

County: Jasper

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
---	---	-------------------

CANTERFIELD OF BLUFFTON 567 N OKATIE HWY RIDGELAND, SC 29936 FAC.#:843-645-4000 ROBERTS SUSAN C PH#: 843-645-4000 Facility Email: SUSAN@CANTERFIELDOFBLUFFTON.COM	Jasper / Limited Liability 567 N OKATIE HWY RIDGELAND, SC 29936 CANTERFIELD OF BLUFFTON LLC CRC-1571 / 11/30/2018	93
---	---	----

Alzheimer Care:Yes      Max # Resident:22      Alzheimer Unit: Yes      Max # Beds: 22

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>93</u>

County: Jasper

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
---	---	-------------------

ISLAND HEALTH CARE 300 NEW RIVER PKWY, STE 7 HARDEEVILLE, SC 29927-4450 FAC.#:843-208-3660 BOLCH ELLEN B PH#: 843-208-3660 Facility Email: EBOLCH@THAGROUP.ORG	Jasper / Corporation PO BOX 8011 SAVANNAH, GA 31412-8011 ISLAND HEALTH CARE INC HHA-0111 / 02/28/2019	2
--	---	---

Counties Served: Beaufort, Jasper

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: <u>1</u>	Number Licensed Units: <u>2</u>

County: Jasper

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
<b>COMPASSUS-CHARLESTON</b> 10911 N JACOB SMART BLVD STE B RIDGELAND, SC 29936-2709 FAC.#:843-645-6540 BOND SANDRA F PH#: Facility Email: SANDRA.BOND@COMPASSUS.COM	Jasper / Corporation 10911 N JACOB SMART BLVD STE B RIDGELAND, SC 29936-2729 HOSPICE ADVANTAGE LLC HPC-0143 / 08/30/2018	25
Counties Served: Aiken, Allendale, Bamberg, Barnwell, Beaufort, Berkeley, Calhoun, Charleston, Chesterfield, Clarendon, Colleton, Darlington, Dillon, Dorchester, Edgefield, Florence, Georgetown, Hampton, Horry, Jasper, Lee, Marion, Marlboro, Orangeburg, Williamsburg		
<b>ISLAND HOSPICE</b> 300 NEW RIVER PKWY STE 7 HARDEEVILLE, SC 29927-4450 FAC.#:843-208-3668 PRELL LISA PH#: 803-208-3668 Facility Email: MHITT@THAGROUP.ORG	Jasper / Non-Profit Corporation PO BOX 8011 SAVANNAH, GA 31412-8011 IHC HOSPICE INC HPC-0115 / 02/28/2018 (Renewal Pending)	5
Counties Served: Beaufort, Charleston, Colleton, Hampton, Jasper		
<b>MEDICAL SERVICES OF AMERICA HOSPICE OF THE LOWCOUNTRY</b> 59 RIVERWALK BLVD STE B & C RIDGELAND, SC 29936 FAC.#:843-322-0063 CROSBY SAMUEL PH#: Facility Email: LICENSING@MSA-CORP.COM	Jasper / Corporation PO BOX 609 LEXINGTON, SC 29071-0609 HOSPICE CARE OF AMERICA INC HPC-0097 / 07/31/2018	46
Counties Served: Abbeville, Aiken, Allendale, Anderson, Bamberg, Barnwell, Beaufort, Berkeley, Calhoun, Charleston, Cherokee, Chester, Chesterfield, Clarendon, Colleton, Darlington, Dillon, Dorchester, Edgefield, Fairfield, Florence, Georgetown, Greenville, Greenwood, Hampton, Horry, Jasper, Kershaw, Lancaster, Laurens, Lee, Lexington, Marion, Marlboro, McCormick, Newberry, Oconee, Orangeburg, Pickens, Richland, Saluda, Spartanburg, Sumter, Union, Williamsburg, York		
<b>ST LUKE MISSIONARY HOSPICE</b> 5701A N OKATIE HWY RIDGELAND, SC 29936 FAC.#:843-473-3055 FRISCH STEVEN PH#: 843-726-1817 Facility Email: ADMINISTRATOR@STLUKEMISSIONARYHOSPICE	Jasper / Limited Liability 16 WILLIAM POPE PKWY STE 201 BLUFFTON, SC 29909 ST LUKE MISSIONARY HOSPICE OF SOUTH CAROLINA LLC HPC-0176 / 10/31/2018	6
Counties Served: Allendale, Beaufort, Charleston, Colleton, Hampton, Jasper		

<b>Totals For Facility/License Type: <u>Hospice Program</u></b>	
Number of Activities/Facilities licensed: _____ 4	Number Licensed Units: _____ 82

County: Jasper

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
---	---	-------------------

COASTAL CAROLINA HOSPITAL 1000 MEDICAL CENTER DR HARDEEVILLE, SC 29927-3446 FAC.#:843-784-8000 TAYLOR JOEL C PH#: 843-784-8181	Jasper / Corporation 1000 MEDICAL CENTER DR HARDEEVILLE, SC 29927-3446 COASTAL CAROLINA MEDICAL CENTER INC HTL-0902 / 06/30/2018	41
---	--	----

Facility Email: JANE.BENNETT@TENETHEALTH.COM

Licensed Beds: General: 41 Psychiatric: 0 Rehab: 0 Substance Abuse: 0

Other Beds : NICU: 0 Neonatal Special Care: 0

Certifications: Perinatal Level I, JCAHO Accredited

Totals For Facility/License Type: <u>Hospital or Institutional General Infirmary</u>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>41</u>

County: Jasper

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>CARING HANDS HEALTH CARE LLC</b> 61 RIVERWALK BLVD UNIT C RIDGELAND, SC 29936 FAC.#:843-987-0400 PH#: Facility Email: ROSEBACON@AOL.COM	Jasper / Limited Liability 61 RIVERWALK BLVD UNIT C RIDGELAND, SC 29936 CARING HANDS HEALTH CARE LLC <b>IHCP-0124 / 04/30/2019</b>	- 1
<b>COMPASSION HEALTHCARE INC</b> 488 BROWNS COVE RD BLDG A STE 1 RIDGELAND, SC 29936 FAC.#:843-645-2273 PH#: Facility Email: COMPASSIONHEALTHCARE@COMCAST.NET	Jasper / Corporation 488 BROWNS COVE RD BLDG A STE 1 RIDGELAND, SC 29936 COMPASSION HEALTHCARE INC <b>IHCP-0232 / 07/31/2018</b>	- 1

<b>Totals For Facility/License Type: <u>Inhome Care Provider</u></b>	
<b>Number of Activities/Facilities licensed: <u>2</u></b>	<b>Number Licensed Units: <u>- 2</u></b>

County: Jasper

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
---	---	-------------------

<b>RIDGELAND NURSING CENTER</b>	Jasper / Corporation	88
1516 GRAYS HWY	PO BOX 1570	
RIDGELAND, SC 29936-5440 FAC.#:843-726-5581	RIDGELAND, SC 29936-2627	
BOYLES SHERI P PH#: 843-726-5581	RIDGELAND NURSING CENTER INC	
<b>Facility Email:</b> SBOYLES@RIDGELANDNC.COM	<b>NCF-0553 / 08/31/2018</b>	

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: <u>Nursing Home</u>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>88</u>

County: Jasper

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>RECOVERY CONCEPTS</b> 124 BOARDWALK DR STE A RIDGELAND, SC 29936-7994 FAC.#:843-645-2770 GLOVER DORIS M PH#: 843-645-2770 Facility Email: DORISMGLOVER@HARGRAY.COM	Jasper / Ltd. Liability 124 BOARDWALK DR STE A RIDGELAND, SC 29936-7994 RECOVERY CONCEPTS LLC OTPN-0080 / 08/30/2018	1
---	--	---

Certifications:Narcotics Treatment Program, Methodone Treatment Program

<b>WRIGHT DIRECTIONS FAMILY SERVICES</b> 60 S RAIL ROAD AVE RIDGELAND, SC 29936-8757 FAC.#:843-645-7700 MCNAIR JAWANDA PH#: Facility Email: WRIGHTDIRECTIONS@GMAIL.COM	Jasper / Limited Liability PO BOX 1343 RIDGELAND, SC 29936-2623 WRIGHT DIRECTIONS LLC OTP-0111 / 07/31/2018	1
--	---	---

Certifications:None

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

County: Jasper

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>FMC DIALYSIS SERVICES-THE MARSHLANDS</b> 28 RICE POND RD RIDGELAND, SC 29936-8170 FAC.#:843-987-0110 WIRT LELIA PH#: 843-987-0110 <b>Facility Email:</b> LELIA.WIRT@FMC-NA.COM	Jasper / Corporation 28 RICE POND RD RIDGELAND, SC 29936-8170 BIO-MEDICAL APPLICATIONS OF SOUTH CAROLINA INC <b>ERD-0095 / 03/31/2019</b>	18
---	---	----

**Licensed Stations: Hemodialysis: 17 Peritoneal: 1**

<b>RIDGELAND DIALYSIS</b> 112 WEATHERSBY ST RIDGELAND, SC 29936-9514 FAC.#:843-717-9379 DELOACH BRENDA PH#: 843-717-9379 <b>Facility Email:</b> MEGAN.SEIFARTH@DAVITA.COM	Jasper / Corporation 5200 VIRGINIA WAY STE 400, LICENSING AND CERTIFICATION BRENTWOOD, TN 37027-7569 TOTAL RENAL CARE INC <b>ERD-0187 / 07/31/2018</b>	10
---	---	----

**Licensed Stations: Hemodialysis: 10 Peritoneal: 0**

**Totals For Facility/License Type: Renal Dialysis**

**Number of Activities/Facilities licensed: 2      Number Licensed Units: 28**



County: Jasper

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
INK REVOLUZION TATTOOS 18892 WHYTE HARDEE BLVD UNIT 103 HARDEEVILLE, SC 29927-5438 FAC.#:843-784-2246 RIVERA JONATHAN PH#: 843-384-0744 Facility Email: INKREVOLUZION@GMAIL.COM	Jasper / Limited Liability 114 PINE FOREST DR BLUFFTON, SC 29910-4014 INK REVOLUZION LLC TF-0157 / 08/31/2018	2

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

Number of Activities/Facilities licensed in county of : <u>Jasper</u>	# Lics: <u>15</u>
	Number Licensed Units : <u>336</u>

Report Totals

Total Number of Activities/Facilities licensed: 15 Total Number Licensed Units: 336