

County: Beaufort

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
BAYVIEW MANOR 11 TODD DR BEAUFORT, SC 29902-6113 FAC.#:843-524-8911 LEE III JOE P PH#: 843-524-8911 Facility Email: ADMIN@BAYVIEWMANOR.NET	Beaufort / Ltd. Liability 11 TODD DR BEAUFORT, SC 29902-6113 BAYVIEW MANOR LLC NCF-0898 / 05/31/2018	170
Licensed Beds: Nursing Home: 170 Institutional Nursing Home: 0		
Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0		
Certifications:None		
BROAD CREEK CARE CENTER SKILLED NURSING 801 LEMON GRASS CT HILTON HEAD ISLAND, SC 29928-3022 FAC.#:843-341-7300 JACKSON WILLIAM F PH#: 843-341-7300 Facility Email: Not on File	Beaufort / Corporation 700 TIDEPOINTE WAY HILTON HEAD ISLAND, SC 29928-3040 CC-HILTON HEAD INC NCF-0753 / 07/31/2018	25
Licensed Beds: Nursing Home: 25 Institutional Nursing Home: 0		
Alzheimer Care:Yes Max # Resident:0 Alzheimer Unit: No Max # Beds: 0		
Certifications:None		
FRASER HEALTH CARE 300 WOODHAVEN DR HILTON HEAD ISLAND, SC 29928-4682 FAC.#:843-842-3740 MARSHALL PETER C PH#: 843-689-9143 Facility Email: PMARSHALL@THESEABROOK.COM	Beaufort / Non-Profit Corporation 300 WOODHAVEN DR HILTON HEAD ISLAND, SC 29928-4682 SEABROOK OF HILTON HEAD INC NCF-0414 / 09/30/2018	33
Licensed Beds: Nursing Home: 19 Institutional Nursing Home: 14		
Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0		
Certifications:None		
LIFE CARE CENTER OF HILTON HEAD 120 LAMOTTE DR HILTON HEAD ISLAND, SC 29926-2792 FAC.#:843-681-6006 KILPATRICK LYNN D PH#: 843-681-6006 Facility Email: LYNN_KILPATRICK@LCCA.COM	Beaufort / Corporation 120 LAMOTTE DR HILTON HEAD ISLAND, SC 29926-2792 LIFE CARE CENTERS OF AMERICA INC NCF-0725 / 05/31/2018	88
Licensed Beds: Nursing Home: 88 Institutional Nursing Home: 0		
Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0		
Certifications:None		

County: Beaufort

Facility Type: Nursing Home

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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NHC HEALTHCARE BLUFFTON 3039 OKATIE HWY BLUFFTON, SC 29909-5101 FAC.#:843-705-8220 YOKLEY STEVEN T PH#: 843-705-8220 Facility Email: SYOKLEY@NHCBLUFFTON.COM	Beaufort / Limited Liability 3039 OKATIE HWY BLUFFTON, SC 29909-5101 NHC HEALTHCARE/BLUFFTON LLC NCF-0958 / 01/31/2018	120
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Licensed Beds: Nursing Home: 120 Institutional Nursing Home: 0

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

Certifications:None

PRESTON HEALTH CENTER 87 BIRDSONG WAY HILTON HEAD ISLAND, SC 29926-1365 FAC.#:843-689-7000 GRIFFIN-BUKOSKEY SANDRA PH#: 843-689-7077 Facility Email: SBUKOSKEY@THECYPRESS.COM	Beaufort / Limited Liability Limited 87 BIRDSONG WAY HILTON HEAD ISLAND, SC 29926-1365 CYPRESS OF HILTON HEAD ISLAND ASSOCIATES LP NCF-0576 / 04/30/2018	77
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Licensed Beds: Nursing Home: 69 Institutional Nursing Home: 8

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

Certifications:None

Totals For Facility/License Type: <u>Nursing Home</u>	
Number of Activities/Facilities licensed: <u>6</u>	Number Licensed Units: <u>513</u>

Number of Activities/Facilities licensed in county of : <u>Beaufort</u>	# Lics: <u>6</u>
	Number Licensed Units : <u>513</u>

County: Berkeley

Facility Type: Nursing Home

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

HEARTLAND HEALTH AND REHABILITATION CARE CENTER-HANAHAN	Berkeley / Limited Liability	135
1800 EAGLE LANDING BLVD	333 N SUMMIT ST, LICENSURE SUPPORT	
HANAHAN, SC 29410-8517 FAC.#:843-553-0656	TOLEDO, OH 43604-1531	
CAIN SHELLY PH#: 843-553-0656	HEARTLAND-CHARLESTON OF HANAHAN SC LLC	
Facility Email: 4015ADMIN@HCR-MANORCARE.COM	NCF-0526 / 12/31/2017	
Licensed Beds: Nursing Home: 135	Institutional Nursing Home: 0	

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

LAKE MOULTRIE NURSING HOME	Berkeley / District	88
1038 MCGILL LN	PO BOX 1108	
SAINT STEPHEN, SC 29479-3196 FAC.#:843-567-2307	SAINT STEPHEN, SC 29479-1108	
DRIGGERS JOANN C PH#: 843-567-2307	CLARENDON HOSPITAL DISTRICT	
Facility Email: JDRIGGERS@CLARENDONLTC.ORG	NCF-0738 / 12/31/2017	

Licensed Beds: Nursing Home: 88 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

FRUITTHEALTH-MONCKS CORNER	Berkeley / Limited Liability	132
505 S LIVE OAK DR	505 S LIVE OAK DR	
MONCKS CORNER, SC 29461-3554 FAC.#:843-761-8368	MONCKS CORNER, SC 29461-3554	
MCLEOD CHUCK PH#: 843-761-8368	FRUITTHEALTH-MONCKS CORNER LLC	
Facility Email: CFLANSBURG@FRUITTHEALTH.COM	NCF-0943 / 10/31/2018	

Licensed Beds: Nursing Home: 132 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

Totals For Facility/License Type: <u>Nursing Home</u>	
Number of Activities/Facilities licensed: <u>3</u>	Number Licensed Units: <u>355</u>

Number of Activities/Facilities licensed in county of : <u>Berkeley</u>	# Lics: <u>3</u>
	Number Licensed Units : <u>355</u>

County: Charleston

Facility Type: Nursing Home

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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BISHOP GADSDEN EPISCOPAL HEALTH CARE CENTER 3 BISHOP GADSDEN WAY CHARLESTON, SC 29412-3500 FAC.#:843-762-3300 TRAWICK C WILLIAM PH#: 843-762-3300 Facility Email: SARAH.TIPTON@BISHOPGADSDEN.ORG	Charleston / Non-Profit Corporation BISHOP GADSDEN EPISCOPAL RETIREMENT COMMUNITY NCF-0577 / 04/30/2018	50
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Licensed Beds: Nursing Home: 41 Institutional Nursing Home: 9

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

FRANKE HEALTH CARE CENTER 1885 RIFLE RANGE RD MOUNT PLEASANT, SC 29464-9440 FAC.#:843-856-4700 STOLL SANDRA A PH#: 843-856-4700 Facility Email: SSTOLL@FRANKEATSEASIDE.ORG	Charleston / Non-Profit Corporation 1885 RIFLE RANGE RD MOUNT PLEASANT, SC 29464-9440 LUTHERAN HOMES OF SOUTH CAROLINA INC (NPC) NCF-0800 / 07/31/2018	44
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Licensed Beds: Nursing Home: 44 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

HEARTLAND OF WEST ASHLEY REHABILITATION AND NURSING CENTER 1137 SAM RITTENBERG BLVD CHARLESTON, SC 29407-3370 FAC.#:843-763-0233 SMELSER THERESA PH#: 843-763-0233 Facility Email: 531ADMIN@HCR-MANORCARE.COM	Charleston / Limited Liability 333 N SUMMIT ST, LEGAL DEPARTMENT TOLEDO, OH 43604-1531 WEST ASHLEY REHABILITATION AND NURSING CENTER - CHARLESTON SC LLC NCF-0413 / 12/31/2018	125
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Licensed Beds: Nursing Home: 125 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

JOHNS ISLAND REHABILITATION AND HEALTHCARE CENTER 3647 MAYBANK HWY JOHNS ISLAND, SC 29455-4825 FAC.#:843-559-5888 ANDERSON LINDSAY PH#: 843-559-5888 Facility Email: LANDERSON@ORIANNA.COM	Charleston / Limited Liability 3647 MAYBANK HWY JOHNS ISLAND, SC 29455-4825 JOHNS ISLAND REHABILITATION AND HEALTHCARE CENTER LLC NCF-0911 / 11/30/2018	132
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Licensed Beds: Nursing Home: 132 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

County: Charleston

Facility Type: Nursing Home

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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LIFE CARE CENTER OF CHARLESTON 2600 ELMS PLANTATION BLVD NORTH CHARLESTON, SC 29406-9180 FAC.#:843-764-3500 CLIETT BETH A PH#: 843-764-3500 Facility Email: BETH_CLIETT@LCCA.COM	Charleston / Ltd. Liability 2600 ELMS PLANTATION BLVD NORTH CHARLESTON, SC 29406-9180 CHARLESTON MEDICAL INVESTORS LLC NCF-0878 / 11/30/2018	148
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Licensed Beds: Nursing Home: 148 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

MOUNT PLEASANT MANOR 921 BOWMAN RD MOUNT PLEASANT, SC 29464-3234 FAC.#:843-884-8903 WHITE BRUCE L PH#: 843-884-8903 Facility Email: BWHITE@MOUNTPLEASANTMANOR.COM	Charleston / Ltd. Liability 921 BOWMAN RD MOUNT PLEASANT, SC 29464-3234 MOUNT PLEASANT MANOR LLC NCF-0896 / 05/31/2018	132
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Licensed Beds: Nursing Home: 132 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

NHC HEALTHCARE CHARLESTON 2230 ASHLEY CROSSING DR CHARLESTON, SC 29414-5700 FAC.#:843-766-5228 BARTLETT GREGORY PH#: 843-766-5228 Facility Email: TBARTLETT@NHCCHARLESTONHEALTHCARE.COM	Charleston / Limited Liability 2230 ASHLEY CROSSING DR CHARLESTON, SC 29414-5700 NHC HEALTHCARE-CHARLESTON LLC NCF-0871 / 09/30/2018	132
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Licensed Beds: Nursing Home: 132 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

RIVERSIDE HEALTH AND REHAB 2375 BAKER HOSPITAL BLVD NORTH CHARLESTON, SC 29405-8291 FAC.#:843-744-2750 MONTGOMERY-SMALL JERROLYN PH#: 843-744-2750 Facility Email: RUSTY.FLATHMANN@FUNDLTC.COM	Charleston / Ltd. Liability 2375 BAKER HOSPITAL BLVD NORTH CHARLESTON, SC 29405-8291 THI OF SOUTH CAROLINA AT CHARLESTON LLC NCF-0870 / 08/31/2018	160
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Licensed Beds: Nursing Home: 160 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

County: Charleston

Facility Type: Nursing Home

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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SANDPIPER REHAB & NURSING 1049 ANNA KNAPP BLVD MOUNT PLEASANT, SC 29464-3133 FAC.#:843-881-3210 WALROND JAMES J PH#: Facility Email: REFER@SANDPIPERCENTER.COM	Charleston / Limited Liability 1049 ANNA KNAPP BLVD MOUNT PLEASANT, SC 29464-3133 SANDPIPER REHAB & NURSING-DELAWARE LLC NCF-0876 / 10/31/2018	176
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Licensed Beds: Nursing Home: 176 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

SAVANNAH GRACE AT THE PALMS OF MT PLEASANT 1010 LAKE HUNTER CIR MOUNT PLEASANT, SC 29464-5417 FAC.#:843-388-2030 BURNS RICHARD M PH#: 843-388-2030 Facility Email: LICENSING@5SSL.COM	Charleston / 400 CENTRE ST NEWTON, MA 02458-2094 SNH SE SG TENANT LLC NCF-0926 / 06/30/2018	48
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Licensed Beds: Nursing Home: 48 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

VIBRA HOSPITAL OF CHARLESTON-TCU 1200 HOSPITAL DR MOUNT PLEASANT, SC 29464-3251 FAC.#:843-375-4220 CARR JOSEPH PH#: 843-375-4000 Facility Email: JCARR@VHCHARLESTON.COM	Charleston / Limited Liability 1200 HOSPITAL DR MOUNT PLEASANT, SC 29464-3251 VIBRA HOSPITALOF CHARLESTON LLC NCF-0960 / 08/31/2018	35
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Licensed Beds: Nursing Home: 35 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

WHITE OAK MANOR CHARLESTON INC 9285 MEDICAL PLAZA DR N CHARLESTON, SC 29406-9126 FAC.#:843-797-8282 WALKER RUTH P PH#: 843-797-8282 Facility Email: RWALKER@WHITEOAKMANOR.COM	Charleston / Corporation 9285 MEDICAL PLAZA DR N CHARLESTON, SC 29406-9126 WHITE OAK MANOR CHARLESTON INC NCF-0892 / 12/31/2017	176
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Licensed Beds: Nursing Home: 176 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

Totals For Facility/License Type: <u>Nursing Home</u>	
Number of Activities/Facilities licensed: <u>12</u>	Number Licensed Units: <u>1,358</u>

County: Charleston

Number of Activities/Facilities licensed in county of :	<u>Charleston</u>	# Lics: <u>12</u>
		Number Licensed Units : <u>1,358</u>

County: Colleton

Facility Type: Nursing Home

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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PRUITTHEALTH - WALTERBORO 401 WITSELL ST WALTERBORO, SC 29488-3052 FAC.#:843-549-5546 DRINKARD CHRISTY PH#: 843-549-5546 Facility Email: CDRINKARD@PRUITTHEALTH.COM	Colleton / Ltd. Liability 401 WISTELL ST WALTERBORO, SC 29488 PRUITTHEALTH - WALTERBORO LLC NCF-0949 / 10/31/2018	132
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Licensed Beds: Nursing Home: 132 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

VETERANS VICTORY HOUSE 2461 SIDNEYS RD WALTERBORO, SC 29488-6783 FAC.#:843-538-3000 FERGUSON SANDRA L PH#: 843-538-3000 Facility Email: SFERGUSON@HMRVSI.COM	Colleton / State 2461 SIDNEYS RD WALTERBORO, SC 29488-6783 SC DEPARTMENT OF MENTAL HEALTH NCF-0921 / 10/31/2018	220
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Licensed Beds: Nursing Home: 220 Institutional Nursing Home: 0

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

Certifications:None

Totals For Facility/License Type: <u>Nursing Home</u>	
Number of Activities/Facilities licensed: <u>2</u>	Number Licensed Units: <u>352</u>

Number of Activities/Facilities licensed in county of : <u>Colleton</u>	# Lics: <u>2</u>
	Number Licensed Units : <u>352</u>

County: **Dorchester**

Facility Type: **Nursing Home**

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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HALLMARK HEALTHCARE CENTER 255 MIDLAND PKWY SUMMERVILLE, SC 29485-8104 FAC.#:843-821-5005 STINSON DURENA PH#: 843-821-5005 Facility Email: DURENA.STINSON@PALMLTC.COM	Dorchester / Ltd. Liability 255 MIDLAND PKWY SUMMERVILLE, SC 29485-8104 PALMETTO HALLMARK OPERATING LLC NCF-0932 / 09/30/2018	88
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Licensed Beds: Nursing Home: 88 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

OAKBROOK HEALTH AND REHABILITATION CENTER 920 TRAVELERS BLVD SUMMERVILLE, SC 29485-8213 FAC.#:843-875-9053 HIERS KELLIE PH#: 843-875-9053 Facility Email: K.HIERS@PALMLTC.COM	Dorchester / Limited Liability 920 TRAVELERS BLVD SUMMERVILLE, SC 29485-8213 OAKBROOK HEALTH CARE LLC NCF-0998 / 08/31/2018	88
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Licensed Beds: Nursing Home: 88 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

PRESBYTERIAN COMMUNITIES OF SOUTH CAROLINA-SUMMERVILLE 201 W 9TH NORTH ST SUMMERVILLE, SC 29483-6721 FAC.#:843-873-2550 WHITE YOLANDA M PH#: 843-873-2550 Facility Email: YOLANDA.WHITE@PRESHOMESC.ORG	Dorchester / Non-Profit Corporation 201 W 9TH NORTH ST OFC 140 SUMMERVILLE, SC 29483-6701 PRESBYTERIAN COMMUNITIES OF SOUTH CAROLINA NCF-0202 / 04/30/2018	87
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Licensed Beds: Nursing Home: 87 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

ST GEORGE HEALTHCARE CENTER 905 DUKES ST SAINT GEORGE, SC 29477-2059 FAC.#:843-563-4602 SELLARS RICHARD PH#: 843-563-8481 Facility Email: RICHARD.SELLARS0579@FUNDLTC.COM	Dorchester / Limited Liability 905 DUKES ST SAINT GEORGE, SC 29477-2059 ST GEORGE HEALTH CARE LLC NCF-0999 / 08/31/2018	0
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Licensed Beds: Nursing Home: 0 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

Totals For Facility/License Type: <u>Nursing Home</u>	
Number of Activities/Facilities licensed: _____ 4	Number Licensed Units: _____ 263

County: Dorchester

Number of Activities/Facilities licensed in county of :	<u>Dorchester</u>	# Lics: _____	<u>4</u>
		Number Licensed Units : _____	<u>263</u>

County: **Georgetown**

Facility Type: Nursing Home

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

BLUE RIDGE IN GEORGETOWN	Georgetown / Limited Liability	84
2715 S ISLAND RD	2715 S ISLAND RD	
GEORGETOWN, SC 29440-4415 FAC.#:843-546-4123	GEORGETOWN, SC 29440-4415	
BRYANT COLBY E PH#: 843-546-4123	BLUE RIDGE IN GEORGETOWN LLC	
Facility Email: ADMIN@GEORGETOWN.CARE	NCF-0633 / 03/31/2018	

Licensed Beds: Nursing Home: 84 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

LAKES AT LITCHFIELD SKILLED NURSING CENTER	Georgetown / Ltd. Liability	24
80 TIMBERVIEW CT	120 LAKES AT LITCHFIELD DR	
PAWLEYS ISLAND, SC 29585-5798 FAC.#:843-235-2421	PAWLEYS ISLAND, SC 29585-5515	
BARBER JEFF B PH#: 843-235-2421	LITCHFIELD RETIREMENT LLC	
Facility Email: JBARBER@LAKES-LITCHFIELD.COM	NCF-0843 / 12/31/2017	

Licensed Beds: Nursing Home: 17 Institutional Nursing Home: 7

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

PRINCE GEORGE HEALTHCARE CENTER	Georgetown / Ltd. Liability	148
901 MAPLE ST	901 MAPLE ST	
GEORGETOWN, SC 29440-4333 FAC.#:843-546-6101	GEORGETOWN, SC 29440-4333	
PORTER RICHARD PH#: 843-546-6101	PALMETTO PRINCE GEORGE OPERATING LLC	
Facility Email: RICHARD.PORTER@PALMLTC.COM	NCF-0930 / 09/30/2018	

Licensed Beds: Nursing Home: 148 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

Totals For Facility/License Type: <u>Nursing Home</u>	
Number of Activities/Facilities licensed: <u>3</u>	Number Licensed Units: <u>256</u>

Number of Activities/Facilities licensed in county of : <u>Georgetown</u>	# Lics: <u>3</u>
	Number Licensed Units : <u>256</u>

County: Horry

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
BRIGHTWATER SKILLED NURSING CENTER 171 BRIGHTWATER DR MYRTLE BEACH, SC 29579 FAC.#:843-903-8300 HAYES ELIZABETH A PH#: 843-903-8300 Facility Email: EHAYES@BRIGHTWATER-LIVING.COM	Horry / Limited Liability 171 BRIGHTWATER DR MYRTLE BEACH, SC 29579 BRIGHTWATER RETIREMENT LLC NCF-0955 / 04/30/2018	67
Licensed Beds: Nursing Home: 67 Institutional Nursing Home: 0		
Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0		
Certifications:None		
COMPASS POST ACUTE REHABILITATION 2320 HWY 378 CONWAY, SC 29527-4911 FAC.#:843-397-2273 TILLER RAYMOND PH#: 843-397-2273 Facility Email: RENEWALS@ENSIGNSERVICES.NET	Horry / Corporation 27101 PUERTA REAL STE 450 MISSION VIEJO, CA 92691-8566 CAROLINA HEALTHCARE INC NCF-0977 / 12/31/2017	95
Licensed Beds: Nursing Home: 95 Institutional Nursing Home: 0		
Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0		
Certifications:None		
CONWAY MANOR 3300 4TH AVE CONWAY, SC 29527-6002 FAC.#:843-248-5728 PH#: Facility Email: RTILLER@CONWAYMANOR.NET	Horry / Ltd. Liability 3300 4TH AVE CONWAY, SC 29527-6002 CONWAY MANOR LLC NCF-0899 / 05/31/2018	190
Licensed Beds: Nursing Home: 190 Institutional Nursing Home: 0		
Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0		
Certifications:None		
COVENANT TOWERS HEALTH CARE 5001 LITTLE RIVER RD MYRTLE BEACH, SC 29577-2478 FAC.#:843-449-2484 HENDRICK DEBBIE M PH#: 843-449-2484 Facility Email: DEBBIE@COVENANTTOWERS.COM	Horry / Non-Profit Corporation 5001 LITTLE RIVER RD, COVENANT TOWERS W-505 MYRTLE BEACH, SC 29577-2478 COVENANT TOWERS HOMEOWNERS ASSOCIATION INC NCF-0469 / 08/31/2018	30
Licensed Beds: Nursing Home: 30 Institutional Nursing Home: 0		
Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0		
Certifications:None		

County: Horry

Facility Type: Nursing Home

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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GRAND STRAND REHAB AND NURSING CENTER 4452 SOCASTEE BLVD MYRTLE BEACH, SC 29588-7253 FAC.#:843-293-1137 FLANSBURG CHRISTINE PH#: 843-293-1137 Facility Email: SWEESNER@WILSONSENIORCARE.COM	Horry / Limited Liability PO BOX 510 DARLINGTON, SC 29540-0510 GRAND STRAND REHAB AND NURSING CENTER LLC NCF-0993 / 09/30/2018	88
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Licensed Beds: Nursing Home: 88 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

KINGSTON NURSING CENTER 2379 CYPRESS CIR CONWAY, SC 29526-8921 FAC.#:843-347-8179 FOWLER LAURA L PH#: 843-347-8179 Facility Email: LFOWLER@CMC-SC.COM	Horry / Non-Profit Corporation PO BOX 1496 CONWAY, SC 29528-1496 CONWAY HOSPITAL INC NCF-0518 / 06/30/2018	88
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Licensed Beds: Nursing Home: 88 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

LORIS REHAB AND NURSING CENTER 3620 STEVENS ST LORIS, SC 29569-2953 FAC.#:843-716-7106 OATES MARGARET PH#: 843-716-7106 Facility Email: BOATES@WILSONSENIORCARE.COM	Horry / Limited Liability PO BOX 510 DARLINGTON, SC 29540-0510 LORIS REHAB AND NURSING CENTER LLC NCF-0207 / 08/31/2018	88
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Licensed Beds: Nursing Home: 88 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

MYRTLE BEACH MANOR 9547 HWY 17 N MYRTLE BEACH, SC 29572-0000 FAC.#:843-449-5283 BEARD MICHAEL PH#: 843-449-5283 Facility Email: MBEARD@5SSL.COM	Horry / Corporation 400 CENTRE ST NEWTON, MA 02458-2094 FS TENANT POOL I TRUST NCF-0829 / 01/31/2018	60
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Licensed Beds: Nursing Home: 60 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

County: Horry

Facility Type: Nursing Home

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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NHC HEALTHCARE GARDEN CITY 9405 HWY 17 BYP MURRELLS INLET, SC 29576-9301 FAC.#:843-650-2213 SELLARS GIDEON PH#: 843-650-2213 Facility Email: GSELLARS@NHCGARDENCITY.COM	Horry / Ltd. Liability PO BOX 309 MURRELLS INLET, SC 29576-0309 NHC HEALTHCARE/GARDEN CITY LLC NCF-0825 / 10/31/2018	148
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Licensed Beds: Nursing Home: 148 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

Totals For Facility/License Type: Nursing Home

Number of Activities/Facilities licensed: 9 Number Licensed Units: 854

Number of Activities/Facilities licensed in county of : Horry # Lics: 9

Number Licensed Units : 854

County: Jasper

Facility Type: Nursing Home

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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RIDGELAND NURSING CENTER 1516 GRAYS HWY RIDGELAND, SC 29936-5440 FAC.#:843-726-5581 BOYLES SHERI P PH#: 843-726-5581 Facility Email: SBOYLES@RIDGELANDNC.COM	Jasper / Corporation PO BOX 1570 RIDGELAND, SC 29936-2627 RIDGELAND NURSING CENTER INC NCF-0553 / 08/31/2018	88
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Licensed Beds: Nursing Home: 88 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

Totals For Facility/License Type: <u>Nursing Home</u>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>88</u>

Number of Activities/Facilities licensed in county of : <u>Jasper</u>	# Lics: <u>1</u>
	Number Licensed Units : <u>88</u>

Report Totals

Total Number of Activities/Facilities licensed: 40 Total Number Licensed Units: 4,039