

County: Lee

Facility Type: Community Residential Care Facility

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

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| <b>BISHOPVILLE MANOR</b><br>2779 HWY 15 N<br>BISHOPVILLE, SC 29010-7101 FAC.#:803-428-2222<br>GOLDEN IDA M PH#: 803-428-2222<br>Facility Email: BISHOPVILLE.MANOR@AOL.COM | Lee / Corporation<br>PO BOX 312<br>BISHOPVILLE, SC 29010-0312<br>BISHOPVILLE MANOR INC<br><b>CRC-1108 / 06/30/2018</b> | 44 |
|---|--|----|

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

Certifications:None

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| <b>COTTONWOOD VILLAS</b><br>800 W CHURCH ST<br>BISHOPVILLE, SC 29010-1054 FAC.#:803-484-5303<br>GAINNEY FELICIA PH#: 803-484-5303<br>Facility Email: FELICIAGAINNEY@OUTLOOK.COM | Lee /<br>800 W CHURCH ST<br>BISHOPVILLE, SC 29010-1054<br>LAKEFIELD PROPERTIES LLC<br><b>CRC-1186 / 06/30/2018</b> | 85 |
|---|--|----|

Alzheimer Care:Yes      Max # Resident:5      Alzheimer Unit: Yes      Max # Beds: 14

Certifications:None

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|--|---|---|
| <b>EMERALD RCF I</b><br>2244 BROWNTOWN RD<br>BISHOPVILLE, SC 29010-9664 FAC.#:803-428-5407<br>FORTUNE ELLA R PH#: 803-428-5407<br>Facility Email: ELLA.FORTUNE@SCDMH.ORG | Lee / State<br>P O BOX 1946<br>SUMTER, SC 29151-1946<br>SANTEE-WATEREE COMMUNITY MENTAL HEALTH CENTER<br><b>CRC-1205 / 04/30/2018</b> | 5 |
|--|---|---|

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

Certifications:None

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|---|--|---|
| <b>EMERALD RCF II</b><br>2262 BROWNTOWN RD<br>BISHOPVILLE, SC 29010-9664 FAC.#:803-428-6044<br>FORTUNE ELLA R PH#: 803-428-6044<br>Facility Email: ELLA.FORTUNE@SCDMH.ORG | Lee / State<br>PO BOX 1946<br>SUMTER, SC 29151-1946<br>SANTEE-WATEREE COMMUNITY MENTAL HEALTH CENTER<br><b>CRC-1206 / 04/30/2018</b> | 5 |
|---|--|---|

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

Certifications:None

Totals For Facility/License Type: Community Residential Care Facility  
 Number of Activities/Facilities licensed: 4      Number Licensed Units: 139

County: Lee

Facility Type: Habilitation R15

| Facility Name<br>Location Street<br>Location City, State<br>Administrator/Phone   | County/Ownership Type<br>Mailing/Billing Address<br>Licensee<br>License Nbr/Expiration Date   | Licensed<br>Units |
|---|---|-------------------|
| <b>MCLEOD I GROUP HOME</b><br>808 MCLEOD RD<br>BISHOPVILLE, SC 29010-1100 FAC.#:803-484-9473<br>PARNELL WENDY W PH#: 803-484-9473<br><b>Facility Email:</b> MMACK@LCDSN.ORG | Lee / State<br>PO BOX 4706, DDSN C/O DAVID GOODELL<br>COLUMBIA, SC 29240-4706<br>SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS<br><b>MR15-0210 / 06/30/2018</b> | 8                 |
| <b>MCLEOD II GROUP HOME</b><br>814 MCLEOD RD<br>BISHOPVILLE, SC 29010-1100 FAC.#:803-484-9473<br>WOODS LEROY J PH#: 803-484-6995<br><b>Facility Email:</b> MMACK@LCDSN.ORG  | Lee / State<br>PO BOX 4706, DDSN C/O DAVID GOODELL<br>COLUMBIA, SC 29240-4706<br>SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS<br><b>MR15-0211 / 06/30/2018</b> | 8                 |

**Totals For Facility/License Type: Habilitation R15**

**Number of Activities/Facilities licensed: 2      Number Licensed Units: 16**

County: Lee

Facility Type: Hospital or Institutional General Infirmary

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

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| LEE CORRECTIONAL INSTITUTION INFIRMARY<br>1204 E CHURCH ST<br>BISHOPVILLE, SC 29010-2021 FAC.#:803-896-2400<br>BLACKWELL STEPPNAY PH#: 803-896-2400 | Lee / State<br>PO BOX 210382<br>COLUMBIA, SC 29221-0382<br>SC DEPT OF CORRECTIONS<br>HTL-0873 / 03/31/2019 | 20 |
| Facility Email: ARDIS.JENNY@DOC.STATE.SC.US   |  |    |

Licensed Beds: General: 20    Psychiatric: 0    Rehab: 0    Substance Abuse: 0  
 Other Beds :        NICU: 0    Neonatal Special Care: 0

Certifications:None

|  |                                  |
|--|----------------------------------|
| Totals For Facility/License Type: <u>Hospital or Institutional General Infirmary</u> |                                  |
| Number of Activities/Facilities licensed: <u>1</u>                                   | Number Licensed Units: <u>20</u> |

County: Lee

Facility Type: Inhome Care Provider

| Facility Name<br>Location Street<br>Location City, State<br>Administrator/Phone   | County/Ownership Type<br>Mailing/Billing Address<br>Licensee<br>License Nbr/Expiration Date                         | Licensed<br>Units |
|---|---|-------------------|
| PEACE LOVE GLORY IN HOME CARE<br>109-E CHURCH ST<br>BISHOPVILLE, SC 29010 FAC. #: 843-245-1334<br>PH#:<br>Facility Email: MCKNIGHT.MARILYN2@GMAIL.COM | Lee / Sole Proprietorship<br>109-E CHURCH ST<br>BISHOPVILLE, SC 29010<br>MCKNIGHT MARILYN<br>IHCP-0696 / 03/31/2018 | - 1               |

Totals For Facility/License Type: Inhome Care Provider

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

County: Lee

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 |          |

|   |  |     |
|---|--|-----|
| MCCOY MEMORIAL NURSING CENTER                 | Lee / Limited Liability                | 120 |
| 207 CHAPPELL DR                               | 207 CHAPPELL DR                        |     |
| BISHOPVILLE, SC 29010-1167 FAC.#:803-484-5636 | BISHOPVILLE, SC 29010-1167             |     |
| MCCASKILL CARLETTE PH#: 803-484-5636          | CARLYLE SENIOR CARE OF BISHOPVILLE LLC |     |
| Facility Email: CMCCASKILL@CMCSENIORCARE.COM  | NCF-0986 / 07/31/2018                  |     |

Licensed Beds: Nursing Home: 120 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>120</u> |

County: Lee

Facility Type: Renal Dialysis

| Facility Name<br>Location Street<br>Location City, State<br>Administrator/Phone | County/Ownership Type<br>Mailing/Billing Address<br>Licensee<br>License Nbr/Expiration Date | Licensed<br>Units |
|---|---|-------------------|
| <b>FRESENIUS MEDICAL CARE LEE COUNTY</b>  | Lee / Corporation   | 21                |
| 289 FAIRVIEW AVE STE B  | 289 FAIRVIEW AVE STE B  |                   |
| BISHOPVILLE, SC 29010-1513 FAC.#:803-484-5972                                   | BISHOPVILLE, SC 29010-1513  |                   |
| WARD TAMMY PH#: 803-484-5972  | BIO-MEDICAL APPLICATIONS OF SOUTH CAROLINA INC  |                   |
| <b>Facility Email:</b> JAME.P.MOLONEY@FMC-NA.COM                                | <b>ERD-0175 / 05/31/2018</b>  |                   |

Licensed Stations: Hemodialysis: 21 Peritoneal: 0

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

Number of Activities/Facilities licensed: 1      Number Licensed Units: 21

Number of Activities/Facilities licensed in county of : Lee      # Lics: 10

Number Licensed Units : 315

Report Totals

Total Number of Activities/Facilities licensed: 10      Total Number Licensed Units: 315