

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 BOWERS SUSAN H PH#: 803-416-8000 Facility Email: GOLDENCARE2003@YAHOO.COM | Lancaster / Corporation 403 W MEETING ST LANCASTER, SC 29720-2321 GOLDENCARE INC ADC-0233 / 11/30/2016 (Renewal Pending) | 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: ATKINSON@CHS.NET | Lancaster / Ltd. Liability 2536 LENGERS WAY FORT MILL, SC 29707-7126 CAROLINA SURGERY CENTER LLC ASF-0110 / 02/28/2017 | 5 |
|---|--|---|

Operating Rooms: 3 Procedure Rooms: 1 Endoscopy Rooms: 1

Totals For Facility/License Type: Ambulatory Surgery

Number of Activities/Facilities licensed: 1 Number Licensed Units: 5

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 |
|--|--|-------------------|
| HEATH SPRINGS RESIDENTIAL CARE CENTER 614 HART ST HEATH SPRINGS, SC 29058-8411 FAC.#:803-273-3227 BARNES SUSAN PH#: 803-273-3227 Facility Email: SFBARNES11@GMAIL.COM | Lancaster / Corporation HSRCC PARTNERS LLC CRC-1903 / 12/31/2016 (Renewal Pending) | 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 HODGIN PAIGE L PH#: 803-980-4100 Facility Email: LICENSING@5SQC.COM | Lancaster / Limited Liability Limited 400 CENTRE ST NEWTON, MA 02458-2094 MORNINGSIDE OF SOUTH CAROLINA LP CRC-1146 / 03/31/2017 | 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>2</u> | Number Licensed Units: <u>129</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.#:803-283-6951 ALTMAN JAMES PH#: 803-286-5727 Facility Email: SMCWATERS@CLDSN.ORG | Lancaster / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0075 / 05/31/2017 | 8 |
| TOM MANGUM COMMUNITY RESIDENCE 223 SOUTH PLANTATION RD LANCASTER, SC 29720 FAC.#:803-283-6951 MCWATERS SHEILA O PH#: 803-283-6951 Facility Email: SMCWATERS@CLDSN.ORG | Lancaster / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0074 / 05/31/2017 | 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: RAYMOND_HELMS@CHS.NET | Lancaster / Limited Liability 901 W MEETING ST STE 201 LANCASTER, SC 29720-6209 LANCASTER HOME CARE SERVICES LLC HHA-0050 / 12/31/2016 (Renewal Pending) | 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 DIETITIAN

| | |
|--|---------------------------------|
| 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#: 704-375-0100 Facility Email: BRUNNICKP@HPCCR.ORG | Lancaster / Corporation 1420 E 7TH ST CHARLOTTE, NC 28204-2448 HOSPICE & PALLIATIVE CARE CHARLOTTE REGION HPC-0047 / 01/31/2017 | 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 THOMPSON VALERIE M PH#: 803-286-1472 Facility Email: VALERIE_THOMPSON@CHS.NET | Lancaster / Limited Liability 901 W MEETING ST STE 201 LANCASTER, SC 29720-6209 LANCASTER HOME CARE SERVICES LLC HPC-0039 / 12/31/2017 | 6 |
| Counties Served: Chester, Chesterfield, Fairfield, Kershaw, Lancaster, York | | |

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

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 CALLISON WILLIAM 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 / 10/31/2017 | 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 DABNEY JANICE PH#: 803-286-1481 Facility Email: JANICE_DABNEY@CHS.NET | Lancaster / Corporation 800 W MEETING ST LANCASTER, SC 29720-2298 LANCASTER HOSPITAL CORPORATION HTL-0657 / 12/31/2017 | 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:<u>Hospital or Institutional General Infirmary</u> | |
| 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 / 08/31/2017 | - 1 |
| BE YOU HOME CARE 26174 CAMDEN WOODS DR FORT MILL, SC 29707-6339 FAC.#:803-431-7014 BURBACK STACY M PH#: 803-431-7014 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 / 01/31/2017 | - 1 |
| BECKON OF HOPE 1050 FORBES RD FORT MILL, SC 29707 FAC.#:980-474-1751 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 / 11/30/2017 | - 1 |
| GOLDEN CARE IN HOME PERSONAL CARE 403 W MEETING ST LANCASTER, SC 29720-2321 FAC.#:803-416-8000 PH#: Facility Email: GOLDENCARE2003@YAHOO.COM | Lancaster / Corporation 403 W MEETING ST LANCASTER, SC 29720-2321 GOLDENCARE INC IHCP-0053 / 02/28/2017 | - 1 |
| HOME HELPERS & DIRECT LINK OF FAIRFIELD SC 1553 LYNWOOD DR LANCASTER, SC 29720 FAC.#:770-403-6062 PH#: Facility Email: ARPPIITT@GMAIL.COM | Lancaster / Limited Liability 1553 LYNWOOD DR LANCASTER, SC 29720 OHM HELPERS LLC IHCP-0501 / 04/30/2017 | - 1 |

| | |
|--|--|
| Totals For Facility/License Type: <u>Inhome Care Provider</u> | |
| Number of Activities/Facilities licensed: <u>5</u> | Number Licensed Units: <u>- 5</u> |

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 |
|---|---|-------------------|
|---|---|-------------------|

| | | |
|--|--|-----|
| LANCASTER CONVALESCENT CENTER 2044 PAGELAND HWY LANCASTER, SC 29720-7608 FAC.#:803-285-7907 SKINNER JEFF PH#: 803-285-7907 Facility Email: DEBORAH.SCHOLL@FUNDLTC.COM | Lancaster / Corporation 2044 PAGELAND HWY LANCASTER, SC 29720-7608 LANCASTER HEALTH CARE LLC NCF-0551 / 02/28/2017 | 142 |
|--|--|-----|

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

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

Certifications:None

| | | |
|---|--|----|
| TRANSITIONAL CARE UNIT AT SPRINGS MEMORIAL HOSPITAL 800 W MEETING ST LANCASTER, SC 29720-2298 FAC.#:803-286-1837 GOSNELL LISA R PH#: 000-000-0000 Facility Email: LISA_GOSNELL@CHS.NET | Lancaster / Corporation 800 W MEETING ST LANCASTER, SC 29720-2298 LANCASTER HOSPITAL CORPORATION NCF-0723 / 04/30/2017 | 14 |
|---|--|----|

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

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

Certifications:None

| | | |
|--|---|-----|
| WHITE OAK MANOR LANCASTER 253 CRAIG MANOR RD LANCASTER, SC 29720-6531 FAC.#:803-286-1464 RIORDAN MICHELE PH#: 803-283-1464 Facility Email: MRIORDAN@WHITEOAKMANOR.COM | Lancaster / Corporation 253 CRAIG MANOR RD LANCASTER, SC 29720-6531 WHITE OAK MANOR LANCASTER INC NCF-0883 / 12/31/2017 | 132 |
|--|---|-----|

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: <u>Nursing Home</u> | |
| Number of Activities/Facilities licensed: <u>3</u> | Number Licensed Units: <u>288</u> |

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 / 09/30/2017 | 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 PH#: Facility Email: MEGAN.SEIFARTH@DAVITA.COM | Lancaster / Corporation 5200 VIRGINIA WAY STE 400, LICENSING AND CERTIFICATION BRENTWOOD, TN 37027-7569 DVA HEALTHCARE RENAL CARE INC ERD-0077 / 01/31/2017 | 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>21</u> |
| | Number Licensed Units : <u>792</u> |

Report Totals

Total Number of Activities/Facilities licensed: 21 Total Number Licensed Units: 792