

County: Beaufort

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
BEAUFORT MEMORIAL HOSPITAL 955 RIBAUT RD BEAUFORT, SC 29902-5454 FAC.#:843-522-5200 PH#:	Beaufort / County 955 RIBAUT RD BEAUFORT, SC 29902-5454 BEAUFORT COUNTY MEMORIAL HOSPITAL HTL-0026 / 11/30/2018	197
Facility Email: ASOBIECH@BMHSC.ORG		
Licensed Beds: General: 169    Psychiatric: 14    Rehab: 14    Substance Abuse: 0		
Other Beds :        NICU: 0    Neonatal Special Care: 5		

Certifications: Perinatal Level II, JCAHO Accredited

ENCOMPASS HEALTH REHABILITATION HOSPITAL OF HILTON HEAD 107 SEAGRASS STATION RD BLUFFTON, SC 29910 FAC.#:843-836-8200 BURNSIDE BRIAN D PH#: 000-000-0000	Beaufort / Limited Liability 107 SEAGRASS STATION RD BLUFFTON, SC 29910 ENCOMPASS HEALTH REHABILITATION HOSPITAL OF HILTON HEAD LLC HTL-0943 / 06/30/2019	38
Facility Email: BRIAN.BURNSIDE@ENCOMPASSHEALTH.COM		
Licensed Beds: General: 0    Psychiatric: 0    Rehab: 38    Substance Abuse: 0		
Other Beds :        NICU: 0    Neonatal Special Care: 0		

Certifications: None

HILTON HEAD HOSPITAL 25 HOSPITAL CENTER BLVD HILTON HEAD ISLAND, SC 29926-2738 FAC.#:843-689-8206 CLARK JEREMY PH#: 843-689-8206	Beaufort / Limited Liability Limited <del>25 HOSPITAL CENTER BLVD</del> HILTON HEAD ISLAND, SC 29926-2738 HILTON HEAD HEALTH SYSTEM LP HTL-0646 / 10/31/2018	93
Facility Email: HHH-CEO@TENETHEALTH.COM		
Licensed Beds: General: 93    Psychiatric: 0    Rehab: 0    Substance Abuse: 0		
Other Beds :        NICU: 0    Neonatal Special Care: 0		

Certifications: Perinatal Level I, JCAHO Accredited

Totals For Facility/License Type: <u>Hospital or Institutional General Infirmary</u>	
Number of Activities/Facilities licensed: _____ 3	Number Licensed Units: _____ 328

Number of Activities/Facilities licensed in county of : <u>Beaufort</u> # Lics: _____ 3
Number Licensed Units : _____ 328

County: Charleston

Facility Type: Hospital or Institutional General Infirmery

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
<b>BON SECOURS-ST FRANCIS XAVIER HOSPITAL</b> 2095 HENRY TECKLENBURG DR CHARLESTON, SC 29414-5734 FAC.#:843-402-1000 JACKSON ANTHONY PH#: 843-402-1006 Facility Email: MATT.SEVERANCE@RSFH.COM	Charleston / Non-Profit Corporation 2095 HENRY TECKLENBURG DR CHARLESTON, SC 29414-5734 BON SECOURS-ST FRANCIS XAVIER HOSPITAL INC HTL-0750 / 07/31/2018 (Renewal Pending)	204
Licensed Beds: General: 204 Psychiatric: 0 Rehab: 0 Substance Abuse: 0 Other Beds : NICU: 0 Neonatal Special Care: 11		

Certifications:Perinatal Level II, JCAHO Accredited

<b>CITADEL INFIRMARY</b> 171 MOULTRIE ST CHARLESTON, SC 29409-0001 FAC.#:843-953-6848 CAPELL CAREY M PH#: 843-953-6848 Facility Email: CAREY.CAPELL@CITADEL.EDU	Charleston / State 171 MOULTRIE ST CHARLESTON, SC 29409-0001 BOARD OF VISITORS THE CITADEL HTL-0035 / 05/31/2019	38
Licensed Beds: General: 38 Psychiatric: 0 Rehab: 0 Substance Abuse: 0 Other Beds : NICU: 0 Neonatal Special Care: 0		

Certifications:None

<b>EAST COOPER MEDICAL CENTER</b> 2000 HOSPITAL DR MOUNT PLEASANT, SC 29464-3764 FAC.#:843-416-6210 DOWNES PATRICK PH#: 843-416-6210 Facility Email: PATRICK.DOWNES@TENETHEALTH.COM	Charleston / Corporation 2000 HOSPITAL DR MOUNT PLEASANT, SC 29464-3764 EAST COOPER COMMUNITY HOSPITAL INC HTL-0447 / 03/31/2019	130
Licensed Beds: General: 130 Psychiatric: 0 Rehab: 0 Substance Abuse: 0 Other Beds : NICU: 0 Neonatal Special Care: 10		

Certifications:Trauma Center Level III, Perinatal Level II, JCAHO Accredited

<b>HEALTHSOUTH REHABILITATION HOSPITAL OF CHARLESTON</b> 9181 MEDCOM ST CHARLESTON, SC 29406-9184 FAC.#:843-820-7777 PH#: Facility Email: BECKYE.LARIVIERE@HEALTHSOUTH.COM	Charleston / Limited Liability Company (multiple member) 9181 MEDCOM ST CHARLESTON, SC 29406-9184 HEALTHSOUTH REHABILITATION HOSPITAL OF CHARLESTON LLC HTL-0648 / 12/31/2018	49
Licensed Beds: General: 0 Psychiatric: 0 Rehab: 49 Substance Abuse: 0 Other Beds : NICU: 0 Neonatal Special Care: 0		

Certifications:JCAHO Accredited

County: Charleston

**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
<b>MOUNT PLEASANT HOSPITAL</b> 3500 N HWY 17 MOUNT PLEASANT, SC 29466-9123 FAC.#:843-724-2954 JACKSON ANTHONY PH#: 843-402-1005 <b>Facility Email:</b> MELISSA.AMICK@RSFH.COM	Charleston / Non-Profit Corporation 3510 HWY 17 N STE 200 MOUNT PLEASANT, SC 29466-8229 ROPER ST FRANCIS MOUNT PLEASANT HOSPITAL <b>HTL-0909 / 10/31/2018</b>	85
<b>Licensed Beds: General: 85    Psychiatric: 0    Rehab: 0    Substance Abuse: 0</b> <b>Other Beds :        NICU: 0    Neonatal Special Care: 0</b>		

**Certifications:Perinatal Level I, JCAHO Accredited**

<b>MUSC MEDICAL CENTER</b> 169 ASHLEY AVE CHARLESTON, SC 29425-8905 FAC.#:843-792-4000 CAWLEY MD PATRICK J PH#: 843-792-4000 <b>Facility Email:</b> ELLIST@MUSC.EDU	Charleston / District 169 ASHLEY AVE, MUSC HEALTH ROOM H241A MAIN HOSPITAL CHARLESTON, SC 29425-8905 MEDICAL UNIVERSITY HOSPITAL AUTHORITY <b>HTL-0811 / 11/30/2018</b>	713
<b>Licensed Beds: General: 608    Psychiatric: 82    Rehab: 0    Substance Abuse: 23</b> <b>Other Beds :        NICU: 16    Neonatal Special Care: 50</b>		

**Certifications:Abortions, Trauma Center Level I, Perinatal Level III Regional, JCAHO Accredited**

<b>PALMETTO LOWCOUNTRY BEHAVIORAL HEALTH</b> 2777 SPEISSEGGER DR NORTH CHARLESTON, SC 29405-8229 FAC.#:843-747-5830 HAUGER CLINT D PH#: 843-747-5830 <b>Facility Email:</b> CLINT.HAUGER@UHSINC.COM	Charleston / Limited Liability 2777 SPEISSEGGER DR NORTH CHARLESTON, SC 29405-8229 PALMETTO LOWCOUNTRY BEHAVIORAL HEALTH LLC <b>HTL-0729 / 08/31/2018</b>	108
<b>Licensed Beds: General: 0    Psychiatric: 92    Rehab: 0    Substance Abuse: 16</b> <b>Other Beds :        NICU: 0    Neonatal Special Care: 0</b>		

**Certifications:JCAHO Accredited**

<b>ROPER HOSPITAL</b> 316 CALHOUN ST CHARLESTON, SC 29401-1125 FAC.#:843-724-2901 PORTER STEPHEN PH#: 843-724-2901 <b>Facility Email:</b> STEPHEN.PORTER@RSFH.COM	Charleston / Non-Profit Corporation 316 CALHOUN ST CHARLESTON, SC 29401-1125 ROPER HOSPITAL INC <b>HTL-0063 / 10/31/2018</b>	368
<b>Licensed Beds: General: 316    Psychiatric: 0    Rehab: 52    Substance Abuse: 0</b> <b>Other Beds :        NICU: 0    Neonatal Special Care: 0</b>		

**Certifications:JCAHO Accredited**

County: Charleston

Facility Type: Hospital or Institutional General Infirmery

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
<b>SHERIFF AL CANNON DETENTION CENTER</b> 3841 LEEDS AVE N CHARLESTON, SC 29405-7469 FAC.#:843-529-7300 CANNON SHERIFF AL PH#: 843-529-7300 Facility Email: ALCANNON@CHARLESTONCOUNTY.ORG	Charleston / County 3841 LEEDS AVE NORTH CHARLESTON, SC 29405 CHARLESTON COUNTY SHERIFF'S OFFICE HTL-0908 / 06/30/2019	22
<b>Licensed Beds: General: 22    Psychiatric: 0    Rehab: 0    Substance Abuse: 0</b> <b>Other Beds :        NICU: 0    Neonatal Special Care: 0</b>		

Certifications:None

<b>TRIDENT MEDICAL CENTER</b> 9330 MEDICAL PLAZA DR N CHARLESTON, SC 29406-9104 FAC.#:843-847-4100 GALLATI TODD PH#: 843-847-4100 Facility Email: TODD.GALLATI@HCAHEALTHCARE.COM	Charleston / Ltd. Liability 9330 MEDICAL PLAZA DR N CHARLESTON, SC 29406-9104 TRIDENT MEDICAL CENTER LLC HTL-0777 / 04/30/2019	313
<b>Licensed Beds: General: 296    Psychiatric: 17    Rehab: 0    Substance Abuse: 0</b> <b>Other Beds :        NICU: 0    Neonatal Special Care: 10</b>		

Certifications:Abortions, Trauma Center Level II, Perinatal Level II, JCAHO Accredited

<b>VIBRA HOSPITAL OF CHARLESTON</b> 1200 HOSPITAL DR MOUNT PLEASANT, SC 29464-3251 FAC.#:843-375-4000 DUNMEYER DANIEL C PH#: 843-375-4000 Facility Email: DDUNMYER@VHCHARLESTON.COM	Charleston / Limited Liability 1200 HOSPITAL DR MOUNT PLEASANT, SC 29464-3251 VIBRA HOSPITALOF CHARLESTON LLC HTL-0764 / 08/31/2018	59
<b>Licensed Beds: General: 59    Psychiatric: 0    Rehab: 0    Substance Abuse: 0</b> <b>Other Beds :        NICU: 0    Neonatal Special Care: 0</b>		

Certifications:JCAHO Accredited

<b>Totals For Facility/License Type:</b> <u>Hospital or Institutional General Infirmery</u>		
<b>Number of Activities/Facilities licensed:</b> <u>11</u>	<b>Number Licensed Units:</b> <u>2,089</u>	
<b>Number of Activities/Facilities licensed in county of :</b> <u>Charleston</u> <b># Lics:</b> <u>11</u>		
<b>Number Licensed Units :</b> <u>2,089</u>		

County: Colleton

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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COLLETON MEDICAL CENTER 501 ROBERTSON BLVD WALTERBORO, SC 29488-5714 FAC.#:843-782-2000 HIOTT JAMES PH#: 843-782-2000 Facility Email: MARILYN.FRYAR@HCAHEALTHCARE.COM	Colleton / Corporation 501 ROBERTSON BLVD WALTERBORO, SC 29488-5714 WALTERBORO COMMUNITY HOSPITAL INC HTL-0405 / 03/31/2019	135
Licensed Beds: General: 116    Psychiatric: 19    Rehab: 0    Substance Abuse: 0 Other Beds :        NICU: 0    Neonatal Special Care: 0		

Certifications: Perinatal Level I, 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>135</u>

Number of Activities/Facilities licensed in county of : <u>Colleton</u>	# Lics: <u>1</u>
	Number Licensed Units : <u>135</u>

County: **Dorchester**

Facility Type: **Hospital or Institutional General Infirmary**

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

<b>LIEBER CORRECTIONAL INSTITUTION INFIRMARY</b>	Dorchester / State	10
136 WILBORN AVE	PO BOX 210382	
RIDGEVILLE, SC 29472-6351 FAC.#:803-896-3702	COLUMBIA, SC 29221-0382	
MAUNEY LUANNE PH#: 803-896-3702	SC DEPT OF CORRECTIONS	
<b>Facility Email:</b> ARDIS.JENNY@DOC.STATE.SC.US	<b>HTL-0874 / 04/30/2019</b>	
<b>Licensed Beds: General: 10    Psychiatric: 0    Rehab: 0    Substance Abuse: 0</b>		
<b>Other Beds :        NICU: 0    Neonatal Special Care: 0</b>		

Certifications:None

<b>SUMMERVILLE MEDICAL CENTER</b>	Dorchester /	94
295 MIDLAND PKWY	295 MIDLAND PKWY	
SUMMERVILLE, SC 29485-8104 FAC.#:843-970-5101	SUMMERVILLE, SC 29485-8104	
VALENTINE LISA R PH#: 843-970-5101	TRIDENT MEDICAL CENTER LLC	
<b>Facility Email:</b> LISA.VALENTINE1@HCAHEALTHCARE.COM	<b>HTL-0780 / 04/30/2019</b>	
<b>Licensed Beds: General: 94    Psychiatric: 0    Rehab: 0    Substance Abuse: 0</b>		
<b>Other Beds :        NICU: 0    Neonatal Special Care: 4</b>		

Certifications:Abortions, Perinatal Level II, JCAHO Accredited

<b>Totals For Facility/License Type:<u>Hospital or Institutional General Infirmary</u></b>	
Number of Activities/Facilities licensed: <u>      2      </u>	Number Licensed Units: <u>      104      </u>

Number of Activities/Facilities licensed in county of : <u>      Dorchester      </u>	# Lics: <u>      2      </u>
	Number Licensed Units : <u>      104      </u>

County: Georgetown

Facility Type: Hospital or Institutional General Infirmary

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

<b>TIDELANDS GEORGETOWN MEMORIAL HOSPITAL</b>	Georgetown / Non-Profit Corporation	131
606 BLACK RIVER RD	PO BOX 421718	
GEORGETOWN, SC 29440-3368 FAC.#:843-527-7200	GEORGETOWN, SC 29442-4203	
MAXWELL PAMELA PH#: 843-527-7200	TIDELANDS GEORGETOWN MEMORIAL HOSPITAL	
<b>Facility Email:</b> PMAXWELL@TIDELANDSHEALTH.ORG	<b>HTL-0007 / 08/31/2018</b>	
<b>Licensed Beds: General: 131    Psychiatric: 0    Rehab: 0    Substance Abuse: 0</b>		
<b>Other Beds :        NICU: 0        Neonatal Special Care: 5</b>		

Certifications: Perinatal Level II, JCAHO Accredited

<b>TIDELANDS WACCAMAW COMMUNITY HOSPITAL</b>	Georgetown / Non-Profit Corporation	150
4070 HWY 17 BYPASS	4070 HWY 17 BYPASS	
MURRELLS INLET, SC 29576-5033 FAC.#:843-652-1001	MURRELLS INLET, SC 29576-5033	
LAROCHELLE JOHN PH#: 843-652-1001	WACCAMAW COMMUNITY HOSPITAL (INC)	
<b>Facility Email:</b> JLAROCHELLE@TIDELANDSHEALTH.ORG	<b>HTL-0834 / 10/31/2018</b>	
<b>Licensed Beds: General: 124    Psychiatric: 0    Rehab: 26    Substance Abuse: 0</b>		
<b>Other Beds :        NICU: 0        Neonatal Special Care: 2</b>		

Certifications: Perinatal Level II, JCAHO Accredited

<b>Totals For Facility/License Type: <u>Hospital or Institutional General Infirmary</u></b>	
<b>Number of Activities/Facilities licensed: _____ 2</b>	<b>Number Licensed Units: _____ 281</b>

<b>Number of Activities/Facilities licensed in county of :        <u>Georgetown</u>        # Lics: _____ 2</b>
<b>Number Licensed Units : _____ 281</b>

County: Horry

**Facility Type: Hospital or Institutional General Infirmery**

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>CONWAY HOSPITAL</b> 300 SINGLETON RIDGE RD CONWAY, SC 29526-9142 FAC.#:843-347-7111 PH#: <b>Facility Email:</b> BBARR@CMC-SC.COM Licensed Beds: General: 210    Psychiatric: 0    Rehab: 0    Substance Abuse: 0 Other Beds :        NICU: 0    Neonatal Special Care: 6	Horry / Non-Profit Corporation PO BOX 829 CONWAY, SC 29528-0829 CONWAY HOSPITAL INC <b>HTL-0083 / 05/31/2019</b>	210
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**Certifications:Trauma Center Level III, Perinatal Level II**

<b>GRAND STRAND MEDICAL CENTER</b> 809 82ND PKWY MYRTLE BEACH, SC 29572-4611 FAC.#:843-692-1000 SIMS MARK PH#: 813-692-1000 <b>Facility Email:</b> SHERRI.MOUNTAIN@HCAHEALTHCARE.COM Licensed Beds: General: 325    Psychiatric: 20    Rehab: 24    Substance Abuse: 0 Other Beds :        NICU: 0    Neonatal Special Care: 2	Horry / Ltd. Liability 809 82ND PKWY MYRTLE BEACH, SC 29572-4611 GRAND STRAND REGIONAL MEDICAL CENTER LLC <b>HTL-0770 / 04/30/2019</b>	369
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**Certifications:Trauma Center Level I, Perinatal Level II, JCAHO Accredited**

<b>LIGHTHOUSE BEHAVIORAL HEALTH HOSPITAL</b> 152 WACCAMAW MEDICAL PARK DR CONWAY, SC 29526-8901 FAC.#:843-347-8871 RYBA TOM PH#: 843-347-8871 <b>Facility Email:</b> TOM.RYBA@UHSINC.COM Licensed Beds: General: 0    Psychiatric: 69    Rehab: 0    Substance Abuse: 27 Other Beds :        NICU: 0    Neonatal Special Care: 0	Horry / Corporation 152 WACCAMAW MEDICAL PARK DR CONWAY, SC 29526-8901 HHC SOUTH CAROLINA INC <b>HTL-0898 / 01/31/2019</b>	96
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**Certifications:JCAHO Accredited**

<b>MCLEOD LORIS</b> 3655 MITCHELL ST LORIS, SC 29569-2844 FAC.#:843-716-7000 VEHIGE MONICA PH#: 843-716-7000 <b>Facility Email:</b> MVEHIGE@MCLEODHEALTH.ORG Licensed Beds: General: 105    Psychiatric: 0    Rehab: 0    Substance Abuse: 0 Other Beds :        NICU: 0    Neonatal Special Care: 0	Horry / Non-Profit Corporation PO BOX 690001 LORIS, SC 29569-9601 MCLEOD LORIS SEACOAST HOSPITAL <b>HTL-0033 / 01/31/2019</b>	105
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**Certifications:Perinatal Level I, JCAHO Accredited**

<b>MCLEOD SEACOAST</b> 4000 HWY 9 E LITTLE RIVER, SC 29566-7833 FAC.#:843-390-8100 VEHIGE MONICA PH#: 843-390-8100 <b>Facility Email:</b> MVEHIGE@MCLEODHEALTH.ORG Licensed Beds: General: 50    Psychiatric: 0    Rehab: 0    Substance Abuse: 0 Other Beds :        NICU: 0    Neonatal Special Care: 0	Horry / Non-Profit Corporation PO BOX 690001 LORIS, SC 29569-9601 MCLEOD LORIS SEACOAST HOSPITAL <b>HTL-0910 / 01/31/2019</b>	50
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**Certifications:JCAHO Accredited**



County: Horry

Facility Type: Hospital or Institutional General Infirmary

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: <u>Hospital or Institutional General Infirmary</u>	
Number of Activities/Facilities licensed: <u>5</u>	Number Licensed Units: <u>830</u>

Number of Activities/Facilities licensed in county of : <u>Horry</u>	# Lics: <u>5</u>
	Number Licensed Units : <u>830</u>

County: Jasper

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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COASTAL CAROLINA HOSPITAL 1000 MEDICAL CENTER DR HARDEEVILLE, SC 29927-3446 FAC.#:843-784-8181 TAYLOR JOEL C PH#: 843-784-8181 Facility Email: JOELC.TAYLOR@TENETHEALTH.COM	Jasper / Corporation 1000 MEDICAL CENTER DR HARDEEVILLE, SC 29927-3446 COASTAL CAROLINA MEDICAL CENTER INC HTL-0902 / 06/30/2019	41
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Licensed Beds: General: 41 Psychiatric: 0 Rehab: 0 Substance Abuse: 0  
 Other Beds : NICU: 0 Neonatal Special Care: 0

Certifications: Perinatal Level I, 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>41</u>

Number of Activities/Facilities licensed in county of : <u>Jasper</u>	# Lics: <u>1</u>
	Number Licensed Units : <u>41</u>

Report Totals

Total Number of Activities/Facilities licensed: 25 Total Number Licensed Units: 3,808