

County: Marion

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
<b>MARION COUNTY ADULT DAY CARE</b> 506 S MAIN ST MARION, SC 29571-4304 FAC.#:843-423-6220 GRAINGER ARTYMAE PH#: 843-423-6220 Facility Email: RACHUDSON@BELLSOUTH.NET	Marion / Corporation PO BOX 331 CAMDEN, SC 29021-0331 HUDSON INC ADC-0112 / 04/30/2018	30
<b>Number of Participants: 30</b>		
<b>NEW GENERATIONS ADULT DAY CENTER OF MARION</b> 300 SUPPLY RD MARION, SC 29571 FAC.#:843-423-6488 BELISSARY JOHNC PH#: Facility Email: ANN@NEWGENERATIONADC.COM	Marion / Corporation 300 JONES AVE EXT MARION, SC 29571-3222 NEW GENERATIONS ADULT DAY CENTER OF FLORENCE INC ADC-0184 / 11/30/2018	35
<b>Number of Participants: 35</b>		
<b>SAINT PAUL BAPTIST CHURCH ADULT DAY CARE</b> 248 E LAUREL ST MULLINS, SC 29574-3219 FAC.#:843-464-9829 HINES MACK T PH#: 843-662-5435 Facility Email: BAPT3016@BELLSOUTH.NET	Marion / Non-Profit Corporation PO BOX 533 MULLINS, SC 29574-0533 SAINT PAUL BAPTIST CHURCH INC ADC-0164 / 04/30/2018	30
<b>Number of Participants: 30</b>		
<b>TROY-JOHNSON INTERGENERATIONAL DAYCARE</b> 106 GAPWAY ST MULLINS, SC 29574-3010 FAC.#:843-464-8565 TROY-JOHNSON JACQUELYN PH#: 843-464-8565 Facility Email: JTROYJOHNS@AOL.COM	Marion / Corporation 106 GAPWAY ST MULLINS, SC 29574-3010 TROY-JOHNSON INTERGENERATIONAL DAYCARE INC ADC-0188 / 11/30/2018	7
<b>Number of Participants: 7</b>		

<b>Totals For Facility/License Type: <u>Adult Day Care</u></b>	
Number of Activities/Facilities licensed: <u>4</u>	Number Licensed Units: <u>102</u>

County: Marion

Facility Type: Community Residential Care Facility

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

<b>M &amp; M RESIDENTIAL CARE HOME</b>	Marion / Sole Proprietorship	5
408 HOLIDAY ST	PO BOX 1673	
MARION, SC 29571-4416 FAC.#:843-423-0120	MARION, SC 29571-1673	
GORDON TEQULIA PH#: 843-423-0120	BURGESS SANDY M	
<b>Facility Email:</b> SANDYBURGESS98@YAHOO.COM	<b>CRC-1379 / 08/31/2018</b>	

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

Certifications:None

<b>Totals For Facility/License Type: <u>Community Residential Care Facility</u></b>	
Number of Activities/Facilities licensed: _____ 1	Number Licensed Units: _____ 5

County: Marion

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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CAROLINAS HOSPITAL SYSTEM-MARION 2829 E HWY 76 MULLINS, SC 29574-6035 FAC.#:843-431-2000 COGGINS PARKES PH#: 843-431-2000 Facility Email: PARKES_COGGINS@CHS.NET	Marion / Corporation PO BOX 1150 MARION, SC 29571-1150 QHG OF SOUTH CAROLINA INC HTL-0827 / 07/31/2018	124
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Licensed Beds: General: 124    Psychiatric: 0    Rehab: 0    Substance Abuse: 0  
 Other Beds :    NICU: 0    Neonatal Special Care: 2

Certifications: Swing Bed Unit(s), Perinatal Level II, 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>124</u>

County: Marion

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>EXTREME HEALTH SERVICES</b> 1848 WEST HWY 76 STE C MARION, SC 29571 FAC.#:843-765-3446 MCCANTS TAMIKA G PH#: <b>Facility Email:</b> EXTREMEHOMEHEALTHSERVICES@YAHOO.COM	Marion / Sole Proprietorship  FOXWORTH OSCAR JAY <b>IHCP-0646 / 12/31/2017 (Renewal Pending)</b>	- 1
<b>FRANKLIN IN HOME CARE AGENCY</b> 410 N MAIN ST MARION, SC 29571 FAC.#:843-765-3212 AITKENS YVETTE PH#: 843-765-3212 <b>Facility Email:</b> YAITKENS@GMAIL.COM	Marion / Limited Liability PO BOX 1074 MARION, SC 29571 FRANKLIN HOME HEALTH AGENCY <b>IHCP-0247 / 07/31/2018</b>	- 1
<b>GUARDIAN ANGELS PROFESSIONAL SERVICES</b> 2614 EAST HWY 76 STE E MARION, SC 29571 FAC.#:843-765-3061 MONTGOMERY PATRICIA A PH#: 843-765-3067 <b>Facility Email:</b> GAPSERVICES17@GMAIL.COM	Marion / Limited Liability  GUARDIAN ANGELS PROFESSIONAL SERVICES LLC <b>IHCP-0790 / 11/30/2018</b>	- 1
<b>HARLEY HOME CARE</b> 136 ALOHA DR NICHOLS, SC 29581 FAC.#:843-526-2651 TAYLOR-HARLEY SHIRLEE PH#: 843-526-2651 <b>Facility Email:</b> HARLEYHOMECARE@GMAIL.COM	Marion / Limited Liability  HARLEY HOME CARE LLC <b>IHCP-0630 / 06/30/2018</b>	- 1
<b>HEMOCARE NURSES LLC</b> 3040 E HWY 76 STE C MULLINS, SC 29574 FAC.#:843-536-0272 PH#: <b>Facility Email:</b> HCNLLC@GMAIL.COM	Marion / Limited Liability 3040 E HWY 6 STE C MULLINS, SC 29574 HEMOCARE NURSES LLC <b>IHCP-0154 / 05/31/2018</b>	- 1
<b>PROFESSIONAL NURSING SERVICES INC</b> 115 W FAIRLEE ST MARION, SC 29571 FAC.#:843-289-5200 PH#: <b>Facility Email:</b> KIMHUNSUCKERRN@GMAIL.COM	Marion / PO BOX 723 MARION, SC 29571 PROFESSIONAL NURSING SERVICES INC <b>IHCP-0427 / 12/31/2018</b>	- 1
<b>SAVING GRACE AGENCY</b> 1405 N MAIN ST MARION, SC 29571 FAC.#:843-319-0463 PH#: <b>Facility Email:</b> REENROD@YAHOO.COM	Marion / Limited Liability 1405 N MAIN ST MARION, SC 29571 SAVING GRACE HOME HEALTH AGENCY LLC <b>IHCP-0740 / 08/31/2018</b>	- 1
<b>TOUCHING HEARTS HOME CARE AGENCY</b> 304 N MAIN ST MARION, SC 29571 FAC.#:843-423-0296 PH#: <b>Facility Email:</b> TOUCHINGHEARTSHCA@YAHOO.COM	Marion / Limited Liability 304 N MAIN ST MARION, SC 29571 TOUCHING HEARTS HOME CARE AGENCY <b>IHCP-0335 / 08/31/2018</b>	- 1

County: Marion

Facility Type: Inhome Care Provider

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

Totals For Facility/License Type: Inhome Care Provider

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

County: Marion

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	

<b>MULLINS NURSING CENTER</b>	Marion / Corporation	92
518 S MAIN ST	518 S MAIN ST	
MULLINS, SC 29574-3510 FAC.#:843-464-8211	MULLINS, SC 29574-3510	
GRIGGS DEBRA PH#: 843-464-8211	QHG OF SOUTH CAROLINA INC	
<b>Facility Email:</b> DGRIGGS@MCMED.ORG	<b>NCF-0828 / 07/31/2018</b>	

Licensed Beds: Nursing Home: 92 Institutional Nursing Home: 0

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

Certifications:None

<b>Totals For Facility/License Type: <u>Nursing Home</u></b>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>92</u>

County: Marion

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
TRINITY BEHAVIORAL CARE MARION OFFICE 103 COURT ST MARION, SC 29571-3009 FAC.#:843-423-8292 BROCK WILLIAM D PH#: 843-423-8292 Facility Email: DBROCK@TRINITYBEHAVIORALCARE.ORG	Marion / County PO BOX 1011 MARION, SC 29571-1011 TRINITY BEHAVIORAL CARE OTP-0004 / 06/30/2018	3

Certifications:None

Totals For Facility/License Type: <u>PSAD Outpatient</u>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>3</u>

County: Marion

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
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<b>FRESENIUS MEDICAL CARE MARION</b> 109 MERRITT CT MARION, SC 29571-6813 FAC.#:843-423-4673 WOODS TARA PH#: 843-423-9526 <b>Facility Email:</b> DAVID.DACUS@FMC-NA.COM	Marion / Corporation 109 MERRITT CT MARION, SC 29571-6813 BIO-MEDICAL APPLICATIONS OF SOUTH CAROLINA INC <b>ERD-0068 / 08/31/2018</b>	41
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Licensed Stations: Hemodialysis: 41 Peritoneal: 0

<b>MARION TOWNE DIALYSIS</b> 2529 EAST HWY 76 MARION, SC 29571 FAC.#:843-423-8861 TODD LORI PH#: 843-423-8861 <b>Facility Email:</b> STEPHANIE.KING1@DAVITA.COM	Marion / Corporation 5200 VIRGINIA WAY, LICENSING AND CERTIFICATION BRENTWOOD, TN 37027-7569 TOTAL RENAL CARE INC <b>ERD-0238 / 07/31/2018</b>	12
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Licensed Stations: Hemodialysis: 12 Peritoneal: 0

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

Number of Activities/Facilities licensed: 2      Number Licensed Units: 53

Number of Activities/Facilities licensed in county of :      Marion      # Lics: 18

Number Licensed Units : 371

Report Totals

Total Number of Activities/Facilities licensed: 18      Total Number Licensed Units: 371