

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
<b>CONIFER I COMMUNITY RESIDENCE</b> 110 RESINWOOD DR MONCKS CORNER, SC 29461 FAC.#:843-761-0311 WILSON SUSAN PH#: 843-761-0311 <b>Facility Email:</b> ASHOOK@BCISERVICES.ORG	Berkeley / State PO BOX 4706, DDSN C/O DAVID GOODELL COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS <b>MR15-0119 / 05/31/2018</b>	8
<b>CONIFER II COMMUNITY RESIDENCE</b> 114 RESINWOOD DR MONCKS CORNER, SC 29461 FAC.#:843-761-0311 WILSON SUSAN PH#: 843-761-0311 <b>Facility Email:</b> ASHOOK@BCISERVICES.ORG	Berkeley / State PO BOX 4706, DDSN C/O DAVID GOODELL COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS <b>MR15-0120 / 05/31/2018</b>	8

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

<b>Number of Activities/Facilities licensed in county of :</b> <u>Berkeley</u>	<b># Lics:</b> <u>2</u>
<b>Number Licensed Units :</b> <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
<b>DILLS BLUFF COMMUNITY RESIDENCE</b> 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

<b>Totals For Facility/License Type: <u>Habilitation R15</u></b>	
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
<b>PARSONS I GROUP HOME</b> 711 PARSONS RD SUMMERVILLE, SC 29483-3359 FAC.#:843-871-1285 OLDS CHRISTA PH#: 843-871-1285 <b>Facility Email:</b> CELESTE.RICHARDSONSDORCHESTERDSNB.ORG	Dorchester / State PO BOX 4706, DDSN C/O DAVID GOODELL COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS <b>MR15-0215 / 06/30/2018</b>	8
<b>PARSONS II GROUP HOME</b> 707 PARSONS RD SUMMERVILLE, SC 29483-3359 FAC.#:843-871-1285 OLDS CHRISTA K PH#: 843-871-1285 <b>Facility Email:</b> CELESTE.RICHARDSONSDORCHESTERDSNB.ORG	Dorchester / State PO BOX 4706, DDSN C/O DAVID GOODELL COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS <b>MR15-0216 / 06/30/2018</b>	8

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

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

**Report Totals**

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