# South Carolina Department of Health & Environmental Control  
## Division of Health Licensing

### County: Beaufort

#### Facility Type: Community Residential Care Facility

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>Location Street</th>
<th>Location City, State</th>
<th>Contact Name</th>
<th>Phone Number</th>
<th>License Nbr/Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image1.png" alt="image" /></td>
<td>10 JACOB WHITE RD</td>
<td>YEMASSEE, SC 29945-7820</td>
<td>MILES CARRIE R</td>
<td>843-466-0356</td>
<td>CRC-1115 / 09/30/2018</td>
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<tr>
<td><img src="image2.png" alt="image" /></td>
<td>421 SQUIRE POPE RD</td>
<td>HILTON HEAD ISLAND, SC 29926</td>
<td>JOHNSON STEPHANI</td>
<td>843-342-2222</td>
<td>CRC-1963 / 06/30/2018</td>
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<tr>
<td><img src="image3.png" alt="image" /></td>
<td>8 HAMPTON LAKE DR</td>
<td>ALPHARETTA, GA 30022-0004</td>
<td>KETCHUM VALORIE</td>
<td>843-757-3111</td>
<td>CRC-1585 / 03/31/2018</td>
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<tr>
<td><img src="image4.png" alt="image" /></td>
<td>60 OAK FOREST RD</td>
<td></td>
<td>FENNELL ERIC J</td>
<td>843-815-2338</td>
<td>CRC-1510 / 12/31/2017</td>
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<td><img src="image5.png" alt="image" /></td>
<td>800 FORDING ISLAND RD</td>
<td></td>
<td>LATHAM K'LEE</td>
<td>843-815-2555</td>
<td>CRC-1381 / 04/30/2018</td>
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<tr>
<th>Alzheimer Care:</th>
<th>Max # Resident:</th>
<th>Alzheimer Unit:</th>
<th>Max # Beds:</th>
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<th>County/Ownership Type</th>
<th>Licensed Units</th>
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<tr>
<td>Beaufort / Limited Liability</td>
<td>104</td>
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<tr>
<td>Beaufort / Limited Liability</td>
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<td>Beaufort / Limited Liability</td>
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Facility Email:  
- MILES-66@HOTMAIL.COM  
- JOHNSONSTEPHANI@LCSNET.COM  
- BLUFFTONDIRECTOR@BENTONHOUSE.COM  
- ADMIN@BLOOMATBELFAIR.COM  
- ADMIN@BLOOMATBLUFFTON.COM  
- ADMIN@BLOOMFIELDBLUFFTON.COM  
- ADMIN@BLOOMFIELDBLUFFTONII.COM  

Certifications: None

1 hlfactcc.rdf
## County: Beaufort

### Facility Type: Community Residential Care Facility

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>Location Street</th>
<th>Location City, State</th>
<th>Administrator/Phone</th>
<th>Phone #</th>
<th>Mailing/Billing Address</th>
<th>Facility Email</th>
<th>County/Ownership Type</th>
<th>License</th>
<th>License Nbr/Expiration Date</th>
<th>Units</th>
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<tbody>
<tr>
<td><strong>BLOOM AT HILTON HEAD</strong></td>
<td>35 BEACH CITY RD</td>
<td>HILTON HEAD ISLAND, SC 29926-4725</td>
<td>BAZEN TIFFANY R</td>
<td>843-342-5599</td>
<td>HILTON HEAD ISLAND, SC 29926-4725</td>
<td><a href="mailto:ADMIN@BLOOMATHILTONHEAD.COM">ADMIN@BLOOMATHILTONHEAD.COM</a></td>
<td>BLOOMFIELD SENIOR LIVING OF HILTON HEAD LLC</td>
<td></td>
<td>CRC-1382 / 04/30/2018</td>
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<tr>
<td><strong>BOSTICK'S ADULT RESIDENTIAL CARE FACILITY</strong></td>
<td>1912 DUKE ST</td>
<td>BEAUFORT, SC 29902-4404</td>
<td>BURNS WANDA BOSTICK</td>
<td>843-524-3906</td>
<td>BEAUFORT, SC 29901-1841</td>
<td><a href="mailto:BARCF1@GMAIL.COM">BARCF1@GMAIL.COM</a></td>
<td>Beaufort / Sole Proprietorship</td>
<td></td>
<td>CRC-0143 / 05/31/2018</td>
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<tr>
<td><strong>BROAD CREEK CARE CENTER ASSISTED LIVING</strong></td>
<td>801 LEMON GRASS CT</td>
<td>HILTON HEAD ISLAND, SC 29928-3022</td>
<td>JACKSON WILLIAM F</td>
<td>843-341-7300</td>
<td>HILTON HEAD ISLAND, SC 29928-3040</td>
<td><a href="mailto:FJACKSON@VILIVING.COM">FJACKSON@VILIVING.COM</a></td>
<td>Beaufort / Corporation</td>
<td></td>
<td>CRC-1036 / 07/31/2018</td>
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<tr>
<td><strong>BROOKDALE HILTON HEAD</strong></td>
<td>15 MAIN ST</td>
<td>HILTON HEAD ISLAND, SC 29926-4604</td>
<td>ORAGE DARYL</td>
<td>843-342-6565</td>
<td>HILTON HEAD ISLAND, SC 29926</td>
<td><a href="mailto:DARYL.ORAGE@BROOKDALE.COM">DARYL.ORAGE@BROOKDALE.COM</a></td>
<td>EMERITUS CORPORATION</td>
<td></td>
<td>CRC-1397 / 08/31/2018</td>
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<tr>
<td><strong>BROOKDALE HILTON HEAD COURT</strong></td>
<td>48 MAIN ST</td>
<td>HILTON HEAD ISLAND, SC 29926-1647</td>
<td>HERNDON ADAM W</td>
<td>843-342-7122</td>
<td>HILTON HEAD ISLAND, SC 29926-1647</td>
<td><a href="mailto:ADAM.HERNDON@BROOKDALE.COM">ADAM.HERNDON@BROOKDALE.COM</a></td>
<td>EMERITUS CORPORATION</td>
<td></td>
<td>CRC-1275 / 08/31/2018</td>
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### Certifications:

- **Alzheimer Care:**
  - **Yes:**
  - **No:**

- **Max # Resident:**
  - **16:**
  - **0:**

- **Max # Beds:**
  - **19:**
  - **0:**

- **Alzheimer Unit:**
  - **Yes:**
  - **No:**

- **Max Units:**
  - **72:**
  - **11:**

- **Certifications:**
  - **None:**
# Community Residential Care Facility

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>Location Street</th>
<th>Location City, State</th>
<th>Administrator/Phone</th>
<th>County/Ownership Type</th>
<th>Mailing/Billing Address</th>
<th>License Nbr/Expiration Date</th>
<th>Licensed Units</th>
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</thead>
<tbody>
<tr>
<td>BROOKDALE HILTON HEAD VILLAGE</td>
<td>80 MAIN ST OFC 100</td>
<td>HILTON HEAD ISLAND, SC 29926-2923</td>
<td>NAPOLITANO JENNIFER PH#: 843-689-9143</td>
<td>Beaufort / Corporation</td>
<td>843-689-9143</td>
<td>CRC-1276 / 08/31/2018</td>
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<tr>
<td>HELENA PLACE</td>
<td>1624 PARIS AVE OFC</td>
<td>PORT ROYAL, SC 29935-2041 FAC.#: 843-982-0233</td>
<td>KESLER LORIE A PH#: 843-982-0233</td>
<td>Beaufort / CORPORATION</td>
<td>330 N WABASH AVE STE 3700</td>
<td>CRC-1409 / 11/30/2017</td>
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<tr>
<td>MARQUISE RESIDENTIAL HOME</td>
<td>9 FRAZIER VILLAGE DR</td>
<td>BEAUFORT, SC 29906-7959 FAC.#: 843-846-8417</td>
<td>HAYWARD MATTIE L PH#: 843-846-8417</td>
<td>Beaufort / Sole Proprietorship</td>
<td>9 FRAZIER VILLAGE DR</td>
<td>CRC-0863 / 03/31/2018</td>
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<tr>
<td>MORNINGSIDE OF BEAUFORT</td>
<td>109 OLD SALEM RD</td>
<td>BEAUFORT, SC 29906-5113 FAC.#: 843-982-0220</td>
<td>SIEGNER TAMATHE J PH#: 843-982-0220</td>
<td>Beaufort / Ltd. Liability</td>
<td>400 CENTRE ST</td>
<td>CRC-1267 / 06/30/2018</td>
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<tr>
<td>PORT ROYAL COMMUNITY RESIDENCE</td>
<td>1508 OLD SHELL RD</td>
<td>BEAUFORT, SC 29935-2041 FAC.#: 843-255-6335</td>
<td>MAYSE WANDA D PH#: 843-255-6335</td>
<td>Beaufort /</td>
<td>100 CLEARWATER WAY</td>
<td>CRC-1173 / 09/30/2018</td>
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</table>

- **Alzheimer Care**: No
- **Max # Resident**: 0
- **Alzheimer Unit**: No
- **Max # Beds**: 0
- **Certifications**: None

- **Alzheimer Care**: Yes
- **Max # Resident**: 6
- **Alzheimer Unit**: No
- **Max # Beds**: 0
- **Certifications**: None

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- **Max # Resident**: 0
- **Alzheimer Unit**: No
- **Max # Beds**: 0
- **Certifications**: None

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- **Max # Resident**: 0
- **Alzheimer Unit**: No
- **Max # Beds**: 0
- **Certifications**: None
## County: Beaufort

### Facility Type: Community Residential Care Facility

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<th>License/Billing Address</th>
<th>License Nbr/Expiration Date</th>
<th>Alzheimer Care</th>
<th>Max # Resident</th>
<th>Max # Beds</th>
<th>Alzheimer Unit</th>
<th>Max # Beds</th>
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<tbody>
<tr>
<td>RIVER OAKS</td>
<td>Beaufort /</td>
<td>1251 LADYS ISLAND DR</td>
<td>Beaufort / Corporation</td>
<td>15807 BISCAYNE BLVD STE 105</td>
<td>62</td>
<td>18</td>
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<td>SUMMIT PLACE OF BEAUFORT</td>
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<td>1119 PICK POCKET PLANTATION DR</td>
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<tr>
<td>THE PALMETTOS OF BLUFFTON</td>
<td>Beaufort / Limited Liability Company</td>
<td>3039 OKATIE HWY</td>
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<td>BLUFFTON, SC 29909</td>
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</table>

### Totals For Facility/License Type: Community Residential Care Facility

- Number of Activities/Facilities licensed: 18
- Number Licensed Units: 1,040
- Number of Activities/Facilities licensed in county of: Beaufort # Lics: 18
- Number Licensed Units: 1,040
## Facility Information

**County:** Berkeley  
**Facility Type:** Community Residential Care Facility

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>Location Street</th>
<th>Location City, State</th>
<th>Administrator/Phone</th>
<th>County/Ownership Type</th>
<th>License/Billing Address</th>
<th>License Nbr/Expiration Date</th>
<th>Alzheimer Care</th>
<th>Max # Resident</th>
<th>Alzheimer Unit</th>
<th>Max # Beds</th>
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<tbody>
<tr>
<td>BLAKE AT CARNES CROSSROADS LLC</td>
<td>4015 2ND AVE</td>
<td>SUMMERVILLE, SC 29486</td>
<td>DAUGHERTY KATHRYN PH#: 843-376-3996</td>
<td>Berkeley / Limited Liability</td>
<td>SUMMERVILLE, SC 29486</td>
<td>CRC-1896 / 07/31/2018</td>
<td>Yes</td>
<td>0</td>
<td>Yes</td>
<td>40</td>
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<tr>
<td>GOOSE CREEK MANOR #1</td>
<td>104 MARILYN ST</td>
<td>GOOSE CREEK, SC 29445-3104</td>
<td>DEDIOS LETICIA G PH#: 843-572-7442</td>
<td>Berkeley / Corporation</td>
<td>NL &amp; JR INCORPORATED</td>
<td>CRC-0639 / 06/30/2018</td>
<td>No</td>
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<tr>
<td>L &amp; M RESIDENTIAL HEALTH CARE FACILITY</td>
<td>2504 HWY 311</td>
<td>CROSS, SC 29436-3339</td>
<td>TAYLOR LINDA B PH#: 843-753-7098</td>
<td>Berkeley / Ltd. Liability</td>
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<td>CRC-1426 / 02/28/2018</td>
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<tr>
<td>NEW BEGINNINGS OF PINEVILLE</td>
<td>212 MITCHELLBAY LN</td>
<td>PINEVILLE, SC 29468-3200</td>
<td>RAVENELL HELEN W PH#: 843-412-1246</td>
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<td>RAVENELL HELEN W</td>
<td>CRC-1521 / 04/30/2018</td>
<td>No</td>
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**Facility Email:**
- MICHAEL@CARDINALVENTURES.NET
- GOOSECREEKMANOR@AOL.COM
- BLONTAY@AOL.COM
- NEW.BEGINNINGS@TDS.NET
### County: Berkeley

#### Facility Type: Community Residential Care Facility

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>County/Ownership Type</th>
<th>Location Street</th>
<th>License License Nbr/Expiration Date</th>
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<tr>
<td>OAKVIEW BOARDING HOME</td>
<td>Berkeley / Corporation</td>
<td>1818 S LIVE OAK DR</td>
<td>CRC-1153 / 04/30/2018</td>
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<td>MONCKS CORNER, SC 29461-7216</td>
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<td>BIASCAN ERLINDA M PH#: 843-761-3273</td>
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<tr>
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<td>ALZHEIMER UNIT: No</td>
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<td>MAX # BEDS: 0</td>
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<table>
<thead>
<tr>
<th>Facility Name</th>
<th>County/Ownership Type</th>
<th>Location Street</th>
<th>License License Nbr/Expiration Date</th>
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<tbody>
<tr>
<td>PINEWOOD PLACE</td>
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<td>101 CENTENNIAL BLVD</td>
<td>CRC-1406 / 11/30/2017</td>
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<td>GOOSE CREEK, SC 29445-7079</td>
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<td>KILMER CATHERINE O PH#: 843-569-2520</td>
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<th>Facility Name</th>
<th>County/Ownership Type</th>
<th>Location Street</th>
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<td>Berkeley / Limited Liability</td>
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<td>107 ETLING AVE</td>
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<td>DORON VERNELL PH#: 843-863-0209</td>
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<td>MAX # BEDS: 0</td>
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<tr>
<th>Facility Name</th>
<th>County/Ownership Type</th>
<th>Location Street</th>
<th>License License Nbr/Expiration Date</th>
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<tbody>
<tr>
<td>SUMMIT PLACE OF DANIEL ISLAND</td>
<td>Berkeley / Limited Liability</td>
<td>320 SEVEN FARMS DR</td>
<td>CRC-1282 / 05/31/2018</td>
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<tr>
<td>320 SEVEN FARMS DR</td>
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<tr>
<td>DANIEL ISLAND, SC 29492-7532</td>
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<tr>
<td>WOOLLEY KATHRYN D PH#: 843-814-9238</td>
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<tr>
<td>Facility Email: <a href="mailto:KWOOLLEY@5SSL.COM">KWOOLLEY@5SSL.COM</a></td>
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**Totals For Facility/License Type: Community Residential Care Facility**

<table>
<thead>
<tr>
<th>Number of Activities/Facilities licensed:</th>
<th>Number Licensed Units:</th>
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</thead>
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**Number of Activities/Facilities licensed in county of Berkeley**

<table>
<thead>
<tr>
<th>Number of Activities/Facilities licensed in county: Berkeley</th>
<th>Number Licensed Units:</th>
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### County: Charleston

### Facility Type: Community Residential Care Facility

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>County/Ownership Type</th>
<th>Location Street</th>
<th>Administrator/Phone</th>
<th>License Nbr/Expiration Date</th>
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</thead>
<tbody>
<tr>
<td><strong>ASHLEY GARDENS ALZHEIMER'S SPECIAL CARE CENTER</strong></td>
<td>Charleston / Limited Liability</td>
<td>2290 HENRY TECKLENBURG DR</td>
<td>CARLETON KELLY JEAN PH#: 843-556-4100</td>
<td>CRC-1595 / 06/30/2018</td>
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<tr>
<td></td>
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<td>West Ashley Gardens</td>
<td><a href="mailto:KELLYCARLETON@JEASENIORLIVING.COM">KELLYCARLETON@JEASENIORLIVING.COM</a></td>
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<td>Charleston / Ltd. Liability</td>
<td>4550 GREAT OAK DR</td>
<td>BAKER GEORGE M PH#: 843-760-0831</td>
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<tr>
<td><strong>ASHLEY RIVER PLANTATION</strong></td>
<td>Charleston / Limited Liability</td>
<td>2333 ASHLEY RIVER RD</td>
<td>DAVIS SEAN C PH#: 843-766-9898</td>
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<td><strong>BELL'S PROFESSIONAL RESIDENTIAL HOME CARE</strong></td>
<td>Charleston / Ltd. Liability</td>
<td>1910 DALTON ST</td>
<td>BELL TROY A PH#: 843-744-1765</td>
<td>CRC-1209 / 05/31/2018</td>
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<tr>
<td></td>
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<td>1910 DALTON ST</td>
<td><a href="mailto:BILLTROY7@AOL.COM">BILLTROY7@AOL.COM</a></td>
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</tr>
<tr>
<td><strong>BISHOP GADSDEN EPISCOPAL RETIREMENT COMMUNITY</strong></td>
<td>Charleston / Non-Profit Corporation</td>
<td>1 BISHOP GADSDEN WAY</td>
<td><a href="mailto:BILL.TRAWICK@BISHOPGADSDEN.ORG">BILL.TRAWICK@BISHOPGADSDEN.ORG</a></td>
<td>CRC-0451 / 11/30/2017</td>
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| Alzheimer Care:Yes | Max # Resident:66 | Alzheimer Unit: Yes | Max # Beds: 66 | Alzheimer Care:No | Max # Resident:0 | Alzheimer Unit: No | Max # Beds: 0 | Alzheimer Care:Yes | Max # Resident:51 | Alzheimer Unit: Yes | Max # Beds: 51 | Alzheimer Care:No | Max # Resident:0 | Alzheimer Unit: No | Max # Beds: 0 | Alzheimer Care:Yes | Max # Resident:20 | Alzheimer Unit: Yes | Max # Beds: 20 |

### Alzheimer Care Unit:

- **Yes**

### Max # Resident:

- **66**

### Max # Beds:

- **66**

### County/Ownership Type:

- **Charleston / Limited Liability**

### License Nbr/Expiration Date:

- **CRC-1595 / 06/30/2018**
### Charleston County

#### Facility Type: Community Residential Care Facility

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<th>Facility Name</th>
<th>Location Street</th>
<th>Location City, State</th>
<th>Administrator/Phone</th>
<th>County/Ownership Type</th>
<th>License/Billing Address</th>
<th>License Nbr/Expiration Date</th>
<th>Max # Units</th>
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<td>9270 N HWY 17</td>
<td>Charleston, SC 29458-9422</td>
<td>BENJAMIN BOWLES</td>
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<td>CRC-0090 / 09/30/2017 (Renewal Pending)</td>
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<td>BOWLES BENJAMIN</td>
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<td>2590 ELMS PLANTATION BLVD</td>
<td>CLEVELAND, TN 37312-4309</td>
<td>CHARLESTON RETIREMENT INVESTORS LLC</td>
<td>Charleston / Ltd. Liability</td>
<td>843-553-6342</td>
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<td>BROOKDALE CHARLESTON</td>
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<td>HBP LEASECO LLC</td>
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<td>CRC-1291 / 09/30/2018</td>
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<td>CABADING HOMES #1</td>
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<td>CABADING HOMES INC</td>
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</table>

- Each facility is licensed and has specific certifications, such as Alzheimer Care and Alzheimer Unit.
- The Maximum number of residents and beds varies among the facilities.
- Facility emails are also included for contact purposes.

---

**Note:** The information is accurate as of October 4, 2017.
<table>
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<tr>
<th>Facility Name</th>
<th>County/Ownership Type</th>
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<td>Charleston / Sole Proprietorship</td>
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<td>CARTER-MAY HOME</td>
<td>1660 INGRAM RD</td>
<td>CHARLESTON, SC</td>
<td>BAUDER JANINE NEWELL PH#: 843-556-8314</td>
<td><a href="mailto:JANINE@CATHOLIC-DOC.ORG">JANINE@CATHOLIC-DOC.ORG</a></td>
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<td><a href="mailto:LICENSING@5SSL.COM">LICENSING@5SSL.COM</a></td>
<td>Charleston /</td>
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<td>2606 STARK LN</td>
<td>NORTH CHARLESTON, SC</td>
<td>CUMMINGS OLYMPIA W PH#: 843-747-7088</td>
<td><a href="mailto:OCUMMINGS03@COMCAST.NET">OCUMMINGS03@COMCAST.NET</a></td>
<td>Charleston / Sole Proprietorship</td>
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<td>CURAMENG RESIDENTIAL HOME CARE</td>
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<td><a href="mailto:CURAMENGHOMECARE@YAHOO.COM">CURAMENGHOMECARE@YAHOO.COM</a></td>
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<td>CRC-0026 / 03/31/2018</td>
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<td><a href="mailto:PATCH29311@HOTMAIL.COM">PATCH29311@HOTMAIL.COM</a></td>
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<td>843-225-0637</td>
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<td>LUTHERAN HOMES OF SOUTH CAROLINA INC (NPC)</td>
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<td>GUARDIAN ANGELS ASSISTED LIVING INC</td>
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<td>NORTH CHARLESTON, SC</td>
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<td>843-745-2339</td>
<td>JUANITA SANDERS &amp; GENEVA NELSON</td>
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## Community Residential Care Facility

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<th>Administrator/Phone</th>
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<td>NORTH CHARLESTON, SC 29418-3521</td>
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<td>LANGIT'S ASSISTED LIVING FACILITY</td>
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<td>NORTH CHARLESTON, SC 29406-3439</td>
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<td>MARIA'S PRIORITY CARE RESIDENTIAL HOME I</td>
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## Facility Type: Community Residential Care Facility

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<td>MCLEOD MANOR</td>
<td>1707 MCLEOD AVE</td>
<td>CHARLESTON, SC</td>
<td>ALSTON MARTHA S PH#:</td>
<td><a href="mailto:CHVINC@COMCAST.NET">CHVINC@COMCAST.NET</a></td>
<td>Charleston / Corporation</td>
<td>16</td>
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<td>MIDLAND PARK RESIDENTIAL HOME CARE</td>
<td>2712 MIDLAND PARK RD</td>
<td>NORTH CHARLESTON, SC</td>
<td>SINGIAN ROGELIO C PH#:</td>
<td><a href="mailto:MIDLANDPARK@BELLSOUTH.NET">MIDLANDPARK@BELLSOUTH.NET</a></td>
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<td>52</td>
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<td>MY FATHER'S HOUSE</td>
<td>22 LARNES ST</td>
<td>CHARLESTON, SC</td>
<td>STENT JOSEPHINE I PH#:</td>
<td><a href="mailto:JSTENT@BELLSOUTH.NET">JSTENT@BELLSOUTH.NET</a></td>
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### Charleston County

**Facility Type:** Community Residential Care Facility

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>Location Street</th>
<th>Location City, State</th>
<th>Administrator/Phone</th>
<th>County/Ownership Type</th>
<th>License/Billing Address</th>
<th>License Nbr/Expiration Date</th>
<th>Max # Resident</th>
<th>Max # Beds</th>
<th>Alzheimer Care</th>
<th>Alzheimer Unit</th>
<th>Alzheimer Unit</th>
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<tbody>
<tr>
<td>NICHOLS RESIDENTIAL CARE FACILITY</td>
<td>702 E RAILROAD AVE</td>
<td>LINCOLNVILLE, SC 29485-7228 FAC.#:843-821-9608</td>
<td>NICHOLS LAVERN PH#: 843-821-9608</td>
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<td>702 E RAILROAD AVE</td>
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<td>NORTH HAVEN RESIDENTIAL CARE HOME</td>
<td>4326 LESLIE ST</td>
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<td>LANGIT LEONORA D PH#: 843-767-2541</td>
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<td>4326 LESLIE ST</td>
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<td>PALMETTO RESIDENTIAL CARE OF NORTH CHARLESTON</td>
<td>2834 SPRUILL AVE</td>
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<td>LESESNE CLARA P PH#: 843-566-1509</td>
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<td>CRC-1322 / 08/31/2018</td>
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<td>PETTIS ANGELS RESIDENTIAL CARE</td>
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<td>PETTIS ETHEL S PH#: 843-308-9413</td>
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<td>Location City, State</td>
<td>Administrator/Phone</td>
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<td>License/Billing Address</td>
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<td>Alzheimer Unit</td>
<td>Max # Beds</td>
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<td>SANDPIPER COURTYARD ASSISTED LIVING</td>
<td>1047 ANNA KNAPP BLVD</td>
<td>MOUNT PLEASANT, SC 29464-3133</td>
<td>ATKINSON ANGELA G PH#: 843-884-7977</td>
<td><a href="mailto:HCRIBB@SANDPIPERCENTER.COM">HCRIBB@SANDPIPERCENTER.COM</a></td>
<td>Charleston / Limited Liability</td>
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<td>SAVANNAH HALL ASSISTED LIVING</td>
<td>1010 LAKE HUNTER CIR</td>
<td>MOUNT PLEASANT, SC 29464-5417</td>
<td>WOODWARD GREGORY M PH#: 843-388-2030</td>
<td><a href="mailto:LICENSING@SANDPIPERCENTER.COM">LICENSING@SANDPIPERCENTER.COM</a></td>
<td>Charleston /</td>
<td>400 CENTRE ST</td>
<td>CRC-1431 / 06/30/2018</td>
<td>16</td>
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<tr>
<td>SAVANNAH PLACE</td>
<td>1501 SECESSIONVILLE RD</td>
<td>CHARLESTON, SC 29412-8236</td>
<td>MIKELL TYLER G PH#: 843-762-1396</td>
<td><a href="mailto:TMKELL@ENLIVANT.COM">TMKELL@ENLIVANT.COM</a></td>
<td>Charleston /</td>
<td>330 N WABASH AVE STE 3700</td>
<td>CRC-1410 / 11/30/2017</td>
<td>44</td>
<td>No</td>
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<tr>
<td>SECESSIONVILLE COMMUNITY RESIDENCE</td>
<td>1217 SECESSIONVILLE RD</td>
<td>CHARLESTON, SC 29412-9749</td>
<td>CAPERS MADLYN PH#: 843-795-0766</td>
<td><a href="mailto:MCAPERS@DSNCC.COM">MCAPERS@DSNCC.COM</a></td>
<td>Charleston / State</td>
<td>PO BOX 22708, DISABILITIES BOARD OF CHARLESTON COUNTY</td>
<td>CRC-1287 / 12/31/2017</td>
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<tr>
<td>SERENITY MANOR</td>
<td>4018 S RHETT AVE</td>
<td>NORTH CHARLESTON, SC 29405-7163</td>
<td>FIELDS HATTIE B PH#: 843-554-0733</td>
<td><a href="mailto:SERENITY_MANOR@Bellsouth.NET">SERENITY_MANOR@Bellsouth.NET</a></td>
<td>Charleston / Sole Proprietorship</td>
<td>PO BOX 21934</td>
<td>CRC-1472 / 02/28/2018</td>
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Alzheimer Care: No  Max # Resident: 0  Alzheimer Unit: No  Max # Beds: 0

Alzheimer Care: Yes  Max # Resident: 16  Alzheimer Unit: Yes  Max # Beds: 16
## County: Charleston
### Facility Type: Community Residential Care Facility

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>County/Ownership Type</th>
<th>Location Street</th>
<th>Location City, State</th>
<th>Administrator/Phone</th>
<th>License/Billing Address</th>
<th>License Nbr/Expiration Date</th>
<th>Licenses/Units</th>
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</thead>
<tbody>
<tr>
<td>SOMERBY OF MOUNT PLEASANT</td>
<td>Charleston / Ltd. Liability</td>
<td>3100 TRADITION CIR</td>
<td>MOUNT PLEASANT, SC 29466-7153</td>
<td>PH#: 843-849-3096</td>
<td>1200 CORPORATE DR STE 225</td>
<td>CRC-1481 / 09/30/2018</td>
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<td>SWEETGRASS COURT SENIOR LIVING COMMUNITY</td>
<td>Charleston / Limited Liability</td>
<td>1010 ANNA KNAPP BLVD</td>
<td>MOUNT PLEASANT, SC 29464-5400</td>
<td>PH#: 843-971-7756</td>
<td>1200 CORPORATE DR STE 225</td>
<td>CRC-1428 / 12/31/2017</td>
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<tr>
<td>SWEETGRASS VILLAGE ASSISTED LIVING COMMUNITY</td>
<td>Charleston / Limited Liability</td>
<td>601 MATHIS FERRY RD</td>
<td>MOUNT PLEASANT, SC 29464-2623</td>
<td>PH#: 843-884-8812</td>
<td>601 MATHIS FERRY RD</td>
<td>CRC-1427 / 12/31/2017</td>
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<tr>
<td>TRICOUNTY CRISIS STABILIZATION CENTER</td>
<td>Charleston / Corporation</td>
<td>5 CHARLESTON CENTER DR STE 246</td>
<td>CHARLESTON, SC 29401-1162</td>
<td>PH#: 843-414-2350</td>
<td>2100 CHARLIE HALL BLVD</td>
<td>CRC-1956 / 06/30/2018</td>
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<td>VANWYEVER RESIDENTIAL CARE FACILITY</td>
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<td>2009 COSGROVE AVE</td>
<td>NORTH CHARLESTON, SC 29405-5702</td>
<td>PH#: 843-744-6065</td>
<td>2009 COSGROVE AVE</td>
<td>CRC-0638 / 09/30/2017 (Renewal Pending)</td>
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- Alzheimer Care: Yes
- Max # Resident: 35
- Alzheimer Unit: Yes
- Max # Beds: 38

- Alzheimer Care: Yes
- Max # Resident: 38
- Alzheimer Unit: Yes
- Max # Beds: 38

- Alzheimer Care: No
- Max # Resident: 0
- Alzheimer Unit: No
- Max # Beds: 0
### Charleston County:

**Community Residential Care Facility**

**Facility Name** | **County/Ownership Type** | **Mailing/Billing Address** | **Licensed Units**
--|--|--|--

**Location City, State** | **Licensee** | **License Nbr/Expiration Date**
--|--|--

**Totals For Facility/License Type:** Community Residential Care Facility

<table>
<thead>
<tr>
<th>Number of Activities/Facilities licensed</th>
<th>Licensed Units</th>
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<tr>
<td>55</td>
<td>1,684</td>
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**Number of Activities/Facilities licensed in county of:** Charleston  

<table>
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<tr>
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<th># Lics: 55</th>
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<td>Number Licensed Units</td>
<td>1,684</td>
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County: Colleton

<table>
<thead>
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<th>Facility Name</th>
<th>Location Street</th>
<th>Location City, State</th>
<th>Administrator/Phone</th>
<th>County/Ownership Type</th>
<th>License/Billing Address</th>
<th>Licensed Units</th>
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<tbody>
<tr>
<td>AUTUMN HOUSE</td>
<td>121 MOORE ST</td>
<td>WALTERBORO, SC</td>
<td>COLLINS SBRINA PH#: 803-860-2042</td>
<td>Colleton / Sole Proprietorship</td>
<td>AUTUMN HOUSE LLC</td>
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<td>Facility Email:</td>
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<td><a href="mailto:AUTUMNHOUSEWALTERBORO@GMAIL.COM">AUTUMNHOUSEWALTERBORO@GMAIL.COM</a></td>
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<td>Certifications: None</td>
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<td>COLLETON COURTYARD</td>
<td>210 ACADEMY RD</td>
<td>WALTERBORO, SC</td>
<td>WILLIAMS ANDRE PH#: 843-538-8181</td>
<td>Colleton /</td>
<td>LAKEFIELD PROPERTIES LLC</td>
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<td><a href="mailto:COLLETONCOURTYARD@GMAIL.COM">COLLETONCOURTYARD@GMAIL.COM</a></td>
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<tr>
<td>FOREST CIRCLE COMMUNITY RESIDENCE</td>
<td>505 FOREST CIR</td>
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<td>FARMER THERESA L PH#: 843-549-5140</td>
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<td>COLLETON COUNTY BOARD OF DISABILITIES AND SPECIAL NEEDS</td>
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<td>JOSIE DRIVE COMMUNITY RESIDENCE</td>
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<td>WALTERBORO, SC</td>
<td>FARMER THERESA L PH#: 843-549-6979</td>
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<td>COLLETON COUNTY BOARD OF DISABILITIES AND SPECIAL NEEDS</td>
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**Totals For Facility/License Type: Community Residential Care Facility**

- Number of Activities/Facilities licensed: 4
- Number Licensed Units: 64

- Number of Activities/Facilities licensed in county of: Colleton
  - # Lics: 4
  - Number Licensed Units: 64
## Community Residential Care Facility

### South Carolina Department of Health & Environmental Control

#### Division of Health Licensing

**October 4, 2017**

**Dorchester County: Community Residential Care Facility**

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>Location Street</th>
<th>Location City, State</th>
<th>Administrator/Phone</th>
<th>County/Ownership Type</th>
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<th>Certified Units</th>
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<tbody>
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<td>ANTÓNIO-STAPLES RESIDENTIAL CARE FACILITY</td>
<td>10745 HWY 78 E</td>
<td>SUMMERVILLE, SC 29483-8710</td>
<td>PH#: 843-821-8912</td>
<td>Dorchester / Corporation</td>
<td>CRC-0706 / 03/31/2018</td>
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<td>CROSSINGS AT WESCOTT PLANTATION</td>
<td>5130 WESCOTT BLVD</td>
<td>SUMMERVILLE, SC 29485</td>
<td>PH#: 843-486-2712</td>
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<td>CYPRESS PLACE</td>
<td>205 MIDLAND PKWY</td>
<td>SUMMERVILLE, SC 29485-8104</td>
<td>PH#: 843-875-7163</td>
<td>Dorchester / Limited Liability</td>
<td>CRC-1411 / 11/30/2017</td>
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<td>MAGNOLIAS OF SUMMERVILLE</td>
<td>335 MIDLAND PKWY</td>
<td>SUMMERVILLE, SC 29485-8138</td>
<td>PH#: 843-821-4122</td>
<td>Dorchester / Ltd. Liability</td>
<td>CRC-1414 / 05/31/2018</td>
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<td>PRESBYTERIAN COMMUNITIES OF SOUTH CAROLINA-SUMMERVILLE</td>
<td>201 W 9TH NORTH ST</td>
<td>SUMMERVILLE, SC 29483-6721</td>
<td>PH#: 843-873-2550</td>
<td>Dorchester / Non-Profit Corporation</td>
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### Alzheimer Care and Unit Certifications

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<th>Max # Resident</th>
<th>Alzheimer Care</th>
<th>Max # Beds</th>
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### Facility Contact Information

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<tr>
<th>Facility Email</th>
<th>Facility Email</th>
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<tbody>
<tr>
<td><a href="mailto:Z4TINKERBELL@AOL.COM">Z4TINKERBELL@AOL.COM</a></td>
<td><a href="mailto:SVRBAS@HARMONYSENIORSERVICES.COM">SVRBAS@HARMONYSENIORSERVICES.COM</a></td>
<td><a href="mailto:EGRANT@ENLIVANT.COM">EGRANT@ENLIVANT.COM</a></td>
<td><a href="mailto:CINDY@MAGNOLIASOFSUMMERVILLE.COM">CINDY@MAGNOLIASOFSUMMERVILLE.COM</a></td>
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</tbody>
</table>

### Additional Information

- **设施类型:** 社区住宅护理设施
- **县:** 多切斯特
- **设施名称:**
  - ANTÓNIO-STAPLES RESIDENTIAL CARE FACILITY
  - CROSSINGS AT WESCOTT PLANTATION
  - CYPRESS PLACE
  - MAGNOLIAS OF SUMMERVILLE
  - PRESBYTERIAN COMMUNITIES OF SOUTH CAROLINA-SUMMERVILLE

---

**Note:**

- **Certifications:** None
- **Mailing/Billing Address:**
  - 10745 HWY 78 E, SUMMERVILLE, SC 29483-8710
  - 5130 WESCOTT BLVD, SUMMERVILLE, SC 29485
  - 335 MIDLAND PKWY, SUMMERVILLE, SC 29485-8104
  - 335 MIDLAND PKWY, SUMMERVILLE, SC 29485-8138
  - 201 W 9TH NORTH ST, SUMMERVILLE, SC 29483-6721

**Contact Details:**

- **设施联系人/电话:**
  - STAPLES ERMELINDA M PH#: 843-821-8912
  - FERRERE GLENN W PH#: 843-486-2712
  - GRANT ETHELEE PH#: 843-875-7163
  - REINHEIMER CINDY PH#: 843-821-4122
  - MILLER ROBIN C PH#: 843-873-2550

**设施许可证信息:**

- **设施许可证号/期满日期:**
  - CRC-0706 / 03/31/2018
  - CRC-1596 / 06/30/2018
  - CRC-1411 / 11/30/2017
  - CRC-1414 / 05/31/2018
  - CRC-0245 / 09/30/2018
County: Dorchester

**Facility Type:** Community Residential Care Facility

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>County/Ownership Type</th>
<th>Location Street</th>
<th>Mailing/Billing Address</th>
<th>Administrator/Phone</th>
<th>License</th>
<th>License Nbr/Expiration Date</th>
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<tbody>
<tr>
<td>ROYAL OAKS</td>
<td>Dorchester</td>
<td>950 TRAVELERS BLVD</td>
<td>950 TRAVELERS BLVD</td>
<td>HITCHMAN MARTINA PH#: 843-832-8481</td>
<td>CARE RSL SUMMERVILLE OPCO LLC</td>
<td>CRC-0859 / 01/31/2018</td>
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Facility Email: MHITCHMAN@ROYALSUMMERVILLE.COM

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: 6
- Number Licensed Units: 400

**Number of Activities/Facilities licensed in county of:** Dorchester

- # Lics: 6
- Number Licensed Units: 400
## Facility Type: Community Residential Care Facility

<table>
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<tr>
<th>Facility Name</th>
<th>Location Street</th>
<th>Location City, State</th>
<th>Administrator/Phone</th>
<th>Mailing/Billing Address</th>
<th>County/Ownership Type</th>
<th>License</th>
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<th>Max # Resident</th>
<th>Max # Beds</th>
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<tr>
<td>INLET COASTAL RESORT</td>
<td>5087 HWY 17 N BP</td>
<td>MURRELLS INLET, SC 29576</td>
<td>MCGRAW KEVIN PH#: 843-405-2005</td>
<td>5087 OCEAN HWY 17 N BYPASS</td>
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<tr>
<td>JESSAMINE COMMUNITY RESIDENCE</td>
<td>143 JESSAMINE AVE</td>
<td>GEORGETOWN, SC 29442-1471</td>
<td>RANDOLPH STACEY PH#: 843-527-1390</td>
<td>GEORGETOWN COUNTY BOARD OF DISABILITIES AND SPECIAL NEEDS</td>
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<td>LAKES AT LITCHFIELD ASSISTED LIVING</td>
<td>120 LAKES AT LITCHFIELD DR</td>
<td>GEORGETOWN, SC 29585-5515</td>
<td>BARBER JEFF PH#: 843-235-9393</td>
<td>LITCHFIELD RETIREMENT LLC</td>
<td>Georgetown / Ltd. Liability</td>
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<tr>
<td>MARY'S HOME CARE</td>
<td>224 WARD LOOP</td>
<td>HEMINGWAY, SC 29554</td>
<td>HOLMES MARY W PH#: 843-558-9053</td>
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<td>CRC-1505 / 05/31/2018</td>
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<td>MARYVILLE COMMUNITY RESIDENCE</td>
<td>2602 OLD CHARLESTON RD</td>
<td>GEORGETOWN, SC 29442-1471</td>
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### County: Georgetown

#### Facility Type: Community Residential Care Facility

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<th>Facility Name</th>
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<th>Location City, State</th>
<th>Administrator/Phone</th>
<th>County/Ownership Type</th>
<th>Number of Activities/Facilities licensed:</th>
<th>Number Licensed Units:</th>
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<tr>
<td><strong>MORNINGSIDE OF GEORGETOWN</strong></td>
<td>2628 N FRASER ST</td>
<td>GEORGETOWN, SC</td>
<td>WILLIAMS ANITA PH#: 843-520-0319</td>
<td>Georgetown / Limited Liability</td>
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<td>GEORGETOWN, SC 29440-6946</td>
<td>NEWTON, MA 02458-2094</td>
<td>WILLIAMS ANITA PH#: 843-520-0319</td>
<td>MORNINGSIDE OF SOUTH CAROLINA LP</td>
<td>CRC-1102 / 05/31/2018</td>
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<td><strong>OASIS RESIDENTIAL HOME</strong></td>
<td>2317 PRINCE ST</td>
<td>GEORGETOWN, SC</td>
<td>GRAHAM MAZIE E PH#: 843-527-4848</td>
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<td>2317 PRINCE ST</td>
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<td><strong>SOUTH ISLAND ASSISTED LIVING</strong></td>
<td>2902 S ISLAND RD</td>
<td>GEORGETOWN, SC</td>
<td>MCALHANY MAXINE J PH#: 843-545-5427</td>
<td>Georgetown / Corporation</td>
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<td>2902 S ISLAND RD</td>
<td>GEORGETOWN, SC 29440-4420</td>
<td>MCALHANY MAXINE J PH#: 843-545-5427</td>
<td>SOUTH ISLAND ASSISTED LIVING INC</td>
<td>CRC-1272 / 02/28/2018</td>
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<tr>
<td><strong>SUNNY PINES BOARDING HOME</strong></td>
<td>108 W GAPWAY RD</td>
<td>ANDREWS, SC 29510-0732</td>
<td>PAPILLION GLORIA F PH#: 843-221-7436</td>
<td>Georgetown / Sole Proprietorship</td>
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<td>ANDREWS, SC 29510-0732</td>
<td>ANDREWS, SC 29510-0732</td>
<td>PAPILLION GLORIA F PH#: 843-221-7436</td>
<td>MATTIE H DUROUSEAU</td>
<td>CRC-0098 / 05/31/2018</td>
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<td><strong>THRIVE IN PRINCE CREEK</strong></td>
<td>699 PRINCE CREEK PKWY</td>
<td>MURRELLS INLET, SC 29576</td>
<td>RICHARDSON JACQUE W PH#: 843-353-1525</td>
<td>Georgetown / Limited Liability</td>
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<td>699 PRINCE CREEK PKWY</td>
<td>MURRELLS INLET, SC 29576</td>
<td>RICHARDSON JACQUE W PH#: 843-353-1525</td>
<td>THRIVE TENANT LTC LLC</td>
<td>CRC-1939 / 11/30/2017</td>
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**Certifications:**
- None

**Facility Email:**
- LICENSING@5SSL.COM
- OASISINC2001@YAHOO.COM
- SOUTHISLAND2003@GMAIL.COM
- PAPION22@PEOPLEPC.COM
- WWW.THRIVEATPRINCECREEK.COM

### Totals For Facility/License Type: Community Residential Care Facility

Number of Activities/Facilities licensed: 10  Number Licensed Units: 403

23

hlfactcc.rdf
## County: Georgetown

<table>
<thead>
<tr>
<th>Number of Activities/Facilities licensed in county of:</th>
<th>Georgetown</th>
<th># Lics: 10</th>
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<tr>
<td>Number Licensed Units:</td>
<td>403</td>
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## Facility Information

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<th>Facility Name</th>
<th>Location Street</th>
<th>Location City, State</th>
<th>Administrator/Phone</th>
<th>Mailing/Billing Address</th>
<th>County/Ownership Type</th>
<th>License #/Expiration Date</th>
<th>Max # Resident</th>
<th>Max # Beds</th>
<th>Alzheimer Care</th>
<th>Alzheimer Unit</th>
<th>Max # # Beds</th>
<th>Max # # Beds</th>
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<tbody>
<tr>
<td>ANDERSON OAKS ASSISTED LIVING</td>
<td>997 HWY 90</td>
<td>CONWAY, SC 29526-7520</td>
<td><a href="mailto:WYATTWISE@ANDERSONOAKSASSISTEDLIVING.COM">WYATTWISE@ANDERSONOAKSASSISTEDLIVING.COM</a></td>
<td>HERMAN L ANDERSON INC</td>
<td>Horry / Corporation</td>
<td>CRC-1506 / 07/31/2018</td>
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<tr>
<td>BRIGHTWATER ASSISTED LIVING</td>
<td>201 BRIGHTWATER DR</td>
<td>MYRTLE BEACH, SC 29579-8298</td>
<td><a href="mailto:EHAYES@BRIGHTWATER-LIVING.COM">EHAYES@BRIGHTWATER-LIVING.COM</a></td>
<td>BRIGHTWATER RETIREMENT LLC</td>
<td>Horry / Limited Liability</td>
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<tr>
<td>BROOKDALE CONWAY</td>
<td>872 SINGLETON RIDGE RD</td>
<td>SEATTLE, WA 98121-1032</td>
<td><a href="mailto:ROBIN.BUNTING@BROOKDALE.COM">ROBIN.BUNTING@BROOKDALE.COM</a></td>
<td>EMERITUS CORPORATION</td>
<td>Horry / Corporation</td>
<td>CRC-1204 / 12/31/2017</td>
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<tr>
<td>CAROLINA GARDENS AT CONWAY</td>
<td>2310-2314 HWY 378</td>
<td>NORCROSS, GA 30093-2219</td>
<td><a href="mailto:ADMINISTRATOR@CAROLINAGARDENSGARDENCY.COM">ADMINISTRATOR@CAROLINAGARDENSGARDENCY.COM</a></td>
<td>FC MIDLANDS CONWAY LLC</td>
<td>Horry / Limited Liability</td>
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<tr>
<td>CAROLINA GARDENS AT GARDEN CITY</td>
<td>11951 GRANDHAVE DR</td>
<td>MURRELS INLET, SC 29576-7843</td>
<td><a href="mailto:ADMINISTRATOR@CAROLINAGARDENSGARDENCY.COM">ADMINISTRATOR@CAROLINAGARDENSGARDENCY.COM</a></td>
<td>FC MIDLANDS GARDEN CITY LLC</td>
<td>Horry / Limited Liability</td>
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### Facility Name

#### HOPE ARBOR OF LORIS
- **Address**: 260 WATSON HERITAGE RD, LORIS, SC 29569
- **Administrator**: EVANS ADAM
  - **Phone**: 843-716-4673
  - **Email**: AEVANS@HOPEARBOR.COM
- **Certifications**: None
  - **Max # Resident**: 20
  - **Max # Beds**: 0

#### HOPE ARBOR OF MURRELLS INLET
- **Address**: 12287 HWY 707, MURRELLS INLET, SC 29576-9739
- **Administrator**: RIGGAN MISTY
  - **Phone**: 843-357-0317
  - **Email**: DMAYNARD@HOPEARBOR.COM
- **Certifications**: None
  - **Max # Resident**: 0
  - **Max # Beds**: 0

#### LADIES COMMUNITY RESIDENCE
- **Address**: 408 WEBB ST, CONWAY, SC 29527-5842
- **Administrator**: CORNELL TERRY
  - **Phone**: 843-349-7271
  - **Email**: ACORNELL@HCDSN.ORG
- **Certifications**: None
  - **Max # Resident**: 0
  - **Max # Beds**: 0

#### LOIS EARGLE HOME
- **Address**: 250 VICTORY LN, CONWAY, SC 29526-8650
- **Administrator**: CORNELL TERRY
  - **Phone**: 843-349-7271
  - **Email**: ACORNELL@HCDSN.ORG
- **Certifications**: None
  - **Max # Resident**: 0
  - **Max # Beds**: 0

#### MAGNOLIAS OF MYRTLE BEACH
- **Address**: 601 65TH AVE N, MYRTLE BEACH, SC 29572-3532
- **Administrator**: GRAHAM DENISE
  - **Phone**: 843-692-2330
  - **Email**: DENISEJGRAHAM@YAHOO.COM
- **Certifications**: None
  - **Max # Resident**: 0
  - **Max # Beds**: 0
## County: Horry
### Facility Type: Community Residential Care Facility

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>Location Street</th>
<th>Location City, State</th>
<th>Administrator/Phone</th>
<th>County/Ownership Type</th>
<th>License Nbr/Expiration Date</th>
<th>Licensed Units</th>
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<tr>
<td>MYRTLE BEACH ESTATES</td>
<td>3620 HAPPY WOODS CT</td>
<td>MYRTLE BEACH, SC 29588-2925</td>
<td>CRAWFORD BRYAN PH#: 843-293-8888</td>
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<td>MYRTLE BEACH MANOR RETIREMENT COMMUNITY</td>
<td>9547 HWY 17 N</td>
<td>MYRTLE BEACH, SC 29572-0000</td>
<td>BEARD MICHAEL W PH#: 843-449-5283</td>
<td>Horry / Corporation</td>
<td>CRC-1253 / 01/31/2018</td>
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<td>PALMETTOS OF GARDEN CITY</td>
<td>9415 HWY 17 BYPASS</td>
<td>MURRELLS INLET, SC 29576</td>
<td>CRONIN TONI PH#: 843-668-2500</td>
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<td>219 MIDDLEBURG DR</td>
<td>MYRTLE BEACH, SC 29579-3409</td>
<td>CLARDY JR WALLACE D PH#: 843-997-0773</td>
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<td>SUMMIT PLACE OF NORTH MYRTLE BEACH</td>
<td>491 HWY 17</td>
<td>LITTLE RIVER, SC 29566-8082</td>
<td>JACKSON THOMAS L PH#: 843-399-5662</td>
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### Certifications:
- Alzheimer Care: Yes
- Max # Resident: 0
- Alzheimer Unit: Yes
- Max # Beds: 42

- Alzheimer Care: Yes
- Max # Resident: 0
- Alzheimer Unit: Yes
- Max # Beds: 30

- Alzheimer Care: Yes
- Max # Resident: 0
- Alzheimer Unit: Yes
- Max # Beds: 20

- Alzheimer Care: Yes
- Max # Resident: 23
- Alzheimer Unit: Yes
- Max # Beds: 24

### Totals For Facility/License Type: Community Residential Care Facility

- Number of Activities/Facilities licensed: 15
- Number Licensed Units: 1,048
County: Horry

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Report Totals

Total Number of Activities/Facilities licensed: 117  Total Number Licensed Units: 4,964