

County: Berkeley

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
CONIFER I COMMUNITY RESIDENCE 110 RESINWOOD DR MONCKS CORNER, SC 29461 FAC.#:843-761-0300 WILSON SUSAN PH#: 843-761-0300 Facility Email: ASHOOK@BCISERVICES.ORG	Berkeley / State PO BOX 4706, DDSN C/O RUFUS BRITT COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0119 / 05/31/2019	8
CONIFER II COMMUNITY RESIDENCE 114 RESINWOOD DR MONCKS CORNER, SC 29461 FAC.#:843-761-0300 WILSON SUSAN PH#: 843-761-0300 Facility Email: ASHOOK@BCISERVICES.ORG	Berkeley / State PO BOX 4706, DDSN C/O RUFUS BRITT COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0120 / 05/31/2019	8

Totals For Facility/License Type: <u>Habilitation R15</u>	
Number of Activities/Facilities licensed: <u>2</u>	Number Licensed Units: <u>16</u>

Number of Activities/Facilities licensed in county of : <u>Berkeley</u>	# Lics: <u>2</u>
	Number Licensed Units : <u>16</u>

County: Charleston

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
DILLS BLUFF COMMUNITY RESIDENCE 936 DILLS BLUFF RD CHARLESTON, SC 29412-5316 FAC.#:843-805-5800 TURNER EVELYN ASH PH#: 843-805-5800 Facility Email: ETURNER@DSNCC.COM	Charleston / State PO BOX 4706, DDSN C/O DAVID GOODELL COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0131 / 10/31/2018	8

Totals For Facility/License Type: <u>Habilitation R15</u>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>8</u>

Number of Activities/Facilities licensed in county of : <u>Charleston</u>	# Lics: <u>1</u>
	Number Licensed Units : <u>8</u>

County: **Dorchester**

Facility Type: **Habilitation R15**

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
PARSONS I GROUP HOME 711 PARSONS RD SUMMERVILLE, SC 29483-3359 FAC.#:843-827-2877 OLDS CHRISTA PH#: 843-827-2877 Facility Email: CHRISTA.OLDS@DORCHESTERDSNB.ORG	Dorchester / State PO BOX 4706, DDSN C/O RUFUS BRITT COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0215 / 06/30/2019	8
PARSONS II GROUP HOME 707 PARSONS RD SUMMERVILLE, SC 29483-3359 FAC.#:843-827-2876 OLDS CHRISTA K PH#: 843-827-2876 Facility Email: CHRISTA.OLDS@DORCHESTERDSNB.ORG	Dorchester / State PO BOX 4706, DDSN C/O RUFUS BRITT COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0216 / 06/30/2019	8

Totals For Facility/License Type: <u>Habilitation R15</u>	
Number of Activities/Facilities licensed: <u>2</u>	Number Licensed Units: <u>16</u>

Number of Activities/Facilities licensed in county of : <u>Dorchester</u>	# Lics: <u>2</u>
Number Licensed Units : <u>16</u>	

Report Totals

Total Number of Activities/Facilities licensed: 5 **Total Number Licensed Units:** 40