

County: **Dorchester**

Facility Type: **Habilitation R16**

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
<b>COASTAL CENTER-HIGHLANDS 510</b> 9995 MILES-JAMISON RD SUMMERVILLE, SC 29485 FAC.#:843-821-5801 HILL REBECCA PH#: 843-821-5801 <b>Facility Email:</b> BHILL@DDSN.SC.GOV	Dorchester / State PO BOX 4706, DDSN C/O DAVID GOODELL COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS <b>MR16-0342 / 05/31/2018</b>	22
<b>COASTAL CENTER-HIGHLANDS HILLSIDE</b> 9995 MILES-JAMISON RD SUMMERVILLE, SC 29485 FAC.#:843-821-5801 HILL REBECCA PH#: 843-821-5801 <b>Facility Email:</b> BHILL@DDSN.SC.GOV	Dorchester / State PO BOX 4706, DDSN C/O DAVID GOODELL COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS <b>MR16-0310 / 06/30/2018</b>	188

<b>Totals For Facility/License Type: <u>Habilitation R16</u></b>	
<b>Number of Activities/Facilities licensed:</b> <u>2</u>	<b>Number Licensed Units:</b> <u>210</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>210</u>	

**Report Totals**

**Total Number of Activities/Facilities licensed:** 2      **Total Number Licensed Units:** 210