

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
MARION COUNTY ADULT DAY CARE 506 S MAIN ST MARION, SC 29571-4304 FAC.#:843-423-6220 PH#: Facility Email: JAMESWOODS1@ATT.NET	Marion / Corporation PO BOX 331 CAMDEN, SC 29021-0331 HUDSON INC ADC-0112 / 04/30/2019	30
Number of Participants: 30		
NEW GENERATIONS ADULT DAY CENTER OF MARION 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
Number of Participants: 35		
SAINT PAUL BAPTIST CHURCH ADULT DAY CARE 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 / 04/30/2019	30
Number of Participants: 30		
TROY-JOHNSON INTERGENERATIONAL DAYCARE 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
Number of Participants: 7		

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

County: Marion

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

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

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

Certifications:None

Totals For Facility/License Type: <u>Community Residential Care Facility</u>	
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
---	---	-------------------

CAROLINAS HOSPITAL SYSTEM-MARION 2829 E HWY 76 MULLINS, SC 29574-6035 FAC.#:843-431-2000 PH#:	Marion / Corporation PO BOX 1150 MARION, SC 29571-1150 QHG OF SOUTH CAROLINA INC	124
--	---	-----

Facility Email: STWIGG@CAROLINASHOSPITAL.COM HTL-0827 / 07/31/2018 (Renewal Pending)

Licensed Beds: General: 124 Psychiatric: 0 Rehab: 0 Substance Abuse: 0
 Other Beds : NICU: 0 Neonatal Special Care: 0

Certifications: Swing Bed Unit(s), 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
EXTREME HEALTH SERVICES 1848 WEST HWY 76 STE C MARION, SC 29571 FAC.#:843-765-3446 MCCANTS TAMIKA G PH#: Facility Email: EXTREMEHOMEHEALTHSERVICES@YAHOO.COM	Marion / Sole Proprietorship FOXWORTH OSCAR JAY IHCP-0646 / 12/31/2017 (Renewal Pending)	- 1
FRANKLIN IN HOME CARE AGENCY 410 N MAIN ST MARION, SC 29571 FAC.#:843-765-3212 AITKENS YVETTE PH#: 843-765-3212 Facility Email: YAITKENS@GMAIL.COM	Marion / Limited Liability PO BOX 1074 MARION, SC 29571 FRANKLIN HOME HEALTH AGENCY IHCP-0247 / 07/31/2018 (Renewal Pending)	- 1
GUARDIAN ANGELS PROFESSIONAL SERVICES 2614 EAST HWY 76 STE E MARION, SC 29571 FAC.#:843-765-3061 MONTGOMERY PATRICIA A PH#: 843-765-3067 Facility Email: GAPSERVICES17@GMAIL.COM	Marion / Limited Liability GUARDIAN ANGELS PROFESSIONAL SERVICES LLC IHCP-0790 / 11/30/2018	- 1
HARLEY HOME CARE 136 ALOHA DR NICHOLS, SC 29581 FAC.#:843-526-2651 TAYLOR-HARLEY SHIRLEE PH#: 843-526-2651 Facility Email: HARLEYHOMECARE@GMAIL.COM	Marion / Limited Liability HARLEY HOME CARE LLC IHCP-0630 / 06/30/2018 (Renewal Pending)	- 1
HEAVENLY HOME CARE 3630 HWY 76 E MULLINS, SC 29574 FAC.#:843-506-6356 PH#: Facility Email: MARYHARGROVE42@GMAIL.COM	Marion / Limited Liability 3630 HWY 76 E MULLINS, SC 29574 HEAVENLY HOME CARE LLC IHCP-0731 / 02/28/2019	- 1
HEMOCARE NURSES LLC 3040 E HWY 76 STE C MULLINS, SC 29574 FAC.#:843-536-0272 PH#: Facility Email: HCNLLC@GMAIL.COM	Marion / Limited Liability 3040 E HWY 6 STE C MULLINS, SC 29574 HEMOCARE NURSES LLC IHCP-0154 / 05/31/2019	- 1
PROFESSIONAL NURSING SERVICES INC 115 W FAIRLEE ST MARION, SC 29571 FAC.#:843-289-5200 PH#: Facility Email: KIMHUNSUCKERRN@GMAIL.COM	Marion / PO BOX 723 MARION, SC 29571 PROFESSIONAL NURSING SERVICES INC IHCP-0427 / 12/31/2018	- 1
SAVING GRACE AGENCY 1405 N MAIN ST MARION, SC 29571 FAC.#:843-319-0463 PH#: Facility Email: REENROD@YAHOO.COM	Marion / Limited Liability 1405 N MAIN ST MARION, SC 29571 SAVING GRACE HOME HEALTH AGENCY LLC IHCP-0740 / 08/31/2018	- 1

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
TOUCHING HEARTS HOME CARE AGENCY 304 N MAIN ST MARION, SC 29571 FAC.#:843-423-0296 PH#:	Marion / Limited Liability 304 N MAIN ST MARION, SC 29571 TOUCHING HEARTS HOME CARE AGENCY IHCP-0335 / 08/31/2018	- 1
Facility Email: TOUCHINGHEARTSHCA@YAHOO.COM		

Totals For Facility/License Type: <u>Inhome Care Provider</u>	
Number of Activities/Facilities licensed: <u>9</u>	Number Licensed Units: <u>- 9</u>

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	

MULLINS NURSING CENTER	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	
Facility Email: DGRIGGS@MCMED.ORG	NCF-0828 / 07/31/2018 (Renewal Pending)	

Licensed Beds: Nursing Home: 92 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>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 (Renewal Pending)	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
---	---	-------------------

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

Licensed Stations: Hemodialysis: 41 Peritoneal: 0

MARION TOWNE DIALYSIS 2529 EAST HWY 76 MARION, SC 29571 FAC.#:843-423-8861 TODD LORI PH#: 843-423-8861 Facility Email: SCL_C@DAVITA.COM	Marion / Corporation 5200 VIRGINIA WAY, LICENSING AND CERTIFICATION BRENTWOOD, TN 37027-7569 TOTAL RENAL CARE INC ERD-0238 / 07/31/2019	12
--	---	----

Licensed Stations: Hemodialysis: 12 Peritoneal: 0

Totals For Facility/License Type: <u>Renal Dialysis</u>	
Number of Activities/Facilities licensed: <u>2</u>	Number Licensed Units: <u>53</u>

Number of Activities/Facilities licensed in county of : <u>Marion</u>	# Lics: <u>19</u>
	Number Licensed Units : <u>370</u>

Report Totals

Total Number of Activities/Facilities licensed: 19 Total Number Licensed Units: 370