAY, SC 29554-3415 FAC.#:843-558-9053 HOLMES MARY W PH#: 843-558-9053 Facility Email: MARYSHOMECARE1@GMAIL.COM	Georgetown / Sole Proprietorship 224 WARD LOOP HEMINGWAY, SC 29554 HOLMES MARY W CRC-1505 / 05/31/2018	5
Alzheimer Care:No Max # Resident:0	Alzheimer Unit: No Max # Beds: 0	
Certifications:None		
MARYVILLE COMMUNITY RESIDENCE 2602 OLD CHARLESTON RD GEORGETOWN, SC 29440-1471 FAC.#:843-546-7238 RANDOLPH STACEY PH#: 843-546-7238 Facility Email: SANTLEY@GCBDSN.COM	Georgetown / County PO BOX 1471 GEORGETOWN, SC 29442-1471 GEORGETOWN COUNTY BOARD OF DISABILITIES AND SPECIAL NEEDS CRC-1446 / 06/30/2018	8
Alzheimer Care:No Max # Resident:0	Alzheimer Unit: No Max # Beds: 0	
Certifications:None		

County: Georgetown

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
MORNINGSIDE OF GEORGETOWN 2628 N FRASER ST GEORGETOWN, SC 29440-6946 FAC.#:843-520-0319 JOHNSON ALLISON PH#: 843-520-0319 Facility Email: LICENSING@5SSL.COM	Georgetown / Limited Liability Limited Partnership 401 CENTRE ST NEWTON, MA 02458-2094 MORNINGSIDE OF SOUTH CAROLINA LP CRC-1102 / 05/31/2018	59
Alzheimer Care:Yes Max # Resident:30	Alzheimer Unit: Yes Max # Beds: 14	
Certifications:None		
OASIS RESIDENTIAL HOME 2317 PRINCE ST GEORGETOWN, SC 29440-2925 FAC.#:843-527-4848 GRAHAM MAZIE E PH#: 843-527-4848 Facility Email: OASISINC2001@YAHOO.COM	Georgetown / Corporation 2317 PRINCE ST GEORGETOWN, SC 29440-2925 OASIS RESIDENTIAL HOME INC CRC-1219 / 08/31/2018	22
Alzheimer Care:Yes Max # Resident:6	Alzheimer Unit: No Max # Beds: 0	
Certifications:None		
SOUTH ISLAND ASSISTED LIVING 2902 S ISLAND RD GEORGETOWN, SC 29440-4420 FAC.#:843-545-5427 MCALHANY MAXINE J PH#: 843-545-5427 Facility Email: SOUTHISLAND2003@GMAIL.COM	Georgetown / Corporation 2902 S ISLAND RD GEORGETOWN, SC 29440-4420 SOUTH ISLAND ASSISTED LIVING INC CRC-1272 / 02/28/2019	32
Alzheimer Care:No Max # Resident:0	Alzheimer Unit: No Max # Beds: 0	
Certifications:None		
SUNNY PINES BOARDING HOME 108 W GAPWAY RD ANDREWS, SC 29510-6786 FAC.#:843-221-7436 PAPILLION GLORIA F PH#: 843-221-7436 Facility Email: PAPION22@PEOPLEPC.COM	Georgetown / Sole Proprietorship PO BOX 732 ANDREWS, SC 29510-0732 MATTIE H DUROUSSEAU CRC-0098 / 05/31/2018	18
Alzheimer Care:No 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: _____ 9	Number Licensed Units: _____ 293

County: **Georgetown**

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
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AMEDISYS HOME HEALTH OF GEORGETOWN 2503 HIGHMARKET ST GEORGETOWN, SC 29440-2900 FAC.#:843-546-1730 DAWSON KATHLEEN H PH#: 843-546-1730 Facility Email: 2245@AMEDISYS.COM	Georgetown / Limited Liability 2503 HIGHMARKET ST GEORGETOWN, SC 29440-2900 GEORGETOWN HOSPITAL HOME HEALTH LLC HHA-0192 / 01/31/2019	2
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Counties Served: **Georgetown, Williamsburg**

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: _____ 2

County: Georgetown

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
TIDELANDS COMMUNITY HOSPICE 2591 N FRASER ST GEORGETOWN, SC 29440-6411 FAC.#:843-546-3410 ERBE KATHY M PH#: 843-546-3410 Facility Email: KATHY.ERBE@TIDELANDSHOSPICE.ORG	Georgetown / Non-Profit Corporation 2591 N FRASER ST GEORGETOWN, SC 29440-6411 TIDELANDS/GHS JOINT VENTURE LLC HPC-0009 / 02/28/2019	3
Counties Served: Georgetown, Horry, Williamsburg		

Totals For Facility/License Type: <u>Hospice Program</u>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>3</u>

County: Georgetown

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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TIDELANDS GEORGETOWN MEMORIAL HOSPITAL 606 BLACK RIVER RD GEORGETOWN, SC 29440-3368 FAC.#:843-527-7200 MAXWELL PAMELA PH#: 843-527-7200 Facility Email: PMAXWELL@TIDELANDSHEALTH.ORG	Georgetown / Non-Profit Corporation PO BOX 421718 GEORGETOWN, SC 29442-4203 TIDELANDS GEORGETOWN MEMORIAL HOSPITAL HTL-0007 / 08/31/2018	131
Licensed Beds: General: 131 Psychiatric: 0 Rehab: 0 Substance Abuse: 0 Other Beds : NICU: 0 Neonatal Special Care: 5		

Certifications: Perinatal Level II, JCAHO Accredited

TIDELANDS WACCAMAW COMMUNITY HOSPITAL 4070 HWY 17 BYPASS MURRELLS INLET, SC 29576-5033 FAC.#:843-652-1001 RESETAR GAYLE L PH#: 843-652-1001 Facility Email: GRESETAR@TIDELANDSHEALTH.ORG	Georgetown / Non-Profit Corporation 4070 HWY 17 BYPASS MURRELLS INLET, SC 29576-5033 WACCAMAW COMMUNITY HOSPITAL (INC) HTL-0834 / 10/31/2018	167
Licensed Beds: General: 124 Psychiatric: 0 Rehab: 43 Substance Abuse: 0 Other Beds : NICU: 0 Neonatal Special Care: 2		

Certifications: Perinatal Level II, JCAHO Accredited

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

Number of Activities/Facilities licensed: 2 Number Licensed Units: 298

County: Georgetown

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
ABUNDANCE HOME CARE LLC 72 PROFESSIONAL LN PAWLEYS ISLAND, SC 29585 FAC.#:843-235-6721 PH#: Facility Email: TYRHONDA.LIVINGSTON@GMAIL.COM	Georgetown / Limited Liability 72 PROFESSIONAL LN PAWLEYS ISLAND, SC 29585 ABUNDANCE HOME CARE LLC IHCP-0268 / 07/31/2018	- 1
AMERICARE HOMEMAKERS LLC 671 JAMESTOWN DR 202F MURRELLS INLET, SC 29576 FAC.#:843-254-8818 PH#: Facility Email: AMERICARE@AOL.COM	Georgetown / Sole Proprietorship 671 JAMESTOWN DR UNIT 202F MURRELLS INLET, SC 29576 HARRIET DARLENE GATTIS IHCP-0386 / 09/30/2018	- 1
GRAND STRAND HOMEWATCH CAREGIVERS 4524 HWY 17 BYP MURRELLS INLET, SC 29576 FAC.#:843-299-0291 PH#: Facility Email: CBERNER@HOMEWATCHCAREGIVERS.COM	Georgetown / Limited Liability 4524 HWY 17 BYP MURRELLS INLET, SC 29576 PORFIN LLC IHCP-0254 / 07/31/2018	- 1
HOME AIDE 1710 S FRASER ST GEORGETOWN, SC 29440-3910 FAC.#:843-527-2752 PH#: Facility Email: HOMEAIDESC@YAHOO.COM	Georgetown / Corporation PO BOX 398 GEORGETOWN, SC 29442-0398 IN-HOME HEALTHCARE SERVICES INC IHCP-0134 / 05/31/2018	- 1
HOME CARE ASSISTANCE OF THE GRAND STRAND 237A WILLBROOK BLVD PAWLEYS ISLAND, SC 29585-7789 FAC.#:843-353-3105 DESMARTEAU ASHLEY PH#: Facility Email: ADESMARTEAU@HOMECAREASSISTANCE.COM	Georgetown / Limited Liability PO BOX 2651 ORANGEBURG, SC 29115 PAWLEYS SERVICE PARTNERS LLC IHCP-0473 / 10/31/2018	- 1
LITCHFIELD WELL CARE 120 LAKES AT LITCHFIELD DR PAWLEYS ISLAND, SC 29585-5515 FAC.#:843-235-9393 LAYTON TIM PH#: 843-235-9393 Facility Email: LICENSING@LAKES-LITCHFIELD.COM	Georgetown / Limited Liability 120 LAKES AT LITCHFIELD DR PAWLEYS ISLAND, SC 29585-5515 LIVE LONG WELL CARE LLC IHCP-0062 / 02/28/2019	- 1
PRN HOME CARE SERVICES 13089 OCEAN HWY B1 PAWLEYS ISLAND, SC 29585 FAC.#:843-904-2731 PH#: Facility Email: PRNHOMECARESERVICES@GMAIL.COM	Georgetown / Limited Liability PO BOX 2745 MURRELLS INLET, SC 29576 PRN HOME CARE SERVICES LLC IHCP-0799 / 11/30/2018	- 1
SENIOR HELPERS OF PAWLEYS ISLAND 10698 OCEAN HWY PAWLEYS ISLAND, SC 29585 FAC.#:843-979-3273 PH#: Facility Email: DPHANLEY638@GMAIL.COM	Georgetown / Limited Liability 10698 OCEAN HWY PAWLEYS ISLAND, SC 29585 DPH LLC IHCP-0833 / 11/30/2018	- 1

County: Georgetown

Facility Type: Inhome Care Provider

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

Totals For Facility/License Type: Inhome Care Provider

Number of Activities/Facilities licensed: 8 Number Licensed Units: - 8

County: Georgetown

Facility Type: Nursing Home

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

BLUE RIDGE IN GEORGETOWN	Georgetown / Limited Liability	84
2715 S ISLAND RD	2715 S ISLAND RD	
GEORGETOWN, SC 29440-4415 FAC.#:843-546-4123	GEORGETOWN, SC 29440-4415	
BRYANT COLBY E PH#: 843-546-4123	BLUE RIDGE IN GEORGETOWN LLC	
Facility Email: ADMIN@GEORGETOWN.CARE	NCF-0633 / 03/31/2018	

Licensed Beds: Nursing Home: 84 Institutional Nursing Home: 0

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

Certifications:None

LAKES AT LITCHFIELD SKILLED NURSING CENTER	Georgetown / Ltd. Liability	24
80 TIMBERVIEW CT	120 LAKES AT LITCHFIELD DR	
PAWLEYS ISLAND, SC 29585-5798 FAC.#:843-235-2421	PAWLEYS ISLAND, SC 29585-5515	
BARBER JEFF B PH#: 843-235-2421	LITCHFIELD RETIREMENT LLC	
Facility Email: JBARBER@LAKES-LITCHFIELD.COM	NCF-0843 / 12/31/2018	

Licensed Beds: Nursing Home: 17 Institutional Nursing Home: 7

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

Certifications:None

PRINCE GEORGE HEALTHCARE CENTER	Georgetown / Ltd. Liability	148
901 MAPLE ST	901 MAPLE ST	
GEORGETOWN, SC 29440-4333 FAC.#:843-546-6101	GEORGETOWN, SC 29440-4333	
PORTER RICHARD PH#: 843-546-6101	PALMETTO PRINCE GEORGE OPERATING LLC	
Facility Email: RICHARD.PORTER@PALMLTC.COM	NCF-0930 / 09/30/2018	

Licensed Beds: Nursing Home: 148 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>3</u>	Number Licensed Units: <u>256</u>

County: Georgetown

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
GEORGETOWN COUNTY ALCOHOL AND DRUG ABUSE COMMISSION 1423 WINYAH ST GEORGETOWN, SC 29440-4730 FAC.#:843-546-6081 WALKER WILLIAM J PH#: 843-546-6081 Facility Email: RCARR@GCADAC.ORG	Georgetown / County PO BOX 515 GEORGETOWN, SC 29442-0515 GEORGETOWN COUNTY ALCOHOL AND DRUG ABUSE COMMISSION (BOARD) OTP-0039 / 11/30/2018	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: Georgetown

Facility Type: Renal Dialysis

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

FMC DIALYSIS SERVICES-MURRELLS INLET	Georgetown / Corporation	14
5011 HWY 17	5011 HWY 17	
MURRELLS INLET, SC 29576-5043 FAC.#:843-357-4840	MURRELLS INLET, SC 29576-5043	
CAMPBELL ELIZABETH M PH#: 843-357-4840	BIO-MEDICAL APPLICATIONS OF SOUTH CAROLINA INC	
Facility Email: CLINIC2080@FMC-NA.COM	ERD-0096 / 06/30/2018	
Licensed Stations:	Hemodialysis: 14	Peritoneal: 0

FRESENIUS MEDICAL CARE GEORGETOWN	Georgetown / Corporation	22
1120 N FRASER ST	712 N FRASER ST	
GEORGETOWN, SC 29440 FAC.#:843-527-3431	GEORGETOWN, SC 29440-3353	
BORDEN CORISSA PH#: 843-527-3431	BIO-MEDICAL APPLICATIONS OF SOUTH CAROLINA INC	
Facility Email: CLINIC1390@FMC-NA.COM	ERD-0009 / 09/30/2018	
Licensed Stations:	Hemodialysis: 20	Peritoneal: 2

FRESENIUS MEDICAL CARE WINYAH	Georgetown / Corporation	20
2623 S FRASER ST	2623 S FRASER ST	
GEORGETOWN, SC 29440-4374 FAC.#:843-546-6900	GEORGETOWN, SC 29440-4374	
CANNON RN BETH PH#: 843-546-6900	BIO-MEDICAL APPLICATIONS OF SOUTH CAROLINA INC	
Facility Email: CLINIC6730@FMC-NA.COM	ERD-0189 / 10/31/2018	
Licensed Stations:	Hemodialysis: 20	Peritoneal: 0

Totals For Facility/License Type: <u>Renal Dialysis</u>	
Number of Activities/Facilities licensed: _____	Number Licensed Units: _____
3	56

Number of Activities/Facilities licensed in county of : _____	<u>Georgetown</u>	# Lics: _____
		34
	Number Licensed Units : _____	
		985

Report Totals

Total Number of Activities/Facilities licensed: _____ 34 Total Number Licensed Units: _____ 985