

County: Anderson

Facility Type: Hospice Facility

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
CALLIE & JOHN RAINEY HOSPICE HOUSE 1835 ROGERS RD ANDERSON, SC 29621-2278 FAC.#:864-224-3358 MELBOURNE PAMELA S PH#: 864-224-3358 Facility Email: PMELBOURNE@HOSPICEHOUSE.NET	Anderson / Corporation 1835 ROGERS RD ANDERSON, SC 29621-2278 HOSPICE OF THE UPSTATE INC HPF-0001 / 08/31/2018	32

Totals For Facility/License Type: <u>Hospice Facility</u>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>32</u>

Number of Activities/Facilities licensed in county of : <u>Anderson</u>	# Lics: <u>1</u>
	Number Licensed Units : <u>32</u>

County: Charleston

Facility Type: Hospice Facility

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
HOSPICE CENTER OF HOSPICE OF CHARLESTON 676 WANDO PARK BLVD MOUNT PLEASANT, SC 29464-7936 FAC.#:843-654-5755 TOZIER MARY E PH#:	Charleston / Ltd. Liability 12900 FOSTER ST STE 400 OVERLAND PARK, KS 66213-2696 WIREGRASS HOSPICE OF SOUTH CAROLINA LLC	20
Facility Email: JANET.COMBS@GENTIVA.COM	HPF-0005 / 08/31/2018	

Totals For Facility/License Type: <u>Hospice Facility</u>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>20</u>

Number of Activities/Facilities licensed in county of : <u>Charleston</u>	# Lics: <u>1</u>
	Number Licensed Units : <u>20</u>

County: Florence

Facility Type: Hospice Facility

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
MCLEOD HOSPICE HOUSE 1203 E CHEVES ST FLORENCE, SC 29502-0551 FAC.#:843-777-4700 HARRISON-PAVY RN JOAN PH#: 843-777-4700 Facility Email: JPAVY@MCLEODHEALTH.ORG	Florence / Non-Profit Corporation PO BOX 100551 FLORENCE, SC 29502-0551 MCLEOD REGIONAL MEDICAL CENTER OF THE PEE DEE INC HPF-0003 / 09/30/2018	24

Totals For Facility/License Type: <u>Hospice Facility</u>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>24</u>

Number of Activities/Facilities licensed in county of : <u>Florence</u>	# Lics: <u>1</u>
Number Licensed Units : <u>24</u>	

County: Georgetown

Facility Type: Hospice Facility

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
TIDELANDS COMMUNITY HOSPICE HOUSE 2591 N FRASER ST GEORGETOWN, SC 29440-6411 FAC.#:843-520-7700 PLAYER SHANE SCOTT PH#: 843-546-3410 Facility Email: SHANE.PLAYER@TIDELANDSHOSPICE.ORG	Georgetown / Non-Profit Corporation 2591 N FRASER ST GEORGETOWN, SC 29440-6411 TIDELANDS/GHS JOINT VENTURE LLC HPF-0008 / 01/31/2018	12

Totals For Facility/License Type: <u>Hospice Facility</u>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>12</u>

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

County: Greenville

Facility Type: Hospice Facility

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
MCCALL HOSPICE HOUSE OF GREENVILLE 1836 W GEORGIA RD SIMPSONVILLE, SC 29680-7212 FAC.#:864-688-1700 GARDNER WILLIAM PH#: 864-688-1700 Facility Email: WILLIAM_GARDNER@BSHSI.ORG	Greenville / Corporation 1836 W GEORGIA RD SIMPSONVILLE, SC 29680-7212 ST FRANCIS HOSPITAL INC HPF-0010 / 07/31/2018	30

Totals For Facility/License Type: <u>Hospice Facility</u>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>30</u>

Number of Activities/Facilities licensed in county of : <u>Greenville</u>	# Lics: <u>1</u>
	Number Licensed Units : <u>30</u>

County: Greenwood

Facility Type: Hospice Facility

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
HOSPICE HOUSE OF HOSPICECARE OF THE PIEDMONT 408 W ALEXANDER AVE GREENWOOD, SC 29646-4031 FAC.#:864-227-9393 CORLEY RN NANCY B PH#: 864-227-9393 Facility Email: NCORLEY@HOSPICEPIEDMONT.ORG	Greenwood / Non-Profit Corporation 408 W ALEXANDER AVE GREENWOOD, SC 29646-4031 HOSPICECARE OF THE PIEDMONT INC HPF-0002 / 05/31/2018	15

Totals For Facility/License Type: <u>Hospice Facility</u>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>15</u>

Number of Activities/Facilities licensed in county of : <u>Greenwood</u>	# Lics: <u>1</u>
	Number Licensed Units : <u>15</u>

County: Horry

Facility Type: Hospice Facility

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
EMBRACE HOSPICE HOUSE OF THE GRAND STRAND 175 VILLAGE CENTER BLVD MYRTLE BEACH, SC 29579-6619 FAC.#:843-679-4999 MILLS APRIL PH#: 843-679-4999 Facility Email: KMCHUGH@EMBRACEHEALTHCARE.ORG	Horry / Limited Liability 1831 W EVANS ST STE 315 FLORENCE, SC 29501-3300 EMBRACE HOSPICE OF SOUTH CAROLINA LLC HPF-0028 / 08/31/2018	36

Totals For Facility/License Type: <u>Hospice Facility</u>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>36</u>

Number of Activities/Facilities licensed in county of : <u>Horry</u>	# Lics: <u>1</u>
	Number Licensed Units : <u>36</u>

County: Laurens

Facility Type: Hospice Facility

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
HOSPICE OF LAURENS COUNTY 1304 SPRINGDALE DR CLINTON, SC 29325 FAC.#:864-833-6287 BRUNNICK PETER A PH#: 864-833-6287 Facility Email: BRUNNICKP@HPCCR.ORG	Laurens / Corporation HOSPICE & PALLIATIVE CARE CHARLOTTE REGION HPF-0031 / 09/30/2018	12

Totals For Facility/License Type: <u>Hospice Facility</u>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>12</u>

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

County: Lexington

Facility Type: Hospice Facility

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
AGAPE HOUSE OF LEXINGTON 128 LIBRARY HILL LN LEXINGTON, SC 29072-3893 FAC.#:803-520-5940 WHITEHEAD MATTHEW PH#: 803-520-5940 Facility Email: MWHITEHEAD@AGAPESENIOR.COM	Lexington / Corporation 128 LIBRARY HILL LN LEXINGTON, SC 29072-3893 AGAPE COMMUNITY HOSPICE OF THE GRAND STRAND INC HPF-0029 / 03/31/2018	30

Totals For Facility/License Type: <u>Hospice Facility</u>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>30</u>

Number of Activities/Facilities licensed in county of : <u>Lexington</u>	# Lics: <u>1</u>
	Number Licensed Units : <u>30</u>

County: Oconee

Facility Type: Hospice Facility

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
GHS COTTINGHAM HOSPICE HOUSE 220 TUCKER LN SENECA, SC 29672-6669 FAC.#:864-882-8940 MILLER PAM PH#: 864-882-8940 Facility Email: NSALLY@GHS.ORG	Oconee / Corporation 390 KEOWEE SCHOOL RD SENECA, SC 29672-6743 UPSTATE AFFILIATE ORGANIZATION HPF-0030 / 10/31/2018	15

Totals For Facility/License Type: <u>Hospice Facility</u>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>15</u>

Number of Activities/Facilities licensed in county of : <u>Oconee</u>	# Lics: <u>1</u>
	Number Licensed Units : <u>15</u>

County: Richland

Facility Type: Hospice Facility

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
AGAPE HOSPICE HOUSE OF THE MIDLANDS 141 STONERIDGE DR COLUMBIA, SC 29210-8240 FAC.#:803-454-1221 WHITEHEAD MATTHEW PH#: 803-454-1221 Facility Email: MWHITEHEAD@AGAPESENIOR.COM	Richland / Corporation 141 STONERIDGE DR COLUMBIA, SC 29210-8240 AGAPE COMMUNITY HOSPICE OF THE GRAND STRAND INC HPF-0026 / 04/30/2018	12

Totals For Facility/License Type: <u>Hospice Facility</u>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>12</u>

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

County: Spartanburg

Facility Type: Hospice Facility

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
HOSPICE HOUSE OF THE CAROLINA FOOTHILLS 260 FAIRWINDS RD LANDRUM, SC 29356-9075 FAC.#:864-457-9100 OWENS HEIDI PH#: 864-457-9100 Facility Email: RBURCH@HOSPICEOFRUTHERFORD.ORG	Spartanburg / Corporation PO BOX 336 FOREST CITY, NC 28043-0336 HOSPICE OF RUTHERFORD COUNTY INC HPF-0027 / 03/31/2018	12
SPARTANBURG REGIONAL HOSPICE HOME 686 JEFF DAVIS DR SPARTANBURG, SC 29303-2092 FAC.#:864-560-5620 ROSS KIMBERLY G PH#: 864-560-5620 Facility Email: KIMROSS@SRHS.COM	Spartanburg / District 686 JEFF DAVIS DR SPARTANBURG, SC 29303-2092 SPARTANBURG REGIONAL HEALTH SERVICES DISTRICT INC HPF-0007 / 12/31/2017	15

Totals For Facility/License Type: <u>Hospice Facility</u>	
Number of Activities/Facilities licensed: _____ <u>2</u>	Number Licensed Units: _____ <u>27</u>

Number of Activities/Facilities licensed in county of : _____ <u>Spartanburg</u>	# Lics: _____ <u>2</u>
	Number Licensed Units : _____ <u>27</u>

County: York

Facility Type: Hospice Facility

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
HOSPICE & COMMUNITY CARE HOUSE 2275 INDIA HOOK RD ROCK HILL, SC 29732-1223 FAC.#:803-323-1600 ARMSTRONG JANE M PH#: 803-323-1600 Facility Email: JANE@HOSPICECOMMUNITYCARE.ORG	York / Non-Profit Corporation PO BOX 993 ROCK HILL, SC 29731-6993 CAROLINA COMMUNITY CARE INC HPF-0012 / 12/31/2017	16

Totals For Facility/License Type: <u>Hospice Facility</u>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>16</u>

Number of Activities/Facilities licensed in county of : <u>York</u>	# Lics: <u>1</u>
	Number Licensed Units : <u>16</u>

Report Totals

Total Number of Activities/Facilities licensed: 14 Total Number Licensed Units: 281