

County: Williamsburg

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
H ALTON BOYD SENIOR CENTER 484 NELSON BLVD KINGSTREE, SC 29556-4025 FAC.#:843-355-2420 MITCHELL VICKIE B PH#: 843-372-5104 Facility Email: VICKIEMITCHELLS5@YAHOO.COM	Williamsburg / Limited Liability 484 NELSON BLVD KINGSTREE, SC 29556-4025 H ALTON BOYD SENIOR CENTER LLC ADC-0299 / 01/31/2019	40
Number of Participants: 40		
HOPEWELL SENIOR DAY CARE 1277 BLAKELY RD SALTERS, SC 29590-3439 FAC.#:843-387-3569 EVANS DOTTIE M PH#: 843-543-1897 Facility Email: HOPEJ@FTC-I.NET	Williamsburg / Corporation 1277 BLAKELY RD SALTERS, SC 29590-3439 HOPEWELL SENIOR DAY CARE INC ADC-0206 / 08/31/2018	12
Number of Participants: 12		
LOVELY DOVE SENIOR CARE 1307 N LONGSTREET ST KINGSTREE, SC 29556-2739 FAC.#:843-355-4434 EPPS ROBBIE C PH#: 843-230-1918 Facility Email: LOVELYDOVES1307@YAHOO.COM	Williamsburg / Limited Liability 525 REED ST APT 33 KINGSTREE, SC 29556-4051 LOVELY DOVE LLC ADC-0325 / 09/30/2017 (Renewal Pending)	13
Number of Participants: 13		
RUTH LOUIS ADULT HEALTH DAY CARE 1349 SEABOARD RD ANDREWS, SC 29510-5628 FAC.#:843-221-5848 NESMITH PEARL PH#: 843-221-5848 Facility Email: RUTHLOUISADC@FTC-I.NET	Williamsburg / Non-Profit Corporation 1349 SEABOARD RD ANDREWS, SC 29510-5628 RUTH LOUIS ADULT HEALTH DAY CARE INC ADC-0226 / 05/31/2018	30
Number of Participants: 30		
RUTH LOUIS ADULT HEALTH DAY CARE #2 111 E MILL ST KINGSTREE, SC 29556-3427 FAC.#:843-355-2333 NESMITH PEARL PH#: 843-221-5848 Facility Email: RUTHLOUIS2ADC@FTC-I.NET	Williamsburg / Non-Profit Corporation 111 E MILL ST KINGSTREE, SC 29556-3427 RUTH LOUIS ADULT HEALTH DAY CARE INC ADC-0250 / 12/31/2018	69
Number of Participants: 69		

Totals For Facility/License Type: <u>Adult Day Care</u>	
Number of Activities/Facilities licensed: _____ 5	Number Licensed Units: _____ 164

County: Williamsburg

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
GOOD SAMARITAN RESIDENTIAL CARE 1356 BUBZY RD KINGSTREE, SC 29556-5246 FAC.#:843-382-3530 DUROUSSEAU MATTIE H PH#: 843-382-3530 Facility Email: GOODSAMARITAN1000@YAHOO.COM	Williamsburg / Corporation 1356 BUBZY RD KINGSTREE, SC 29556-5246 GOOD SAMARITAN RESIDENTIAL CARE FACILITY INC CRC-1015 / 05/31/2018	9
Alzheimer Care:No Max # Resident:0	Alzheimer Unit: No Max # Beds: 0	

Certifications:None

WILLIAMSBURG RESIDENTIAL CARE FACILITY 14 WRCF ST KINGSTREE, SC 29590 FAC.#:843-355-6214 PH#: Facility Email: WRCF@FTC-I.NET	Williamsburg / Sole Proprietorship PO BOX 147 SALTERS, SC 29590-0063 JACKSON JACQUES G CRC-0038 / 03/31/2018	24
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: <u>2</u>	Number Licensed Units: <u>33</u>

County: Williamsburg

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
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AMEDISYS HOME HEALTH CARE 127 E MILL ST KINGSTREE, SC 29556 FAC.#:843-355-5103 LANGSTON JENNIFER PH#: Facility Email: 2241@AMEDISYS.COM	Williamsburg / Limited Liability 127 E MILL ST KINGSTREE, SC 29556 GEORGETOWN HOSPITAL HOME HEALTH LLC HHA-0188 / 01/31/2019	4
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Counties Served: Clarendon, Florence, Georgetown, Williamsburg

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:

Totals For Facility/License Type: <u>Home Health</u>	
Number of Activities/Facilities licensed: _____ 1	Number Licensed Units: _____ 4

County: Williamsburg

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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WILLIAMSBURG REGIONAL HOSPITAL 500 NELSON BLVD KINGSTREE, SC 29556-4027 FAC.#:843-355-8888 POSTON SHARON PH#: 843-355-8888 Facility Email: SPOSTON@WMBGRH.COM	Williamsburg / Non-Profit Corporation PO BOX 568 KINGSTREE, SC 29556-0568 WILLIAMSBURG REGIONAL HOSPITAL INC HTL-0841 / 10/31/2018	25
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Licensed Beds: General: 25 Psychiatric: 0 Rehab: 0 Substance Abuse: 0
Other Beds : NICU: 0 Neonatal Special Care: 0

Certifications: Swing Bed Unit(s), JCAHO Accredited, Critical Access Hospital

Totals For Facility/License Type: Hospital or Institutional General Infirmary

Number of Activities/Facilities licensed: 1 Number Licensed Units: 25

County: Williamsburg

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
ART OF LIVING COMMUNITY AND SUPPORT SERVICES LLC 1117 THIRD AVE KINGSTREE, SC 29556 FAC.#:843-401-0002 BURGESS CHRISHONDA PH#: 843-401-4158 Facility Email: CBURGESS@ARTOFLIVINGGA.COM	Williamsburg / Limited Liability 4892 N ROYAL ATLANTA DR TUCKER, GA 30084 ART OF LIVING COMMUNITY AND SUPPORT SERVICES LLC IHCP-0605 / 12/31/2017 (Renewal Pending)	- 1
ASH-COURT COMPANION CARE LLC 310 E MAIN ST KINGSTREE, SC 29556 FAC.#:843-355-1313 PH#: Facility Email: ASHCOURTCOMPANIONCARE@YAHOO.COM	Williamsburg / Limited Liability 310 E MAIN ST KINGSTREE, SC 29556-3513 ASH-COURT COMPANION CARE LLC IHCP-0139 / 05/31/2018	- 1
GOOD SAMARITAN HOME CARE SERVICES LLC 3 ROUND SWAMP RD KINGSTREE, SC 29556 FAC.#:843-382-3574 PH#: Facility Email: GOODSAMARITANHOMECARESERVICES@YAHOO.COM	Williamsburg / Limited Liability 3 ROUND SWAMP RD KINGSTREE, SC 29556 GOOD SAMARITAN HOME CARE SERVICES LLC IHCP-0384 / 09/30/2018	- 1
GUARDIAN ANGEL SENIOR CARE LLC 607 N LONGSTREET ST KINGSTREE, SC 29556 FAC.#:843-354-3500 FITTS MARGARET PH#: 843-354-3500 Facility Email: MARG756@YAHOO.COM	Williamsburg / Limited Liability GUARDIAN ANGEL CARE LLC IHCP-0577 / 09/30/2018	- 1
HEARTS & HANDS CLA LLC 1382 FULTON AVE KINGSTREE, SC 29556 FAC.#:843-401-0058 DOZIER-YORK RANADA PH#: 843-372-0745 Facility Email: HEARTSHANDSLLC@YAHOO.COM	Williamsburg / Limited Liability 8402 ROSWELL RD APT C ATLANTA, GA 30350 HEARTS & HANDS CLA LLC IHCP-0528 / 04/30/2018	- 1
RUTH LOUIS PERSONAL CARE 1349 SEABORAD RD ANDREWS, SC 29510 FAC.#:843-221-5848 PH#: Facility Email: Not on File	Williamsburg / 1349 SEABOARD RD ANDREWS, SC 29510-5628 RUTH LOUIS ADULT HEALTH DAY CARE IHCP-0644 / 10/31/2018	- 1
WISE CHOICE HOME CARE 501 N LONGSTREET ST KINGSTREE, SC 29556 FAC.#:704-431-8153 PH#: Facility Email: THEWISECHOICEHC@YAHOO.COM	Williamsburg / Limited Liability 501 N LONGSTREET ST KINGSTREE, SC 29556 WISE CHOICE HOME CARE LLC IHCP-0730 / 01/31/2019	- 1

Totals For Facility/License Type: Inhome Care Provider

Number of Activities/Facilities licensed: 7 Number Licensed Units: - 7

County: Williamsburg

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
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CARLYLE SENIOR CARE OF KINGSTREE 401 NELSON BLVD KINGSTREE, SC 29556-4024 FAC.#:843-355-6116 SLAVINSKI CANDICE J PH#: 843-355-6116 Facility Email: CSLAVINSKI@CMCSENIORCARE.COM	Williamsburg / Limited Liability 401 NELSON BLVD KINGSTREE, SC 29556-4024 CARLYLE SENIOR CARE OF KINGSTREE LLC NCF-0984 / 07/31/2018	96
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Licensed Beds: Nursing Home: 96 Institutional Nursing Home: 0

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

Certifications:None

DR RONALD E MCNAIR NURSING AND REHABILITATION CENTER 56 GENESIS DR LAKE CITY, SC 29560-5531 FAC.#:843-389-3685 FRIERSON SARAH L PH#: 843-389-3685 Facility Email: MCNAIRNSGCTR@FTC-I.NET	Williamsburg / Corporation PO BOX 1598 LAKE CITY, SC 29560-1598 HEALTHCARE PANASCOPE INC NCF-0918 / 11/30/2018	88
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Licensed Beds: Nursing Home: 88 Institutional Nursing Home: 0

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

Certifications:None

Totals For Facility/License Type: Nursing Home

Number of Activities/Facilities licensed: 2 Number Licensed Units: 184

County: Williamsburg

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
WILLIAMSBURG COUNTY DEPARTMENT ON ALCOHOL AND DRUG ABUSE 115 SHORT ST KINGSTREE, SC 29556-3924 FAC.#:843-355-9113 GRAHAM JACKIE S PH#: 843-355-9113	Williamsburg / County PO BOX 506 KINGSTREE, SC 29556-0506 WILLIAMSBURG COUNTY COUNCIL OTP-0019 / 06/30/2018	2
Facility Email: JGRAHAM@WCDADA.ORG Certifications:None		

Totals For Facility/License Type: <u>PSAD Outpatient</u>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>2</u>

County: Williamsburg

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
FMC DIALYSIS SERVICES-ANDREWS 102 S COUNTY LINE RD ANDREWS, SC 29510-8125 FAC.#:843-221-5454 COHENS RN JACQUELINE PH#: 843-357-4840 Facility Email: CLINIC2359@FMC-NA.COM	Williamsburg / Corporation 102 S COUNTY LINE RD ANDREWS, SC 29510-8125 BIO-MEDICAL APPLICATIONS OF SOUTH CAROLINA INC ERD-0115 / 05/31/2018	12
<p>Licensed Stations: Hemodialysis: 12 Peritoneal: 0</p>		
FRESENIUS MEDICAL CARE KINGSTREE 215 N BROOKS ST KINGSTREE, SC 29556-3503 FAC.#:843-355-9750 WEATHERFORD RN BARBARA PH#: 843-355-9750 Facility Email: CLINIC1555@FMC-NA.COM	Williamsburg / Corporation 215 N BROOKS ST KINGSTREE, SC 29556-3503 BIO-MEDICAL APPLICATIONS OF SOUTH CAROLINA INC ERD-0069 / 02/28/2019	31
<p>Licensed Stations: Hemodialysis: 31 Peritoneal: 0</p>		

Totals For Facility/License Type: <u>Renal Dialysis</u>	
Number of Activities/Facilities licensed: <u>2</u>	Number Licensed Units: <u>43</u>

County: Williamsburg

Facility Type: Residential Treatment for Children & Adolescents

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
WILLOWGLEN ACADEMY SOUTH CAROLINA 1370 WILLIAMSBURG COUNTY HWY N KINGSTREE, SC 29556 FAC.#:843-201-4888 VASSAR TERESA PH#: 803-201-4888 Facility Email: TVASSAR@WILLOWGLENSC.COM	Williamsburg / Corporation 1370 WILLIAMSBURG COUNTY HWY N KINGSTREE, SC 29556 WILLOWGLEN ACADEMY SOUTH CAROLINA INC RTF-0023 / 03/31/2018	40

Totals For Facility/License Type: <u>Residential Treatment for Children & Adolescents</u>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>40</u>

Number of Activities/Facilities licensed in county of : <u>Williamsburg</u>	# Lics: <u>22</u>
	Number Licensed Units : <u>488</u>

Report Totals

Total Number of Activities/Facilities licensed: 22 Total Number Licensed Units: 488