

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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| BAYVIEW MANOR 11 TODD DR BEAUFORT, SC 29902-6113 FAC.#:843-524-8911 DRINKARD CHRISTY 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 |
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Licensed Beds: Nursing Home: 170 Institutional Nursing Home: 0

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

Certifications:None

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| 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

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| 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

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|---|--|----|
| 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 |
|--|--|-----|

Licensed Beds: Nursing Home: 120 Institutional Nursing Home: 0

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

Certifications:None

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|---|--|----|
| 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 |
|---|--|----|

Licensed Beds: Nursing Home: 69 Institutional Nursing Home: 8

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

Certifications:None

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

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| 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

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

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| 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 / 12/31/2018 | |
| 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 / 12/31/2018 | |

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

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

Certifications:None

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|---|--------------------------------|-----|
| 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> |

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|---|------------------------------------|
| 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 |
|---|---|----|

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 |
|---|--|----|

Licensed Beds: Nursing Home: 44 Institutional Nursing Home: 0

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

Certifications:None

| | | |
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| 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 |
|--|--|-----|

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 |
|---|---|-----|

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 | Charleston / Ltd. Liability | 148 |
| 2600 ELMS PLANTATION BLVD | 2600 ELMS PLANTATION BLVD | |
| NORTH CHARLESTON, SC 29406-9180 FAC.#:843-764-3500 | NORTH CHARLESTON, SC 29406-9180 | |
| CLTIETT BETH A PH#: 843-764-3500 | CHARLESTON MEDICAL INVESTORS LLC | |
| Facility Email: BETH_CLIETT@LCCA.COM | NCF-0878 / 11/30/2018 | |

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

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

Certifications:None

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

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

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

Certifications:None

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

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

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

Certifications:None

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

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 |
|---|--|-----|

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 |
|--|---|----|

Licensed Beds: Nursing Home: 48 Institutional Nursing Home: 0

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

Certifications:None

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|--|---|----|
| 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 |
|--|---|----|

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 / 12/31/2018 | 176 |
|--|---|-----|

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 JARVIS MICHAEL 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 |
|---|---|-----|

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 |
|--|---|-----|

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> |

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|---|------------------------------------|
| 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 |
|---|--|----|

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 |
|---|--|----|

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 WOODS BARBARA L 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 |
|--|---|----|

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 |
|---|--|---|

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 / 12/31/2018 | |

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: _____ 3 | Number Licensed Units: _____ 256 |

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

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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|---|---|----|
| 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 / 12/31/2018 | 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 SEFJACK CHRIS PH#: 843-248-5728 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 |
|---|---|-------------------|
|---|---|-------------------|

| | | |
|--|--|----|
| 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 |
|--|--|----|

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 |
|--|--|----|

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 |
|--|---|----|

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 / 01/31/2019 | 60 |
|--|--|----|

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

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

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>9</u> | Number Licensed Units: <u>854</u> |

| | |
|--|------------------------------------|
| Number of Activities/Facilities licensed in county of : <u>Horry</u> | # Lics: <u>9</u> |
| | Number Licensed Units : <u>854</u> |

County: Jasper

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 | |

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

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