

County: Lancaster

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

GOLDENCARE 403 W MEETING ST LANCASTER, SC 29720-2321 FAC.#:803-416-8000 GOLDSMITH JOSEPH P PH#: 803-416-8000 Facility Email: GOLDENCAREADC@GMAIL.COM	Lancaster / Corporation 403 W MEETING ST LANCASTER, SC 29720-2321 GOLDENCARE INC ADC-0233 / 11/30/2018	60
--	--	----

Number of Participants: 60

Totals For Facility/License Type: <u>Adult Day Care</u>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>60</u>

County: Lancaster

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
SURGERY CENTER AT EDGEWATER 2536 LENGERS WAY FORT MILL, SC 29707-7126 FAC.#:803-802-9500 ATKINSON AMANDA PH#: 803-802-9500 Facility Email: AMANDA_ATKINSON@CHS.NET	Lancaster / Ltd. Liability 2536 LENGERS WAY FORT MILL, SC 29707-7126 CAROLINA SURGERY CENTER LLC ASF-0110 / 02/28/2019	5
Operating Rooms: 3 Procedure Rooms: 1 Endoscopy Rooms: 1		

Totals For Facility/License Type: <u>Ambulatory Surgery</u>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>5</u>

County: Lancaster

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
BLAKE AT EDGEWATER 1099 EDGEWATER CORPORATE PKWY INDIAN LAND, SC 29707 FAC.#:803-312-4242 CUNNINGHAM BECKIE W PH#: 803-312-4242 Facility Email: BECKIE.CUNNINGHAM@BLAKELIVING.COM	Lancaster / Limited Liability 1099 EDGEWATER CORPORATE PKWY INDIAN LAND, SC 29707 BLAKE AT EDGEWATER LLC CRC-1921 / 01/31/2019	105
Alzheimer Care:Yes Max # Resident:0	Alzheimer Unit: Yes Max # Beds: 40	
Certifications:None		
HEATH SPRINGS RESIDENTIAL CARE CENTER 614 HART ST HEATH SPRINGS, SC 29058-8411 FAC.#:803-273-3227 MINGUS KATHLEEN L PH#: 803-273-3227 Facility Email: DDENNISALLHIS@GMAIL.COM	Lancaster / Corporation PO BOX 8118 SADDLE BROOK, NJ 07663 HSRCC PARTNERS LLC CRC-1903 / 12/31/2018	64
Alzheimer Care:No Max # Resident:0	Alzheimer Unit: No Max # Beds: 0	
Certifications:None		
MORNINGSIDE OF LANCASTER 1004 HARDIN ST LANCASTER, SC 29720-1609 FAC.#:803-285-8152 HEMPHILL TREVONDA PH#: 803-283-8152 Facility Email: LICENSING@5SSL.COM	Lancaster / Limited Liability Limited Partnership 100 CENTRE ST NEWTON, MA 02458-2094 MORNINGSIDE OF SOUTH CAROLINA LP CRC-1146 / 03/31/2019	65
Alzheimer Care:Yes Max # Resident:14	Alzheimer Unit: Yes Max # Beds: 14	
Certifications:None		

Totals For Facility/License Type: <u>Community Residential Care Facility</u>	
Number of Activities/Facilities licensed: <u> 3 </u>	Number Licensed Units: <u> 234 </u>

County: Lancaster

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
NANCY J MCCONNELL COMMUNITY RESIDENCE 219 S PLANTATION RD LANCASTER, SC 29720-1847 FAC.#:803-285-4368 MCWATERS SHEILA O PH#: 803-285-4368 Facility Email: SMCWATERS@CLDSN.ORG	Lancaster / State PO BOX 4706, DDSN C/O DAVID GOODELL COLUMBIA, SC 29240-4706 SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0075 / 05/31/2019	8
TOM MANGUM COMMUNITY RESIDENCE 223 SOUTH PLANTATION RD LANCASTER, SC 29720 FAC.#:803-285-4368 MCWATER SHELIA PH#: 803-285-4368 Facility Email: SMCWATERS@CLDSN.ORG	Lancaster / State PO BOX 4706, DDSN C/O DAVID GOODELL COLUMBIA, SC 29240-4706 SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0074 / 05/31/2019	8

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

County: Lancaster

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

HOME CARE OF LANCASTER 901 W MEETING ST STE 201 LANCASTER, SC 29720-6209 FAC.#:803-286-1472 HELMS RAYMOND E PH#: Facility Email: RAYMONDHELMS@HOMECAREOFLANCASTER.COM	Lancaster / Limited Liability 901 W MEETING ST STE 201 LANCASTER, SC 29720-6209 LANCASTER HOME CARE SERVICES LLC HHA-0050 / 12/31/2018	1
---	--	---

Counties Served: Lancaster

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: REGISTERED DIETITION

Totals For Facility/License Type: <u>Home Health</u>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>1</u>

County: Lancaster

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
HOSPICE & PALLIATIVE CARE PALMETTO REGION 1057 RED VENTURES DR STE 150 FORT MILL, SC 29707-2518 FAC.#:803-548-3708 BRUNNICK PETER A PH#: 864-833-6287 Facility Email: BRUNNICKP@HPCCR.ORG	Lancaster / Corporation 1420 E 7TH ST CHARLOTTE, NC 28204-2448 HOSPICE & PALLIATIVE CARE CHARLOTTE REGION HPC-0047 / 01/31/2019	9
Counties Served: Cherokee, Chester, Chesterfield, Fairfield, Kershaw, Lancaster, Richland, Union, York		

HOSPICE OF LANCASTER 901 W MEETING ST STE 201 LANCASTER, SC 29720-6210 FAC.#:803-286-1472 HARRIS TRINA PH#: 803-385-2002 Facility Email: TRINAHARRIS@HOMECAREOFLANCASTER.COM	Lancaster / Limited Liability 901 W MEETING ST STE 201 LANCASTER, SC 29720-6209 LANCASTER HOME CARE SERVICES LLC HPC-0039 / 12/31/2018	6
Counties Served: Chester, Chesterfield, Fairfield, Kershaw, Lancaster, York		

Totals For Facility/License Type: <u>Hospice Program</u>	
Number of Activities/Facilities licensed: _____ 2	Number Licensed Units: _____ 15

County: Lancaster

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

REBOUND BEHAVIORAL HEALTH 134 E REBOUND RD LANCASTER, SC 29720-7712 FAC.#:803-313-3700 HAMILTON PATRICIA PH#: 803-313-3700 Facility Email: JAMES.WYDOCK@ACADIAHEALTHCARE.COM	Lancaster / Limited Liability 134 E REBOUND RD LANCASTER, SC 29720-7712 REBOUND BEHAVIORAL HEALTH LLC HTL-0912 / 10/31/2018	42
Licensed Beds: General: 0 Psychiatric: 24 Rehab: 0 Substance Abuse: 18 Other Beds : NICU: 0 Neonatal Special Care: 0		

Certifications: JCAHO Accredited

SPRINGS MEMORIAL HOSPITAL 800 W MEETING ST LANCASTER, SC 29720-2298 FAC.#:803-286-1481 VAUGHAN PAGE PH#: 803-286-1214 Facility Email: PAGE_VAUGHAN@CHS.NET	Lancaster / Corporation 800 W MEETING ST LANCASTER, SC 29720-2298 LANCASTER HOSPITAL CORPORATION HTL-0657 / 12/31/2018	211
Licensed Beds: General: 199 Psychiatric: 12 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: 253

County: Lancaster

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&T CARE - KERSHAW 207 W SUMTER ST KERSHAW, SC 29067 FAC.#:803-577-1776 BARBER AMELIA A PH#: 803-577-1776 Facility Email: AMELIABARBER@ATADULTDAYCARE.US	Lancaster / Corporation 207 W SUMTER ST KERSHAW, SC 29067 A&T CARE IHCP-0583 / 08/31/2018	- 1
BE YOU HOME CARE 26174 CAMDEN WOODS DR FORT MILL, SC 29707-6339 FAC.#:803-415-3549 PH#: Facility Email: STACY.BURBACK@BEYOUHOMECARE.COM	Lancaster / Ltd. Liability 26174 CAMDEN WOODS DR FORT MILL, SC 29707-6339 BE YOU HOME CARE LLC IHCP-0031 / 01/31/2019	- 1
CARILLION HOME CARE SERVICES 1040 EDGEWATER CORPORATION PKWY INDIAN LAND, SC 29707 FAC.#:803-448-3224 WHITEHAIR JUDITH P PH#: 803-448-3224 Facility Email: JUDY.WHITEHAIR@CARILLIONHOMECARE.COM	Lancaster / Limited Liability 1040 EDGEWATER CORPORATION PKWY INDIAN LAND, SC 29707 CARILLION HOME CARE SERVICES LLC IHCP-0765 / 12/31/2018	- 1
CARING MATTERS HOME CARE 1050 FORBES RD FORT MILL, SC 29707 FAC.#:803-548-1791 BROWN WILLIAM T PH#: 980-474-1751 Facility Email: TBROWNCARINGMATTERS@YAHOO.COM	Lancaster / Limited Liability 14215 LYNDERWOOD CT CHARLOTTE, NC 28273 BECKON OF HOPE IHCP-0594 / 11/30/2018	- 1
CRYSTAL CLEAR HOME CARE INC 405 E GAY ST LANCASTER, SC 29720 FAC.#:803-804-2674 ANTHONY TRINA PH#: 803-804-2674 Facility Email: CRYSTALCLEARHOMECARE@YAHOO.COM	Lancaster / Corporation 405 E GAY ST LANCASTER, SC 29720 CRYSTAL CLEAR HOME CARE INC IHCP-0640 / 08/31/2018	- 1
GOLDEN CARE IN HOME PERSONAL CARE 403 W MEETING ST LANCASTER, SC 29720-2321 FAC.#:803-416-8000 GOLDSMITH JOSEPH PH#: 803-416-8000 Facility Email: GOLDENCAREADC@GMAIL.COM	Lancaster / Corporation 403 W MEETING ST LANCASTER, SC 29720-2321 GOLDENCARE INC IHCP-0053 / 02/28/2019	- 1
HOME HELPERS & DIRECT LINK OF FAIRFIELD SC 1553 LYNWOOD DR LANCASTER, SC 29720 FAC.#:803-286-4357 PH#: Facility Email: ARPIITT@GMAIL.COM	Lancaster / Limited Liability 1553 LYNWOOD DR LANCASTER, SC 29720 OHM HELPERS LLC IHCP-0501 / 04/30/2019	- 1

Totals For Facility/License Type: Inhome Care Provider

Number of Activities/Facilities licensed: 7 Number Licensed Units: - 7

County: Lancaster

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

<p>LANCASTER CONVALESCENT CENTER 2044 PAGELAND HWY LANCASTER, SC 29720-7608 FAC.#:803-285-7907 SKINNER JEFF PH#: 803-285-7907 Facility Email: JEFF.SKINNER@FUNDLTC.COM</p>	<p>Lancaster / Corporation 2044 PAGELAND HWY LANCASTER, SC 29720-7608 LANCASTER HEALTH CARE LLC NCF-0551 / 02/28/2019</p>	<p>142</p>
--	--	------------

Licensed Beds: Nursing Home: 142 Institutional Nursing Home: 0

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

Certifications:None

<p>TRANSITIONAL CARE UNIT AT SPRINGS MEMORIAL HOSPITAL 800 W MEETING ST LANCASTER, SC 29720-2298 FAC.#:803-286-1837 GOSNELL LISA R PH#: 803-286-1837 Facility Email: LISA_GOSNELL@CHS.NET</p>	<p>Lancaster / Corporation 800 W MEETING ST LANCASTER, SC 29720-2298 LANCASTER HOSPITAL CORPORATION NCF-0723 / 04/30/2019</p>	<p>14</p>
---	--	-----------

Licensed Beds: Nursing Home: 14 Institutional Nursing Home: 0

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

Certifications:None

<p>WHITE OAK MANOR LANCASTER 253 CRAIG MANOR RD LANCASTER, SC 29720-6531 FAC.#:803-286-1464 HEITKAMP RYAN M PH#: 803-286-1464 Facility Email: RHEITKAMP@WHITEOAKMANOR.COM</p>	<p>Lancaster / Corporation 253 CRAIG MANOR RD LANCASTER, SC 29720-6531 WHITE OAK MANOR LANCASTER INC NCF-0883 / 12/31/2018</p>	<p>132</p>
---	---	------------

Licensed Beds: Nursing Home: 132 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: 3 Number Licensed Units: 288

County: Lancaster

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
LANCASTER COUNTY COMMISSION ON ALCOHOL AND DRUG ABUSE 114 S MAIN ST LANCASTER, SC 29720-2442 FAC.#:803-285-6911 QUINN WALTER J PH#: 803-285-6911 Facility Email: CSL@COMPORIUM.NET	Lancaster / County PO BOX 1627 LANCASTER, SC 29721-1627 LANCASTER COUNTY COMMISSION ON ALCOHOL AND DRUG ABUSE-BOARD OTP-0032 / 09/30/2018	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: Lancaster

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
LANCASTER SC DIALYSIS 1100 W MEETING ST LANCASTER, SC 29720-2251 FAC.#:803-313-6600 CRIMINGER LORIS PH#: 803-313-6600 Facility Email: SCL_C@DAVITA.COM	Lancaster / Corporation 5200 VIRGINIA WAY STE 400, LICENSING AND CERTIFICATION BRENTWOOD, TN 37027-7569 DVA HEALTHCARE RENAL CARE INC ERD-0077 / 01/31/2019	29

Licensed Stations: Hemodialysis: 29 Peritoneal: 2

Totals For Facility/License Type: <u>Renal Dialysis</u>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>29</u>

Number of Activities/Facilities licensed in county of : <u>Lancaster</u>	# Lics: <u>24</u>
	Number Licensed Units : <u>895</u>

Report Totals

Total Number of Activities/Facilities licensed: 24 Total Number Licensed Units: 895