

County: Laurens

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 |
|--|---|-------------------|
| PIEDMONT AGENCY ON AGING 512 PROFESSIONAL PARK RD CLINTON, SC 29325-7627 FAC.#:864-938-0572 PH#: Facility Email: TBEDENBAUGH@PIEDMONTAOA.COM | Laurens / Corporation PO BOX 997 GREENWOOD, SC 29648 PIEDMONT AGENCY ON AGING INC ADC-0093 / 02/28/2019 | 30 |
| Number of Participants: | | 30 |

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| Totals For Facility/License Type: <u>Adult Day Care</u> | |
| Number of Activities/Facilities licensed: <u>1</u> | Number Licensed Units: <u>30</u> |

County: Laurens

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 |
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| SURGERY AND LASER CENTER AT PROFESSIONAL PARK 136 PROFESSIONAL PARK RD CLINTON, SC 29325-7623 FAC.#:864-938-9836 WILDMAN CAREY A PH#: 864-938-9836 Facility Email: CWILDMAN@TSLCAPP.COM | Laurens / Ltd. Liability 136 PROFESSIONAL PARK RD CLINTON, SC 29325-7623 SURGERY AND LASER CENTER AT PROFESSIONAL PARK LLC ASF-0103 / 11/30/2018 | 3 |
| Operating Rooms: 2 Procedure Rooms: 1 Endoscopy Rooms: 0 | | |

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| Totals For Facility/License Type: <u>Ambulatory Surgery</u> | |
| Number of Activities/Facilities licensed: <u>1</u> | Number Licensed Units: <u>3</u> |

County: Laurens

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 |
|---|---|-------------------|
| BAILEY MANOR 300 JACOBS HWY CLINTON, SC 29325-9401 FAC.#:864-833-3425 STANLEY RITA G PH#: 864-833-3425 Facility Email: R.STANLEY@BAILEYMANOR.ORG | Laurens / Non-Profit Corporation 300 JACOBS HWY CLINTON, SC 29325-9400 CAROLINA CHRISTIAN MINISTRIES INC CRC-0732 / 08/31/2018 | 30 |
| Alzheimer Care:Yes Max # Resident:8 | Alzheimer Unit: No Max # Beds: 0 | |
| Certifications:None | | |
| CAROLINA GARDENS AT LAURENS 420 W FARLEY AVE LAURENS, SC 29360 FAC.#:864-984-9844 MIMS LYNN PH#: 864-984-9844 Facility Email: LMIMS@PRUITTHEALTH.COM | Laurens / Limited Liability 420 W FARLEY AVE LAURENS, SC 29360 FC MIDLANDS LAURENS LLC CRC-1908 / 08/31/2018 | 100 |
| Alzheimer Care:Yes Max # Resident:19 | Alzheimer Unit: No Max # Beds: 0 | |
| Certifications:None | | |
| DAVIDSON STREET COMMUNITY RESIDENCE 313 DAVIDSON ST CLINTON, SC 29325-2023 FAC.#:864-833-7284 TAVENNER JASON PH#: 864-833-7284 Facility Email: JTAVENNER@LCDSNB.ORG | Laurens / Non-Profit Corporation 1860 HWY 14 LAURENS, SC 29360-1068 LAURENS COUNTY DISABILITIES AND SPECIAL NEEDS BOARD CRC-1420 / 12/31/2018 | 8 |
| Alzheimer Care:No Max # Resident:0 | Alzheimer Unit: No Max # Beds: 0 | |
| Certifications:None | | |
| LANGSTON PLACE 939 SPRINGDALE DR CLINTON, SC 29325-7266 FAC.#:864-833-0338 MORGAN MARY A PH#: 864-833-0338 Facility Email: MAMORGAN@ENLIVANT.COM | Laurens / 330 N WABASH AVE STE 3700 CHICAGO, IL 60611-7605 LANGSTON AID OPCO LLC CRC-1408 / 11/30/2018 | 44 |
| Alzheimer Care:Yes Max # Resident:2 | Alzheimer Unit: No Max # Beds: 0 | |
| Certifications:None | | |
| LAURENS ESTATES 2841 BYPASS 127 LAURENS, SC 29360-8332 FAC.#:864-984-8001 SHIPMAN SUSAN F PH#: 864-984-8001 Facility Email: SSHIPMAN@PROVIDENCECANHELP.COM | Laurens / 2841 BYPASS 127 LAURENS, SC 29360-8332 LAURENS ESTATES LLC CRC-0681 / 08/31/2018 | 34 |
| Alzheimer Care:No Max # Resident:0 | Alzheimer Unit: No Max # Beds: 0 | |
| Certifications:None | | |

County: Laurens

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 |
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| LAURENS MEMORIAL HOME FOR AGED 3744 TORRINGTON RD LAURENS, SC 29360-0638 FAC.#:864-682-2322 PENLAND CAROLYN B PH#: 864-682-2322 Facility Email: CPENLAND@PRTCNET.COM | Laurens / Non-Profit Corporation PO BOX 638 LAURENS, SC 29360-0638 LAURENS MEMORIAL HOME FOR AGED INC CRC-0316 / 12/31/2018 | 50 |
|---|---|----|

Alzheimer Care:Yes Max # Resident:2 Alzheimer Unit: No Max # Beds: 0

Certifications:None

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| MARTHA FRANKS BAPTIST RETIREMENT COMMUNITY 1 MARTHA FRANKS DR LAURENS, SC 29360-1799 FAC.#:864-984-4541 WEBB ALLISON PH#: 864-984-4541 Facility Email: PFRANKS@SCBMA.COM | Laurens / Non-Profit Corporation 1 MARTHA FRANKS DR LAURENS, SC 29360-1799 SOUTH CAROLINA BAPTIST MINISTRIES FOR THE AGING INC CRC-0360 / 02/28/2019 | 82 |
|---|---|----|

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

Certifications:None

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| MILL STREET COMMUNITY RESIDENCE 415 MILL ST LAURENS, SC 29360-1905 FAC.#:864-984-3506 TAVENNER JASON PH#: 864-984-3506 Facility Email: JTAVENNER@LCDSNB.ORG | Laurens / Non-Profit Corporation 1860 HWY 14 LAURENS, SC 29360-1068 LAURENS COUNTY DISABILITIES AND SPECIAL NEEDS BOARD CRC-1419 / 12/31/2018 | 8 |
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Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

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| PRESBYTERIAN COMMUNITIES OF SOUTH CAROLINA-CLINTON 801 MUSGROVE ST CLINTON, SC 29325-1796 FAC.#:864-833-5190 PRIDMORE ROBERT P PH#: 864-833-5190 Facility Email: PAUL.PRIDMORE@PRESCOMM.ORG | Laurens / Non-Profit Corporation 801 MUSGROVE ST CLINTON, SC 29325-1796 PRESBYTERIAN COMMUNITIES OF SOUTH CAROLINA CRC-0014 / 04/30/2018 | 55 |
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Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

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| Totals For Facility/License Type: <u>Community Residential Care Facility</u> | |
| Number of Activities/Facilities licensed: <u>9</u> | Number Licensed Units: <u>411</u> |

County: Laurens

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 |
|---|---|-------------------|
| CLINTON MANOR COMMUNITY RESIDENCE 101 CLINTON MANOR DR CLINTON, SC 29325 FAC.#:864-682-2314 WISE KIM PH#: 864-683-5625 Facility Email: KWISE@LCDSNB.ORG | Laurens / State PO BOX 4706, DDSN C/O DAVID GOODELL COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0194 / 06/30/2018 | 8 |
| SULLIVAN STREET COMMUNITY RESIDENCE 503 SULLIVAN ST LAURENS, SC 29360-3449 FAC.#:864-683-5625 ANDERSON MELISSA PH#: 864-683-5625 Facility Email: MANDERSON@LCDSNB.ORG | Laurens / State PO BOX 4706, DDSN C/O DAVID GOODELL COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0221 / 06/30/2018 | 8 |

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

County: Laurens

Facility Type: Habilitation R16

| 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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| WHITTEN CENTER-CAMPUS 101 102 103 104 105 106 107 108 AND 110 28373 HWY 76 E CLINTON, SC 29325-5328 FAC.#:864-938-3422 GILLIAM MARY C PH#: 864-938-3422 | Laurens / State PO BOX 4706, DDSN C/O DAVID GOODELL COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR16-0164 / 08/31/2018 | 152 |
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Facility Email: WLEONARD@DDSN.SC.GOV

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| WHITTEN CENTER-CENTRAL SQUARE UNITS 201 204 205 207 AND 209 28373 HWY 76 E CLINTON, SC 29325-5328 FAC.#:864-938-3422 SMITH BETH PH#: 864-938-3422 | Laurens / State PO BOX 4706, DDSN C/O DAVID GOODELL COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR16-0411 / 08/31/2018 | 143 |
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Facility Email: WLEONARD@DDSN.SC.GOV

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| Totals For Facility/License Type: <u>Habilitation R16</u> | |
| Number of Activities/Facilities licensed: <u>2</u> | Number Licensed Units: <u>295</u> |

County: Laurens

Facility Type: Home Health

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

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| AMEDISYS HOME HEALTH OF CLINTON | Laurens / Limited Liability | 10 |
| 210 PHYSICIANS PARK DR STE U | 210 PHYSICIANS PARK DR STE U | |
| CLINTON, SC 29325-7565 FAC.#:864-833-3212 | CLINTON, SC 29325-7565 | |
| SUMNER WENDY C PH#: 864-833-3212 | AMEDISYS HOME HEALTH OF SOUTH CAROLINA LLC | |
| Facility Email: 2204@AMEDISYS.COM | HHA-0186 / 01/31/2019 | |

Counties Served: Abbeville, Anderson, Cherokee, Greenville, Greenwood, Laurens, Oconee, Pickens, Spartanburg, Union

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:

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| NHC HOMECARE-LAURENS | Laurens / Limited Liability Limited Partnership | 6 |
| 700 PLAZA CIR STE O | 700 PLAZA CIR STE O | |
| CLINTON, SC 29325-7556 FAC.#:864-833-2368 | LAURENS, SC 29360-0309 | |
| GRIFFIS SARAH PH#: 803-643-1701 | NHC/OP LP | |
| Facility Email: NHC@NHCHOMECARELAURENS.COM | HHA-0183 / 11/30/2018 | |

Counties Served: Anderson, Greenville, Laurens, Oconee, Pickens, Spartanburg

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: DIETARY CONSULTATION

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| Totals For Facility/License Type: <u>Home Health</u> | |
| Number of Activities/Facilities licensed: <u>2</u> | Number Licensed Units: <u>16</u> |

County: Laurens

Facility Type: Hospice Facility

| Facility Name Location Street Location City, State Administrator/Phone | County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date | Licensed Units |
|--|--|-------------------|
| HOSPICE OF LAURENS COUNTY 1304 SPRINGDALE DR CLINTON, SC 29325 FAC.#:864-833-6287 BRUNNICK PETER A PH#: 864-833-6287 Facility Email: BRUNNICKP@HPCCR.ORG | Laurens / Corporation HOSPICE & PALLIATIVE CARE CHARLOTTE REGION HPF-0031 / 09/30/2018 | 12 |

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| Totals For Facility/License Type: <u>Hospice Facility</u> | |
| Number of Activities/Facilities licensed: <u>1</u> | Number Licensed Units: <u>12</u> |

County: Laurens

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 OF LAURENS COUNTY 1304 SPRINGDALE DR CLINTON, SC 29325 FAC.#:864-833-6287 BRUNNICK PETER A PH#: 864-833-6287 Facility Email: BRUNNICKP@HPCCR.ORG | Laurens / Corporation PO BOX 178 CLINTON, SC 29325-0178 HOSPICE & PALLIATIVE CARE CHARLOTTE REGION HPC-0216 / 02/28/2019 | 8 |
| Counties Served: Abbeville, Greenville, Greenwood, Laurens, Newberry, Saluda, Spartanburg, Union | | |

Totals For Facility/License Type: Hospice Program

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

County: Laurens

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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| GHS LAURENS COUNTY MEMORIAL HOSPITAL 22725 HWY 76 E CLINTON, SC 29325-7527 FAC.#:864-833-9151 BENFIELD JUSTIN PH#: 864-833-9100 Facility Email: PSAWICKI@GHS.ORG | Laurens / Corporation 300 E MCBEE AVE STE 402, 4TH FLOOR PLANNING DEPARTMENT GREENVILLE, SC 29601-2890 UPSTATE AFFILIATE ORGANIZATION HTL-0932 / 10/31/2018 | 76 |
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Licensed Beds: General: 76 Psychiatric: 0 Rehab: 0 Substance Abuse: 0
Other Beds : NICU: 0 Neonatal Special Care: 0

Certifications: Perinatal Level I, JCAHO Accredited

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| Totals For Facility/License Type: <u>Hospital or Institutional General Infirmary</u> | |
| Number of Activities/Facilities licensed: <u>1</u> | Number Licensed Units: <u>76</u> |

County: Laurens

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 |
|--|---|-------------------|
| GRANNY NANNIES 328 HILLCREST DR STE 2 LAURENS, SC 29360 FAC.#:864-688-2288 PH#: Facility Email: BETTY@GRANNYNANNIESHH.COM | Laurens / Corporation 328 HILLCREST DR STE 2 LAURENS, SC 29360 THREE BUTTERFLYS INC IHCP-0500 / 08/31/2018 | - 1 |
| HOME HELPERS 1 LIBERTY LN LAURENS, SC 29360 FAC.#:864-575-4100 PH#: Facility Email: TNGRICHARD@HOMEHELPERS.COM | Laurens / Limited Liability 1 LIBERTY LN LAURENS, SC 29360 TOTAL CARE PLUS LLC IHCP-0150 / 05/31/2018 | - 1 |
| MARTHA FRANKS HOME CARE 1 MARTHA FRANKS DR LAURENS, SC 29360-1799 FAC.#:864-984-4541 PENLAND KATIE E PH#: 864-984-4541 Facility Email: KPENLAND@SCBMA.COM | Laurens / Non-Profit Corporation MARTHA FRANKS BAPTIST RETIREMENT COMMUNITY IHCP-0529 / 03/31/2018 | - 1 |

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| Totals For Facility/License Type: <u>Inhome Care Provider</u> | |
| Number of Activities/Facilities licensed: _____ 3 | Number Licensed Units: - _____ 3 |

County: Laurens

Facility Type: Nursing Home

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

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| GHS LAURENS COUNTY MEMORIAL HOSPITAL SUBACUTE UNIT | Laurens / Corporation | 14 |
| 22725 HWY 76 E | 300 E MCBEE AVE STE 402 | |
| CLINTON, SC 29325-7527 FAC.#:864-833-9100 | GREENVILLE, SC 29601-2890 | |
| BROWN FRANKLIN C PH#: 864-833-9100 | UPSTATE AFFILIATE ORGANIZATION | |
| Facility Email: NSALLY@GHS.ORG | NCF-0991 / 10/31/2018 | |

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

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

Certifications:None

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| MARTHA FRANKS BAPTIST RETIREMENT COMMUNITY | Laurens / Non-Profit Corporation | 88 |
| 1 MARTHA FRANKS DR | 1 MARTHA FRANKS DR | |
| LAURENS, SC 29360-1799 FAC.#:864-984-4541 | LAURENS, SC 29360-1799 | |
| FRANKS POLLYANNA PH#: 864-984-4541 | SOUTH CAROLINA BAPTIST MINISTRIES FOR THE AGING INC | |
| Facility Email: PFRANKS@SCBMA.COM | NCF-0435 / 03/31/2018 | |

Licensed Beds: Nursing Home: 81 Institutional Nursing Home: 7

Alzheimer Care:Yes Max # Resident:0 Alzheimer Unit: Yes Max # Beds: 0

Certifications:None

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| NHC HEALTHCARE CLINTON | Laurens / Ltd. Liability | 131 |
| 304 JACOBS HWY | PO BOX 727 | |
| CLINTON, SC 29325-7279 FAC.#:864-833-2550 | CLINTON, SC 29325-0727 | |
| HOLDER CHARLES E PH#: 000-000-0000 | NHC HEALTHCARE/CLINTON LLC | |
| Facility Email: CHOLDER@NHCCCLINTON.COM | NCF-0804 / 06/30/2018 | |

Licensed Beds: Nursing Home: 131 Institutional Nursing Home: 0

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

Certifications:None

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| NHC HEALTHCARE LAURENS | Laurens / Ltd. Liability | 176 |
| 379 PINEHAVEN ST EXT | PO BOX 1259 | |
| LAURENS, SC 29360-2672 FAC.#:864-984-6584 | LAURENS, SC 29360-1259 | |
| SHEARER RICKIE L PH#: 864-984-6584 | NHC HEALTHCARE/LAURENS LLC | |
| Facility Email: RSHEARER@NHCLAURENS.COM | NCF-0326 / 06/30/2018 | |

Licensed Beds: Nursing Home: 176 Institutional Nursing Home: 0

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

Certifications:None

County: Laurens

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 | |

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| PRESBYTERIAN COMMUNITIES OF SOUTH CAROLINA-CLINTON | Laurens / Non-Profit Corporation | 66 |
| 801 MUSGROVE ST | 801 MUSGROVE ST | |
| CLINTON, SC 29325-1796 FAC.#:864-833-5190 | CLINTON, SC 29325-1796 | |
| PRIDMORE ROBERT P PH#: 864-833-5190 | PRESBYTERIAN COMMUNITIES OF SOUTH CAROLINA | |
| Facility Email: PAUL.PRIDMORE@PRESHOME.ORG | NCF-0366 / 04/30/2018 | |

Licensed Beds: Nursing Home: 18 Institutional Nursing Home: 48

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

Certifications:None

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| Totals For Facility/License Type: <u>Nursing Home</u> | |
| Number of Activities/Facilities licensed: _____ | Number Licensed Units: _____ |
| 5 | 475 |

County: Laurens

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 |
|---|---|-------------------|
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| CLEAR SKYE TREATMENT CENTER 1035 MEDICAL RIDGE RD CLINTON, SC 29325 FAC.#:800-792-9030 FROEHLICH JAMES B PH#: 800-792-9030 Facility Email: CLEARSKYETREATMENTCENTER@GMAIL.COM | Laurens / CLEAR SKYE MEDICAL HOLDINGS LLC OTPN-0172 / 09/30/2018 | 1 |
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Certifications:Narcotics Treatment Program

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| GATEWAY COUNSELING CENTER 219 HUMAN SERVICES RD CLINTON, SC 29325-7548 FAC.#:864-833-6500 STINSON CHARLES PH#: 864-833-6500 Facility Email: CSTINSON@GATEWAYCOUNSELING.ORG | Laurens / County 219 HUMAN SERVICES RD CLINTON, SC 29325-7548 LAURENS COUNTY COMMISSION ON ALCOHOL AND DRUG ABUSE OTP-0035 / 10/31/2018 | 1 |
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Certifications:None

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

County: Laurens

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 |
|---|--|-------------------|
| CLINTON DIALYSIS CLINIC 103 AB JACKS RD CLINTON, SC 29325-2112 FAC.#:864-833-0150 GIBERT RN LISA PH#: 864-833-0150 Facility Email: LRGIBERT@AMERICANRENAL.COM | Laurens / Limited Liability 103 AB JACKS RD CLINTON, SC 29325-2112 CLINTON DIALYSIS CLINIC LLC ERD-0226 / 07/31/2018 | 20 |
| <p>Licensed Stations: Hemodialysis: 20 Peritoneal: 2</p> | | |
| FOUNTAIN INN DIALYSIS 298 CHAPMAN RD FOUNTAIN INN, SC 29644-6129 FAC.#:864-862-2273 ROBINSON BRENDA A PH#: 864-862-2273 Facility Email: BRENDA.A.ROBINSON@DAVITA.COM | Laurens / Corporation 5200 VIRGINIA WAY, LICENSING AND CERTIFICATION BRENTWOOD, TN 37027-7569 TOTAL RENAL CARE INC ERD-0177 / 04/30/2018 | 11 |
| <p>Licensed Stations: Hemodialysis: 11 Peritoneal: 0</p> | | |
| PALMETTO DIALYSIS 317 PROFESSIONAL PARK RD CLINTON, SC 29325-7625 FAC.#:864-833-0717 POWELL JEANNIE D PH#: 864-833-0717 Facility Email: SHARON.E.SCOTT@DAVITA.COM | Laurens / Corporation 5200 VIRGINIA WAY, LICENSING AND CERTIFICATION BRENTWOOD, TN 37027-7569 TOTAL RENAL CARE INC ERD-0126 / 04/30/2018 | 21 |
| <p>Licensed Stations: Hemodialysis: 21 Peritoneal: 0</p> | | |

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| Totals For Facility/License Type: <u>Renal Dialysis</u> | |
| Number of Activities/Facilities licensed: _____ 3 | Number Licensed Units: _____ 52 |

County: Laurens

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 |
|---|---|-------------------|
| INKWORKS TATTOO 2283 S MAIN ST FOUNTAIN INN, SC 29644-6832 FAC.#:864-862-5552 SIERPUTOWSKI PHILLIP J PH#: 864-862-5552 Facility Email: INKWORKSTATTOO@BELLSOUTH.NET | Laurens / Sole Proprietorship 102 OAKLAND WAY FOUNTAIN INN, SC 29644-1932 SIERPUTOWSKI PHILLIP J TF-0056 / 09/30/2018 | 4 |

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|---|---------------------------------|
| Totals For Facility/License Type: <u>Tattoo Facility</u> | |
| Number of Activities/Facilities licensed: <u>1</u> | Number Licensed Units: <u>4</u> |

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| Number of Activities/Facilities licensed in county of : <u>Laurens</u> | # Lics: <u>34</u> |
| | Number Licensed Units : <u>1,397</u> |

Report Totals

Total Number of Activities/Facilities licensed: 34 Total Number Licensed Units: 1,397