

County: Abbeville

Facility Type: Hospital or Institutional General Infirmary

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
<b>ABBEVILLE AREA MEDICAL CENTER</b> 420 THOMSON CIR ABBEVILLE, SC 29620-5656 FAC.#:864-366-5011 TURNER HOWARD DEAN PH#: 864-366-5011 Facility Email: ADMINASSISTANT@ABBEVILLEAREAMC.COM	Abbeville / County 420 THOMSON CIR ABBEVILLE, SC 29620-5656 ABBEVILLE COUNTY MEMORIAL HOSPITAL HTL-0899 / 07/31/2018 (Renewal Pending)	25
Licensed Beds: General: 25    Psychiatric: 0    Rehab: 0    Substance Abuse: 0 Other Beds :    NICU: 0    Neonatal Special Care: 0		

Certifications: Swing Bed Unit(s)

Totals For Facility/License Type: Hospital or Institutional General Infirmary

Number of Activities/Facilities licensed: 1      Number Licensed Units: 25

Number of Activities/Facilities licensed in county of :      Abbeville      # Lics: 1

Number Licensed Units : 25

County: Aiken

Facility Type: Hospital or Institutional General Infirmary

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

AIKEN REGIONAL MEDICAL CENTERS 302 UNIVERSITY PKWY AIKEN, SC 29801-6302 FAC.#:803-641-5600 MERRIFIELD MATTHEW PH#: 803-641-5600	Aiken / Corporation 302 UNIVERSITY PKWY AIKEN, SC 29801-2792 AIKEN REGIONAL MEDICAL CENTERS LLC HTL-0152 / 11/30/2018	273
--	---	-----

Facility Email: MATT.MERRIFIELD@UHSINC.COM

Licensed Beds: General: 197    Psychiatric: 44    Rehab: 14    Substance Abuse: 18  
 Other Beds :        NICU: 0        Neonatal Special Care: 8

Certifications: Perinatal Level II, JCAHO Accredited

Totals For Facility/License Type: <u>Hospital or Institutional General Infirmary</u>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>273</u>

Number of Activities/Facilities licensed in county of : <u>Aiken</u>	# Lics: <u>1</u>
	Number Licensed Units : <u>273</u>

County: Allendale

Facility Type: Hospital or Institutional General Infirmary

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

ALLENDALE COUNTY HOSPITAL 1787 ALLENDALE FAIRFAX HWY FAIRFAX, SC 29827-9133 FAC.#:803-632-3311 GOODING GENE PH#: 803-632-3311	Allendale / County PO BOX 218 FAIRFAX, SC 29827-0218 ALLENDALE COUNTY HOSPITAL BOARD OF TRUSTEES HTL-0041 / 04/30/2019	25
Facility Email: LARIG@ACHOSPITAL.ORG		

Licensed Beds: General: 25    Psychiatric: 0    Rehab: 0    Substance Abuse: 0  
 Other Beds :    NICU: 0    Neonatal Special Care: 0

Certifications: Swing Bed Unit(s), Critical Access Hospital

Totals For Facility/License Type: <u>Hospital or Institutional General Infirmary</u>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>25</u>

Number of Activities/Facilities licensed in county of : <u>Allendale</u>	# Lics: <u>1</u>
	Number Licensed Units : <u>25</u>

County: Anderson

Facility Type: Hospital or Institutional General Infirmiry

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
ANMED HEALTH MEDICAL CENTER 800 N FANT ST ANDERSON, SC 29621-5793 FAC.#:864-512-1109 MANSON WILLIAM T PH#:	Anderson / Non-Profit Corporation 800 N FANT ST ANDERSON, SC 29621-5793 ANMED HEALTH	461
Facility Email: BILL.MANSON@ANMEDHEALTH.ORG	HTL-0044 / 11/30/2018	
Licensed Beds: General: 423 Psychiatric: 38 Rehab: 0 Substance Abuse: 0 Other Beds : NICU: 0 Neonatal Special Care: 0		

Certifications:Abortions, Trauma Center Level II, JCAHO Accredited

ANMED HEALTH REHABILITATION HOSPITAL 1 SPRING BACK WAY ANDERSON, SC 29621-2676 FAC.#:864-716-2600 MURRAY DENISE R PH#: 864-716-2600	Anderson / Ltd. Liability 1 SPRING BACK WAY ANDERSON, SC 29621-2676 ANMED ENCOMPASS HEALTH REHABILITATION HOSPITAL LLC	60
Facility Email: DENISE.MURRAY@HEALTHSOUTH.COM	HTL-0838 / 12/31/2018	
Licensed Beds: General: 0 Psychiatric: 0 Rehab: 60 Substance Abuse: 0 Other Beds : NICU: 0 Neonatal Special Care: 0		

Certifications:JCAHO Accredited

ANMED HEALTH WOMEN'S AND CHILDREN'S HOSPITAL 2000 E GREENVILLE ST ANDERSON, SC 29621-1580 FAC.#:864-512-1109 JURY TINA PH#: 864-512-1109	Anderson / Non-Profit Corporation 2000 E GREENVILLE ST, ANMED HEALTH CAMPUS ANDERSON, SC 29621-1580 ANMED HEALTH	72
Facility Email: TINA.JURY@ANMEDHEALTH.ORG	HTL-0896 / 06/30/2019	
Licensed Beds: General: 72 Psychiatric: 0 Rehab: 0 Substance Abuse: 0 Other Beds : NICU: 0 Neonatal Special Care: 13		

Certifications:Abortions, Perinatal Level II, JCAHO Accredited

PATRICK B HARRIS PSYCHIATRIC HOSPITAL 130 HWY 252 ANDERSON, SC 29621-5054 FAC.#:864-231-2600 MCENIRY ALLEN PH#: 864-231-2600	Anderson / State PO BOX 2907 ANDERSON, SC 29622-2907 SC DEPARTMENT OF MENTAL HEALTH	200
Facility Email: ALLEN.MCENIRY@SCDMH.ORG	HTL-0503 / 11/30/2018	
Licensed Beds: General: 0 Psychiatric: 200 Rehab: 0 Substance Abuse: 0 Other Beds : NICU: 0 Neonatal Special Care: 0		

Certifications:JCAHO Accredited

Totals For Facility/License Type: <u>Hospital or Institutional General Infirmiry</u>	
Number of Activities/Facilities licensed: <u>4</u>	Number Licensed Units: <u>793</u>

Number of Activities/Facilities licensed in county of : <u>Anderson</u>	# Lics: <u>4</u>
	Number Licensed Units : <u>793</u>

County: Beaufort

Facility Type: Hospital or Institutional General Infirmary

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
<b>BEAUFORT MEMORIAL HOSPITAL</b> 955 RIBAUT RD BEAUFORT, SC 29902-5454 FAC.#:843-522-5200 PH#: Facility Email: ASOBIECH@BMHSC.ORG Licensed Beds: General: 169 Psychiatric: 14 Rehab: 14 Substance Abuse: 0 Other Beds : NICU: 0 Neonatal Special Care: 5	Beaufort / County 955 RIBAUT RD BEAUFORT, SC 29902-5454 BEAUFORT COUNTY MEMORIAL HOSPITAL HTL-0026 / 11/30/2018	197
<b>Certifications: Perinatal Level II, JCAHO Accredited</b>		

<b>ENCOMPASS HEALTH REHABILITATION HOSPITAL OF HILTON HEAD</b> 107 SEAGRASS STATION RD BLUFFTON, SC 29910 FAC.#:843-836-8200 BURNSIDE BRIAN D PH#: 000-000-0000 Facility Email: BRIAN.BURNSIDE@ENCOMPASSHEALTH.COM Licensed Beds: General: 0 Psychiatric: 0 Rehab: 38 Substance Abuse: 0 Other Beds : NICU: 0 Neonatal Special Care: 0	Beaufort / Limited Liability 107 SEAGRASS STATION RD BLUFFTON, SC 29910 ENCOMPASS HEALTH REHABILITATION HOSPITAL OF HILTON HEAD LLC HTL-0943 / 06/30/2019	38
<b>Certifications: None</b>		

<b>HILTON HEAD HOSPITAL</b> 25 HOSPITAL CENTER BLVD HILTON HEAD ISLAND, SC 29926-2738 FAC.#:843-689-8206 CLARK JEREMY PH#: 843-689-8206 Facility Email: HHH-CEO@TENETHEALTH.COM Licensed Beds: General: 93 Psychiatric: 0 Rehab: 0 Substance Abuse: 0 Other Beds : NICU: 0 Neonatal Special Care: 0	Beaufort / Limited Liability Limited <del>25 HOSPITAL CENTER BLVD</del> HILTON HEAD ISLAND, SC 29926-2738 HILTON HEAD HEALTH SYSTEM LP HTL-0646 / 10/31/2018	93
<b>Certifications: Perinatal Level I, JCAHO Accredited</b>		

Totals For Facility/License Type: <u>Hospital or Institutional General Infirmary</u>	
Number of Activities/Facilities licensed: _____	3      Number Licensed Units: _____
	328

Number of Activities/Facilities licensed in county of :	<u>Beaufort</u>	# Lics: _____
		3
	Number Licensed Units :	_____
		328

County: Charleston

**Facility Type: Hospital or Institutional General Infirmary**

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
<b>BON SECOURS-ST FRANCIS XAVIER HOSPITAL</b> 2095 HENRY TECKLENBURG DR CHARLESTON, SC 29414-5734 FAC.#:843-402-1000 JACKSON ANTHONY PH#: 843-402-1006 <b>Facility Email:</b> MATT.SEVERANCE@RSFH.COM	Charleston / Non-Profit Corporation 2095 HENRY TECKLENBURG DR CHARLESTON, SC 29414-5734 BON SECOURS-ST FRANCIS XAVIER HOSPITAL INC <b>HTL-0750 / 07/31/2018 (Renewal Pending)</b>	204
<b>Licensed Beds: General: 204    Psychiatric: 0    Rehab: 0    Substance Abuse: 0</b> <b>Other Beds :        NICU: 0        Neonatal Special Care: 11</b>		

**Certifications:Perinatal Level II, JCAHO Accredited**

<b>CITADEL INFIRMARY</b> 171 MOULTRIE ST CHARLESTON, SC 29409-0001 FAC.#:843-953-6848 CAPELL CAREY M PH#: 843-953-6848 <b>Facility Email:</b> CAREY.CAPELL@CITADEL.EDU	Charleston / State 171 MOULTRIE ST CHARLESTON, SC 29409-0001 BOARD OF VISITORS THE CITADEL <b>HTL-0035 / 05/31/2019</b>	38
<b>Licensed Beds: General: 38    Psychiatric: 0    Rehab: 0    Substance Abuse: 0</b> <b>Other Beds :        NICU: 0        Neonatal Special Care: 0</b>		

**Certifications:None**

<b>EAST COOPER MEDICAL CENTER</b> 2000 HOSPITAL DR MOUNT PLEASANT, SC 29464-3764 FAC.#:843-416-6210 DOWNES PATRICK PH#: 843-416-6210 <b>Facility Email:</b> PATRICK.DOWNES@TENETHEALTH.COM	Charleston / Corporation 2000 HOSPITAL DR MOUNT PLEASANT, SC 29464-3764 EAST COOPER COMMUNITY HOSPITAL INC <b>HTL-0447 / 03/31/2019</b>	130
<b>Licensed Beds: General: 130    Psychiatric: 0    Rehab: 0    Substance Abuse: 0</b> <b>Other Beds :        NICU: 0        Neonatal Special Care: 10</b>		

**Certifications:Trauma Center Level III, Perinatal Level II, JCAHO Accredited**

<b>HEALTHSOUTH REHABILITATION HOSPITAL OF CHARLESTON</b> 9181 MEDCOM ST CHARLESTON, SC 29406-9184 FAC.#:843-820-7777 PH#: <b>Facility Email:</b> BECKYE.LARIVIERE@HEALTHSOUTH.COM	Charleston / Limited Liability Company (multiple member) 9181 MEDCOM ST CHARLESTON, SC 29406-9184 HEALTHSOUTH REHABILITATION HOSPITAL OF CHARLESTON LLC <b>HTL-0648 / 12/31/2018</b>	49
<b>Licensed Beds: General: 0    Psychiatric: 0    Rehab: 49    Substance Abuse: 0</b> <b>Other Beds :        NICU: 0        Neonatal Special Care: 0</b>		

**Certifications:JCAHO Accredited**

County: Charleston

**Facility Type: Hospital or Institutional General Infirmary**

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
<b>MOUNT PLEASANT HOSPITAL</b> 3500 N HWY 17 MOUNT PLEASANT, SC 29466-9123 FAC.#:843-724-2954 JACKSON ANTHONY PH#: 843-402-1005 <b>Facility Email:</b> MELISSA.AMICK@RSFH.COM	Charleston / Non-Profit Corporation 3510 HWY 17 N STE 200 MOUNT PLEASANT, SC 29466-8229 ROPER ST FRANCIS MOUNT PLEASANT HOSPITAL <b>HTL-0909 / 10/31/2018</b>	85
<b>Licensed Beds: General: 85    Psychiatric: 0    Rehab: 0    Substance Abuse: 0</b> <b>Other Beds :        NICU: 0    Neonatal Special Care: 0</b>		

**Certifications:Perinatal Level I, JCAHO Accredited**

<b>MUSC MEDICAL CENTER</b> 169 ASHLEY AVE CHARLESTON, SC 29425-8905 FAC.#:843-792-4000 CAWLEY MD PATRICK J PH#: 843-792-4000 <b>Facility Email:</b> ELLIST@MUSC.EDU	Charleston / District 169 ASHLEY AVE, MUSC HEALTH ROOM H241A MAIN HOSPITAL CHARLESTON, SC 29425-8905 MEDICAL UNIVERSITY HOSPITAL AUTHORITY <b>HTL-0811 / 11/30/2018</b>	713
<b>Licensed Beds: General: 608    Psychiatric: 82    Rehab: 0    Substance Abuse: 23</b> <b>Other Beds :        NICU: 16    Neonatal Special Care: 50</b>		

**Certifications:Abortions, Trauma Center Level I, Perinatal Level III Regional, JCAHO Accredited**

<b>PALMETTO LOWCOUNTRY BEHAVIORAL HEALTH</b> 2777 SPEISSEGGER DR NORTH CHARLESTON, SC 29405-8229 FAC.#:843-747-5830 HAUGER CLINT D PH#: 843-747-5830 <b>Facility Email:</b> CLINT.HAUGER@UHSINC.COM	Charleston / Limited Liability 2777 SPEISSEGGER DR NORTH CHARLESTON, SC 29405-8229 PALMETTO LOWCOUNTRY BEHAVIORAL HEALTH LLC <b>HTL-0729 / 08/31/2018</b>	108
<b>Licensed Beds: General: 0    Psychiatric: 92    Rehab: 0    Substance Abuse: 16</b> <b>Other Beds :        NICU: 0    Neonatal Special Care: 0</b>		

**Certifications:JCAHO Accredited**

<b>ROPER HOSPITAL</b> 316 CALHOUN ST CHARLESTON, SC 29401-1125 FAC.#:843-724-2901 PORTER STEPHEN PH#: 843-724-2901 <b>Facility Email:</b> STEPHEN.PORTER@RSFH.COM	Charleston / Non-Profit Corporation 316 CALHOUN ST CHARLESTON, SC 29401-1125 ROPER HOSPITAL INC <b>HTL-0063 / 10/31/2018</b>	368
<b>Licensed Beds: General: 316    Psychiatric: 0    Rehab: 52    Substance Abuse: 0</b> <b>Other Beds :        NICU: 0    Neonatal Special Care: 0</b>		

**Certifications:JCAHO Accredited**

County: Charleston

Facility Type: Hospital or Institutional General Infirmery

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
<b>SHERIFF AL CANNON DETENTION CENTER</b> 3841 LEEDS AVE N CHARLESTON, SC 29405-7469 FAC.#:843-529-7300 CANNON SHERIFF AL PH#: 843-529-7300 Facility Email: ALCANNON@CHARLESTONCOUNTY.ORG	Charleston / County 3841 LEEDS AVE NORTH CHARLESTON, SC 29405 CHARLESTON COUNTY SHERIFF'S OFFICE HTL-0908 / 06/30/2019	22
<b>Licensed Beds: General: 22    Psychiatric: 0    Rehab: 0    Substance Abuse: 0</b> <b>Other Beds :        NICU: 0    Neonatal Special Care: 0</b>		

Certifications:None

<b>TRIDENT MEDICAL CENTER</b> 9330 MEDICAL PLAZA DR N CHARLESTON, SC 29406-9104 FAC.#:843-847-4100 GALLATI TODD PH#: 843-847-4100 Facility Email: TODD.GALLATI@HCAHEALTHCARE.COM	Charleston / Ltd. Liability 9330 MEDICAL PLAZA DR N CHARLESTON, SC 29406-9104 TRIDENT MEDICAL CENTER LLC HTL-0777 / 04/30/2019	313
<b>Licensed Beds: General: 296    Psychiatric: 17    Rehab: 0    Substance Abuse: 0</b> <b>Other Beds :        NICU: 0    Neonatal Special Care: 10</b>		

Certifications:Abortions, Trauma Center Level II, Perinatal Level II, JCAHO Accredited

<b>VIBRA HOSPITAL OF CHARLESTON</b> 1200 HOSPITAL DR MOUNT PLEASANT, SC 29464-3251 FAC.#:843-375-4000 DUNMEYER DANIEL C PH#: 843-375-4000 Facility Email: DDUNMYER@VHCHARLESTON.COM	Charleston / Limited Liability 1200 HOSPITAL DR MOUNT PLEASANT, SC 29464-3251 VIBRA HOSPITALOF CHARLESTON LLC HTL-0764 / 08/31/2018	59
<b>Licensed Beds: General: 59    Psychiatric: 0    Rehab: 0    Substance Abuse: 0</b> <b>Other Beds :        NICU: 0    Neonatal Special Care: 0</b>		

Certifications:JCAHO Accredited

<b>Totals For Facility/License Type:</b> <u>Hospital or Institutional General Infirmery</u>		
<b>Number of Activities/Facilities licensed:</b> <u>11</u>	<b>Number Licensed Units:</b> <u>2,089</u>	
<b>Number of Activities/Facilities licensed in county of :</b> <u>Charleston</u> <b># Lics:</b> <u>11</u>		
<b>Number Licensed Units :</b> <u>2,089</u>		



County: Cherokee

Facility Type: Hospital or Institutional General Infirmary

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

<b>MARY BLACK HEALTH SYSTEM-GAFFNEY</b> 1530 N LIMESTONE ST GAFFNEY, SC 29340-4738 FAC.#:864-487-4271 SELF JOSHUA PH#: 864-487-4271	Cherokee / Limited Liability 1530 N LIMESTONE ST GAFFNEY, SC 29340-4738 GAFFNEY HMA LLC	125
<b>Facility Email:</b> LYNN.PEELER@MARYBLACKGAFFNEY.ORG	<b>HTL-0476 / 05/31/2019</b>	
<b>Licensed Beds:</b> General: 125    Psychiatric: 0    Rehab: 0    Substance Abuse: 0		
<b>Other Beds :</b> NICU: 0    Neonatal Special Care: 0		

Certifications: JCAHO Accredited

<b>Totals For Facility/License Type: <u>Hospital or Institutional General Infirmary</u></b>	
<b>Number of Activities/Facilities licensed:</b> <u>1</u>	<b>Number Licensed Units:</b> <u>125</u>

<b>Number of Activities/Facilities licensed in county of :</b> <u>Cherokee</u> <b># Lics:</b> <u>1</u>
<b>Number Licensed Units :</b> <u>125</u>

County: Chester

Facility Type: Hospital or Institutional General Infirmary

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

<b>CHESTER REGIONAL MEDICAL CENTER</b> 1 MEDICAL PARK DR CHESTER, SC 29706-9776 FAC.#:803-581-3151 VAUGHAN PAGE PH#: 803-581-3151 <b>Facility Email:</b> PAGE.VAUGHAN@HMA.COM	Chester / Limited Liability 1 MEDICAL PARK DR CHESTER, SC 29706-9776 CHESTER HMA LLC <b>HTL-0894 / 09/30/2018</b>	82
<b>Licensed Beds: General: 82    Psychiatric: 0    Rehab: 0    Substance Abuse: 0</b> <b>Other Beds :        NICU: 0    Neonatal Special Care: 0</b>		

Certifications: JCAHO Accredited

**Totals For Facility/License Type: Hospital or Institutional General Infirmary**

Number of Activities/Facilities licensed: 1      Number Licensed Units: 82

Number of Activities/Facilities licensed in county of :      Chester      # Lics: 1  
 Number Licensed Units : 82

County: Chesterfield

Facility Type: Hospital or Institutional General Infirmary

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

<b>MCLEOD HEALTH CHERAW</b> 711 CHESTERFIELD HWY CHERAW, SC 29520-7002 FAC.#:843-320-3310 SCOGGINS MERIBA PH#: 843-320-3310 Facility Email: MSCOGGINS@MCLEODHEALTH.ORG Licensed Beds: General: 59 Psychiatric: 0 Rehab: 0 Substance Abuse: 0 Other Beds : NICU: 0 Neonatal Special Care: 0	Chesterfield / Non-Profit Corporation 711 CHESTERFIELD HWY CHERAW, SC 29520 MCLEOD HEALTH CHERAW HTL-0681 / 06/30/2018 (Renewal Pending)	59
--	--	----

Certifications: Swing Bed Unit(s), Perinatal Level I, JCAHO Accredited

Totals For Facility/License Type: Hospital or Institutional General Infirmary

Number of Activities/Facilities licensed: 1      Number Licensed Units: 59

Number of Activities/Facilities licensed in county of : Chesterfield      # Lics: 1

Number Licensed Units : 59

County: Clarendon

Facility Type: Hospital or Institutional General Infirmary

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

<b>MCLEOD HEALTH CLARENDON</b>	Clarendon / Non-Profit Corporation	81
10 E HOSPITAL ST	PO BOX 550	
MANNING, SC 29102-3153 FAC.#:803-433-3000	MANNING, SC 29102-0550	
GAINNEY RACHEL T PH#: 803-433-3000	MCLEOD HEALTH CLARENDON	
<b>Facility Email:</b> RGAINNEY@MCLEODHEALTH.ORG	<b>HTL-0930 / 07/31/2018 (Renewal Pending)</b>	
<b>Licensed Beds: General: 81 Psychiatric: 0 Rehab: 0 Substance Abuse: 0</b>		
<b>Other Beds : NICU: 0 Neonatal Special Care: 0</b>		

Certifications:Swing Bed Unit(s), Perinatal Level I

<b>TURBEVILLE CORRECTIONAL INSTITUTION INFIRMARY</b>	Clarendon / State	8
1578 CLARENCE E COKER HWY	PO BOX 252	
TURBEVILLE, SC 29162-9419 FAC.#:803-896-3100	TURBEVILLE, SC 29162-0252	
BLACKWELL STEPPNAY PH#:	SC DEPT OF CORRECTIONS	
<b>Facility Email:</b> WWW.ARDIS.JENNY@DOC.STATE.SC.US	<b>HTL-0901 / 10/31/2018</b>	
<b>Licensed Beds: General: 8 Psychiatric: 0 Rehab: 0 Substance Abuse: 0</b>		
<b>Other Beds : NICU: 0 Neonatal Special Care: 0</b>		

Certifications:None

<b>Totals For Facility/License Type:</b> <u>Hospital or Institutional General Infirmary</u>	
<b>Number of Activities/Facilities licensed:</b> <u>2</u>	<b>Number Licensed Units:</b> <u>89</u>

<b>Number of Activities/Facilities licensed in county of :</b> <u>Clarendon</u>	<b># Lics:</b> <u>2</u>
	<b>Number Licensed Units :</b> <u>89</u>

County: Colleton

Facility Type: Hospital or Institutional General Infirmary

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

COLLETON MEDICAL CENTER 501 ROBERTSON BLVD WALTERBORO, SC 29488-5714 FAC.#:843-782-2000 HIOTT JAMES PH#: 843-782-2000	Colleton / Corporation 501 ROBERTSON BLVD WALTERBORO, SC 29488-5714 WALTERBORO COMMUNITY HOSPITAL INC HTL-0405 / 03/31/2019	135
<b>Facility Email:</b> MARILYN.FRYAR@HCAHEALTHCARE.COM		
<b>Licensed Beds:</b> General: 116    Psychiatric: 19    Rehab: 0    Substance Abuse: 0 Other Beds :        NICU: 0        Neonatal Special Care: 0		

Certifications: Perinatal Level I, JCAHO Accredited

Totals For Facility/License Type: <u>Hospital or Institutional General Infirmary</u>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>135</u>

Number of Activities/Facilities licensed in county of :	<u>Colleton</u>	# Lics: <u>1</u>
	Number Licensed Units :	<u>135</u>

County: Darlington

Facility Type: Hospital or Institutional General Infirmary

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

<b>CAROLINA PINES REGIONAL MEDICAL CENTER</b> 1304 W BOBO NEWSOM HWY HARTSVILLE, SC 29550-4399 FAC.#:843-339-2100 LITTLE BILL PH#: 843-339-2100 Facility Email: BILL.LITTLE@CAPELLAHEALTH.COM	Darlington / Limited Liability 1304 W BOBO NEWSOM HWY HARTSVILLE, SC 29550-4399 HARTSVILLE LLC HTL-0904 / 04/30/2019	116
Licensed Beds: General: 116    Psychiatric: 0    Rehab: 0    Substance Abuse: 0 Other Beds :        NICU: 0        Neonatal Special Care: 4		

Certifications: Trauma Center Level III, Perinatal Level II, JCAHO Accredited

<b>MCLEOD MEDICAL CENTER DARLINGTON</b> 701 CASHUA FERRY RD DARLINGTON, SC 29532-8488 FAC.#:843-777-1100 HARDEE VIRGINIA S PH#: 843-777-1100 Facility Email: VHARDEE@MCLEODHEALTH.ORG	Darlington / Non-Profit Corporation PO BOX 1859 DARLINGTON, SC 29540-1859 MCLEOD REGIONAL MEDICAL CENTER OF THE PEE DEE INC HTL-0631 / 12/31/2018	72
Licensed Beds: General: 49    Psychiatric: 23    Rehab: 0    Substance Abuse: 0 Other Beds :        NICU: 0        Neonatal Special Care: 0		

Certifications: Swing Bed Unit(s)

Totals For Facility/License Type: Hospital or Institutional General Infirmary  
 Number of Activities/Facilities licensed: 2      Number Licensed Units: 188

Number of Activities/Facilities licensed in county of : Darlington      # Lics: 2  
 Number Licensed Units : 188

County: Dillon

Facility Type: Hospital or Institutional General Infirmary

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

MCLEOD MEDICAL CENTER DILLON 301 E JACKSON ST DILLON, SC 29536-2509 FAC.#:843-774-4111 ERVIN JOAN PH#: 843-774-4111	Dillon / Non-Profit Corporation 301 E JACKSON ST DILLON, SC 29536-2509 MCLEOD MEDICAL CENTER DILLON HTL-0854 / 09/30/2018	79
Facility Email: JERVIN@MCLEODHEALTH.ORG		

Licensed Beds: General: 79    Psychiatric: 0    Rehab: 0    Substance Abuse: 0  
 Other Beds :        NICU: 0    Neonatal Special Care: 0

Certifications: Swing Bed Unit(s), Perinatal Level I

Totals For Facility/License Type: <u>Hospital or Institutional General Infirmary</u>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>79</u>

Number of Activities/Facilities licensed in county of : <u>Dillon</u>	# Lics: <u>1</u>
	Number Licensed Units : <u>79</u>

County: **Dorchester**

Facility Type: **Hospital or Institutional General Infirmary**

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

<b>LIEBER CORRECTIONAL INSTITUTION INFIRMARY</b>	Dorchester / State	10
136 WILBORN AVE	PO BOX 210382	
RIDGEVILLE, SC 29472-6351 FAC.#:803-896-3702	COLUMBIA, SC 29221-0382	
MAUNEY LUANNE PH#: 803-896-3702	SC DEPT OF CORRECTIONS	
Facility Email: ARDIS.JENNY@DOC.STATE.SC.US	HTL-0874 / 04/30/2019	
Licensed Beds: General: 10 Psychiatric: 0 Rehab: 0 Substance Abuse: 0		
Other Beds : NICU: 0 Neonatal Special Care: 0		

Certifications:None

<b>SUMMERVILLE MEDICAL CENTER</b>	Dorchester /	94
295 MIDLAND PKWY	295 MIDLAND PKWY	
SUMMERVILLE, SC 29485-8104 FAC.#:843-970-5101	SUMMERVILLE, SC 29485-8104	
VALENTINE LISA R PH#: 843-970-5101	TRIDENT MEDICAL CENTER LLC	
Facility Email: LISA.VALENTINE1@HCAHEALTHCARE.COM	HTL-0780 / 04/30/2019	
Licensed Beds: General: 94 Psychiatric: 0 Rehab: 0 Substance Abuse: 0		
Other Beds : NICU: 0 Neonatal Special Care: 4		

Certifications:Abortions, Perinatal Level II, JCAHO Accredited

<b>Totals For Facility/License Type: <u>Hospital or Institutional General Infirmary</u></b>	
Number of Activities/Facilities licensed: <u>2</u>	Number Licensed Units: <u>104</u>

Number of Activities/Facilities licensed in county of : <u>Dorchester</u>	# Lics: <u>2</u>
	Number Licensed Units : <u>104</u>



County: Edgefield

Facility Type: Hospital or Institutional General Infirmary

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
<b>EDGEFIELD COUNTY HOSPITAL</b> 300 RIDGE MEDICAL PLAZA RD EDGEFIELD, SC 29824-4525 FAC.#:803-637-3174 MILANES CARLOS PH#: 803-637-3174 Facility Email: LJACOBS@MYECH.ORG	Edgefield / County 300 RIDGE MEDICAL PLAZA RD EDGEFIELD, SC 29824-4525 EDGEFIELD COUNTY HOSPITAL BOARD HTL-0479 / 03/31/2019	25
Licensed Beds: General: 25    Psychiatric: 0    Rehab: 0    Substance Abuse: 0 Other Beds :    NICU: 0    Neonatal Special Care: 0		

Certifications: Swing Bed Unit(s), Critical Access Hospital

Totals For Facility/License Type: Hospital or Institutional General Infirmary

Number of Activities/Facilities licensed: 1      Number Licensed Units: 25

Number of Activities/Facilities licensed in county of :      Edgefield      # Lics: 1

Number Licensed Units : 25

County: **Fairfield**

Facility Type: **Hospital or Institutional General Infirmary**

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

<b>FAIRFIELD MEMORIAL HOSPITAL</b> 102 US HWY 321 BYP N WINNSBORO, SC 29180-9251 FAC.#:803-635-5548 DOSCHER SUZANNE PH#: 803-635-5548 <b>Facility Email:</b> KRISTI.GODWIN@FAIRFIELDMEMORIAL.COM	Fairfield / County PO BOX 620 WINNSBORO, SC 29180-0620 FAIRFIELD MEMORIAL HOSPITAL <b>HTL-0154 / 11/30/2018</b>	25
<b>Licensed Beds: General: 25    Psychiatric: 0    Rehab: 0    Substance Abuse: 0</b> <b>Other Beds :        NICU: 0    Neonatal Special Care: 0</b>		

Certifications: Swing Bed Unit(s), JCAHO Accredited, Critical Access Hospital

**Totals For Facility/License Type: Hospital or Institutional General Infirmary**

Number of Activities/Facilities licensed: 1      Number Licensed Units: 25

Number of Activities/Facilities licensed in county of :      Fairfield      # Lics: 1  
 Number Licensed Units : 25

County: Florence

Facility Type: Hospital or Institutional General Infirmery

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

<b>CAROLINAS HOSPITAL SYSTEM</b> 805 PAMPLICO HWY FLORENCE, SC 29505-6050 FAC.#:843-674-2500 MALAER GARY PH#: 843-674-5000 <b>Facility Email:</b> RHARDWICK@CAROLINASHOSPITAL.COM Licensed Beds: General: 310 Psychiatric: 0 Rehab: 0 Substance Abuse: 0 Other Beds : NICU: 0 Neonatal Special Care: 0	Florence / Corporation PO BOX 100550 FLORENCE, SC 29501-0550 QHG OF SOUTH CAROLINA INC <b>HTL-0761 / 11/30/2018</b>	310
--	---	-----

Certifications:Trauma Center Level III, JCAHO Accredited

<b>CAROLINAS HOSPITAL SYSTEM CEDAR TOWER</b> 121 E CEDAR ST FLORENCE, SC 29506-2576 FAC.#:843-674-2500 MALAER GARY PH#: 843-674-2500 <b>Facility Email:</b> RHARDWICK@CAROLINASHOSPITAL.COM Licensed Beds: General: 0 Psychiatric: 12 Rehab: 42 Substance Abuse: 12 Other Beds : NICU: 0 Neonatal Special Care: 0	Florence / Corporation PO BOX 100550 FLORENCE, SC 29501-0550 QHG OF SOUTH CAROLINA INC <b>HTL-0782 / 11/30/2018</b>	66
---	---	----

Certifications:JCAHO Accredited

<b>HEALTHSOUTH REHABILITATION HOSPITAL OF FLORENCE</b> 900 E CHEVES ST FLORENCE, SC 29506-2704 FAC.#:843-679-9000 NUNN BRIAN PH#: 843-679-9000 <b>Facility Email:</b> BRIAN.NUNN@HEALTHSOUTH.COM Licensed Beds: General: 0 Psychiatric: 0 Rehab: 88 Substance Abuse: 0 Other Beds : NICU: 0 Neonatal Special Care: 0	Florence / Corporation 900 E CHEVES ST FLORENCE, SC 29506-2704 HEALTHSOUTH REHABILITATION CENTER INC <b>HTL-0587 / 06/30/2019</b>	88
--	---	----

Certifications:JCAHO Accredited

<b>LAKE CITY COMMUNITY HOSPITAL</b> 258 N RON MCNAIR BLVD LAKE CITY, SC 29560-2462 FAC.#:843-374-2036 FAUCETTE MICHAEL PH#: 843-374-2036 <b>Facility Email:</b> APOSTON@LCCHOSPITAL.ORG Licensed Beds: General: 48 Psychiatric: 0 Rehab: 0 Substance Abuse: 0 Other Beds : NICU: 0 Neonatal Special Care: 0	Florence / District 258 N RON MCNAIR BVD LAKE CITY, SC 29560-1479 LOWER FLORENCE COUNTY HOSPITAL DISTRICT <b>HTL-0897 / 05/31/2019</b>	48
---	--	----

Certifications:None

County: Florence

Facility Type: Hospital or Institutional General Infirmary

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

<b>MCLEOD REGIONAL MEDICAL CENTER OF THE PEE DEE</b>	Florence / Non-Profit Corporation	461
555 E CHEVES ST	PO BOX 100551	
FLORENCE, SC 29506-2617 FAC.#:843-777-2000	FLORENCE, SC 29502-0551	
SALEEBY MARIE G PH#: 843-777-2000	MCLEOD REGIONAL MEDICAL CENTER OF THE PEE DEE	
<b>Facility Email:</b> MSALEEBY@MCLEODHEALTH.ORG	INC	
	<b>HTL-0384 / 05/31/2019</b>	

Licensed Beds: General: 461 Psychiatric: 0 Rehab: 0 Substance Abuse: 0  
 Other Beds : NICU: 20 Neonatal Special Care: 28

Certifications: Abortions, Trauma Center Level II, Perinatal Level III Regional

<b>REGENCY HOSPITAL OF FLORENCE</b>	Florence / Ltd. Liability	40
121 E CEDAR ST 4TH & 5TH FLOORS	4714 GETTYSBURG RD	
FLORENCE, SC 29506-2576 FAC.#:843-661-3471	MECHANICSBURG, PA 17055-4325	
NOTARIO MELANIE PH#:	REGENCY HOSPITAL COMPANY OF SOUTH CAROLINA LLC	
<b>Facility Email:</b> MNOTARIO@SELECTMEDICAL.COM	<b>HTL-0824 / 09/30/2018</b>	

Licensed Beds: General: 40 Psychiatric: 0 Rehab: 0 Substance Abuse: 0  
 Other Beds : NICU: 0 Neonatal Special Care: 0

Certifications: JCAHO Accredited

<b>WOMEN'S CENTER OF CAROLINAS HOSPITAL SYSTEM</b>	Florence / Corporation	20
1590 FREEDOM BLVD	PO BOX 100550	
FLORENCE, SC 29505-6042 FAC.#:843-674-2500	FLORENCE, SC 29501-0550	
MALAER GARY PH#: 843-674-6700	QHG OF SOUTH CAROLINA INC	
<b>Facility Email:</b> RHARDWICK@CAROLINASHOSPITAL.COM	<b>HTL-0674 / 12/31/2018</b>	

Licensed Beds: General: 20 Psychiatric: 0 Rehab: 0 Substance Abuse: 0  
 Other Beds : NICU: 0 Neonatal Special Care: 11

Certifications: Perinatal Level II, JCAHO Accredited

<b>Totals For Facility/License Type: <u>Hospital or Institutional General Infirmary</u></b>	
Number of Activities/Facilities licensed: <u>7</u>	Number Licensed Units: <u>1,033</u>

Number of Activities/Facilities licensed in county of : <u>Florence</u>	# Lics: <u>7</u>
	Number Licensed Units : <u>1,033</u>

County: Georgetown

Facility Type: Hospital or Institutional General Infirmary

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

<b>TIDELANDS GEORGETOWN MEMORIAL HOSPITAL</b> 606 BLACK RIVER RD GEORGETOWN, SC 29440-3368 FAC.#:843-527-7200 MAXWELL PAMELA PH#: 843-527-7200 Facility Email: PMAXWELL@TIDELANDSHEALTH.ORG	Georgetown / Non-Profit Corporation PO BOX 421718 GEORGETOWN, SC 29442-4203 TIDELANDS GEORGETOWN MEMORIAL HOSPITAL HTL-0007 / 08/31/2018	131
Licensed Beds: General: 131    Psychiatric: 0    Rehab: 0    Substance Abuse: 0 Other Beds :        NICU: 0        Neonatal Special Care: 5		

Certifications: Perinatal Level II, JCAHO Accredited

<b>TIDELANDS WACCAMAW COMMUNITY HOSPITAL</b> 4070 HWY 17 BYPASS MURRELLS INLET, SC 29576-5033 FAC.#:843-652-1001 LAROCHELLE JOHN PH#: 843-652-1001 Facility Email: JLAROCHELLE@TIDELANDSHEALTH.ORG	Georgetown / Non-Profit Corporation 4070 HWY 17 BYPASS MURRELLS INLET, SC 29576-5033 WACCAMAW COMMUNITY HOSPITAL (INC) HTL-0834 / 10/31/2018	150
Licensed Beds: General: 124    Psychiatric: 0    Rehab: 26    Substance Abuse: 0 Other Beds :        NICU: 0        Neonatal Special Care: 2		

Certifications: Perinatal Level II, JCAHO Accredited

<b>Totals For Facility/License Type: <u>Hospital or Institutional General Infirmary</u></b>	
Number of Activities/Facilities licensed: _____ 2	Number Licensed Units: _____ 281

Number of Activities/Facilities licensed in county of : <u>Georgetown</u> # Lics: _____ 2
Number Licensed Units : _____ 281

County: Greenville

Facility Type: Hospital or Institutional General Infirmary

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
<b>CAROLINA CENTER FOR BEHAVIORAL HEALTH</b> 2700 E PHILLIPS RD GREER, SC 29650-4815 FAC.#:864-235-2335 WILLINGHAM JOHN C PH#: 864-235-2335 Facility Email: JERRY.CHAPMAN@UHSINC.COM	Greenville / Corporation 2700 E PHILLIPS RD GREER, SC 29650-4815 UHS OF GREENVILLE LLC HTL-0806 / 08/31/2018	138
Licensed Beds: General: 0 Psychiatric: 117 Rehab: 0 Substance Abuse: 21 Other Beds : NICU: 0 Neonatal Special Care: 0		

Certifications:JCAHO Accredited

<b>GHS GREENVILLE MEMORIAL HOSPITAL</b> 701 GROVE RD GREENVILLE, SC 29605-5611 FAC.#:864-455-7114 JOHNSON PAUL PH#: 864-455-7114 Facility Email: NSALLY@GHS.ORG	Greenville / Corporation 300 E MCBEE AVE STE 402 (PLANNING DEPT) GREENVILLE, SC 29601-2890 UPSTATE AFFILIATE ORGANIZATION HTL-0936 / 10/31/2018	864
Licensed Beds: General: 746 Psychiatric: 65 Rehab: 53 Substance Abuse: 0 Other Beds : NICU: 12 Neonatal Special Care: 68		

Certifications:Abortions, Trauma Center Level I, Perinatal Level III Regional, JCAHO Accredited

<b>GHS GREER MEMORIAL HOSPITAL</b> 830 S BUNCOMBE RD GREER, SC 29650-2400 FAC.#:864-797-8000 MANSURE JOHN PH#: 864-797-8000 Facility Email: NSALLY@GHS.ORG	Greenville / Corporation 300 E MCBEE AVE STE 402 (PLANNING DEPT) GREENVILLE, SC 29601-2890 UPSTATE AFFILIATE ORGANIZATION HTL-0934 / 10/31/2018	82
Licensed Beds: General: 82 Psychiatric: 0 Rehab: 0 Substance Abuse: 0 Other Beds : NICU: 0 Neonatal Special Care: 0		

Certifications:Perinatal Level I, JCAHO Accredited

<b>GHS HILLCREST MEMORIAL HOSPITAL</b> 729 SE MAIN ST SIMPSONVILLE, SC 29681-3280 FAC.#:864-454-6151 JONES SCOTT PH#: 864-454-6151 Facility Email: SJONES23@GHS.ORG	Greenville / Corporation 729 SE MAIN ST SIMPSONVILLE, SC 29681-3280 UPSTATE AFFILIATE ORGANIZATION HTL-0931 / 10/31/2018	43
Licensed Beds: General: 43 Psychiatric: 0 Rehab: 0 Substance Abuse: 0 Other Beds : NICU: 0 Neonatal Special Care: 0		

Certifications:JCAHO Accredited

<b>GHS NORTH GREENVILLE LONG TERM ACUTE CARE HOSPITAL</b> 807 N MAIN ST TRAVELERS REST, SC 29690-1598 FAC.#:864-455-9224 TALBERT ADRIENNE PH#: 864-455-9224 Facility Email: ATALBERT@GHS.ORG	Greenville / Corporation 300 E MCBEE AVE STE 402 (PLANNING DEPT) GREENVILLE, SC 29601-2890 UPSTATE AFFILIATE ORGANIZATION HTL-0935 / 10/31/2018	45
Licensed Beds: General: 45 Psychiatric: 0 Rehab: 0 Substance Abuse: 0 Other Beds : NICU: 0 Neonatal Special Care: 0		

Certifications:JCAHO Accredited

County: Greenville

Facility Type: Hospital or Institutional General Infirmary

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
<b>GHS PATEWOOD MEMORIAL HOSPITAL</b> 175 PATEWOOD DR GREENVILLE, SC 29615-3570 FAC.#:864-797-1089 BROOKSHIRE TIM PH#: 864-797-1089 Facility Email: NSALLY@GHS.ORG	Greenville / Corporation 175 PATEDRIVE GREENVILLE, SC 29615 UPSTATE AFFILIATE ORGANIZATION HTL-0933 / 10/31/2018	72
<b>Licensed Beds: General: 72    Psychiatric: 0    Rehab: 0    Substance Abuse: 0</b> <b>Other Beds :        NICU: 0    Neonatal Special Care: 0</b>		

Certifications:Perinatal Level I, JCAHO Accredited

<b>REGENCY HOSPITAL OF GREENVILLE</b> 1 SAINT FRANCIS DR 4TH FLOOR GREENVILLE, SC 29601-3999 FAC.#:864-255-1401 BEAUREGARD PAIGE PH#: 864-255-1401 Facility Email: MNOTARIO@SELECTMEDICAL.COM	Greenville / Ltd. Liability 4717 GETTYBURG RD MECHANICSBURG, PA 17055 REGENCY HOSPITAL OF GREENVILLE LLC HTL-0882 / 12/31/2018	32
<b>Licensed Beds: General: 32    Psychiatric: 0    Rehab: 0    Substance Abuse: 0</b> <b>Other Beds :        NICU: 0    Neonatal Special Care: 0</b>		

Certifications:JCAHO Accredited

<b>SHRINERS' HOSPITAL FOR CHILDREN</b> 950 W FARIS RD GREENVILLE, SC 29605-4277 FAC.#:864-255-7942 MUNLEY WILLIAM E PH#: 864-271-3444 Facility Email: JCONTI@SHRINENET.ORG	Greenville / Non-Profit Corporation 950 W FARIS RD GREENVILLE, SC 29605-4277 SHRINERS' HOSPITAL FOR CHILDREN INC HTL-0069 / 02/28/2019	50
<b>Licensed Beds: General: 50    Psychiatric: 0    Rehab: 0    Substance Abuse: 0</b> <b>Other Beds :        NICU: 0    Neonatal Special Care: 0</b>		

Certifications:JCAHO Accredited

<b>SPRINGBROOK BEHAVIORAL HEALTH SYSTEM</b> 1 HAVENWOOD LN STE A TRAVELERS REST, SC 29690-9447 FAC.#:864-834-8013 ROWLEY MIKE PH#: 864-834-8013 Facility Email: LISA.MCJUNKIN@SPRINGBROOKBHS.COM	Greenville / Corporation PO BOX 1005 TRAVELERS REST, SC 29690-1005 CHESTNUT HILL MENTAL HEALTH CENTER INC HTL-0442 / 08/31/2018	44
<b>Licensed Beds: General: 0    Psychiatric: 38    Rehab: 0    Substance Abuse: 6</b> <b>Other Beds :        NICU: 0    Neonatal Special Care: 0</b>		

Certifications:JCAHO Accredited

<b>ST FRANCIS-DOWNTOWN</b> 1 SAINT FRANCIS DR GREENVILLE, SC 29601-3999 FAC.#:864-255-1000 MCCOY R CRAIG PH#: Facility Email: WANDA_JONES3@BSHSI.ORG	Greenville / Corporation 1 SAINT FRANCIS DR GREENVILLE, SC 29601-3999 ST FRANCIS HOSPITAL INC HTL-0794 / 12/31/2018	245
<b>Licensed Beds: General: 226    Psychiatric: 0    Rehab: 19    Substance Abuse: 0</b> <b>Other Beds :        NICU: 0    Neonatal Special Care: 0</b>		

Certifications:JCAHO Accredited

County: Greenville

Facility Type: Hospital or Institutional General Infirmary

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

ST FRANCIS-EASTSIDE 125 COMMONWEALTH DR GREENVILLE, SC 29615-4812 FAC.#:864-675-4000 MCCOY R CRAIG PH#:	Greenville / Corporation 125 COMMONWEALTH DR GREENVILLE, SC 29615-4812 ST FRANCIS HOSPITAL INC HTL-0793 / 12/31/2018	93
--	--	----

Facility Email: ASHLEY\_ALBERT@BSHSI.ORG

Licensed Beds: General: 93 Psychiatric: 0 Rehab: 0 Substance Abuse: 0  
Other Beds : NICU: 0 Neonatal Special Care: 14

Certifications: Perinatal Level II, JCAHO Accredited

Totals For Facility/License Type: <u>Hospital or Institutional General Infirmary</u>	
Number of Activities/Facilities licensed: <u>11</u>	Number Licensed Units: <u>1,708</u>

Number of Activities/Facilities licensed in county of : <u>Greenville</u>	# Lics: <u>11</u>
	Number Licensed Units : <u>1,708</u>



County: Greenwood

Facility Type: Hospital or Institutional General Infirmary

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

<b>GREENWOOD REGIONAL REHABILITATION HOSPITAL</b>	Greenwood / Ltd. Liability	42
1530 PKWY	1530 PKWY	
GREENWOOD, SC 29646-4027 FAC.#:864-330-1800	GREENWOOD, SC 29646-4027	
MANSKE KRISTIN PH#: 864-330-1800	GREENWOOD REGIONAL REHABILITATION HOSPITAL LLC	
<b>Facility Email:</b> KRISTINMANSKE@ERNESTHEALTH.COM	<b>HTL-0903 / 10/31/2018</b>	
<b>Licensed Beds: General: 0 Psychiatric: 0 Rehab: 42 Substance Abuse: 0</b>		
<b>Other Beds : NICU: 0 Neonatal Special Care: 0</b>		

Certifications:JCAHO Accredited

<b>SELF REGIONAL HEALTHCARE</b>	Greenwood / County	358
1325 SPRING ST	1325 SPRING ST	
GREENWOOD, SC 29646-3875 FAC.#:864-725-4111	GREENWOOD, SC 29646-3875	
PFEIFFER JAMES A PH#: 864-725-4111	GREENWOOD COUNTY HOSPITAL BOARD	
<b>Facility Email:</b> SARA.SEARS@SELFREGIONAL.ORG	<b>HTL-0038 / 12/31/2018</b>	
<b>Licensed Beds: General: 326 Psychiatric: 32 Rehab: 0 Substance Abuse: 0</b>		
<b>Other Beds : NICU: 7 Neonatal Special Care: 11</b>		

Certifications:Abortions, Trauma Center Level III, Perinatal Level III, JCAHO Accredited

<b>Totals For Facility/License Type:</b> <u>Hospital or Institutional General Infirmary</u>	
Number of Activities/Facilities licensed: <u>2</u>	Number Licensed Units: <u>400</u>

Number of Activities/Facilities licensed in county of : <u>Greenwood</u>	# Lics: <u>2</u>
	Number Licensed Units : <u>400</u>

County: Hampton

Facility Type: Hospital or Institutional General Infirmary

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

HAMPTON REGIONAL MEDICAL CENTER 595 W CAROLINA AVE VARNVILLE, SC 29944-4735 FAC.#:803-943-2771 HAMILL DAVID H PH#: 803-943-2771	Hampton / Non-Profit Corporation PO BOX 338 VARNVILLE, SC 29944-0338 HAMPTON REGIONAL MEDICAL CENTER (INC) HTL-0027 / 07/31/2019	32
Facility Email: JALLEN@HAMPTONREGIONAL.ORG		

Licensed Beds: General: 32    Psychiatric: 0    Rehab: 0    Substance Abuse: 0  
 Other Beds :    NICU: 0    Neonatal Special Care: 0

Certifications: Swing Bed Unit(s)

Totals For Facility/License Type: Hospital or Institutional General Infirmary

Number of Activities/Facilities licensed: 1      Number Licensed Units: 32

Number of Activities/Facilities licensed in county of :      Hampton      # Lics: 1  
 Number Licensed Units : 32

County: Horry

Facility Type: Hospital or Institutional General Infirmary

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

<b>CONWAY HOSPITAL</b> 300 SINGLETON RIDGE RD CONWAY, SC 29526-9142 FAC.#:843-347-7111 PH#: <b>Facility Email:</b> BBARR@CMC-SC.COM <b>Licensed Beds: General: 210    Psychiatric: 0    Rehab: 0    Substance Abuse: 0</b> <b>Other Beds :        NICU: 0    Neonatal Special Care: 6</b>	Horry / Non-Profit Corporation PO BOX 829 CONWAY, SC 29528-0829 CONWAY HOSPITAL INC <b>HTL-0083 / 05/31/2019</b>	210
---	--	-----

Certifications:Trauma Center Level III, Perinatal Level II

<b>GRAND STRAND MEDICAL CENTER</b> 809 82ND PKWY MYRTLE BEACH, SC 29572-4611 FAC.#:843-692-1000 SIMS MARK PH#: 813-692-1000 <b>Facility Email:</b> SHERRI.MOUNTAIN@HCAHEALTHCARE.COM <b>Licensed Beds: General: 325    Psychiatric: 20    Rehab: 24    Substance Abuse: 0</b> <b>Other Beds :        NICU: 0    Neonatal Special Care: 2</b>	Horry / Ltd. Liability 809 82ND PKWY MYRTLE BEACH, SC 29572-4611 GRAND STRAND REGIONAL MEDICAL CENTER LLC <b>HTL-0770 / 04/30/2019</b>	369
--	--	-----

Certifications:Trauma Center Level I, Perinatal Level II, JCAHO Accredited

<b>LIGHTHOUSE BEHAVIORAL HEALTH HOSPITAL</b> 152 WACCAMAW MEDICAL PARK DR CONWAY, SC 29526-8901 FAC.#:843-347-8871 RYBA TOM PH#: 843-347-8871 <b>Facility Email:</b> TOM.RYBA@UHSINC.COM <b>Licensed Beds: General: 0    Psychiatric: 69    Rehab: 0    Substance Abuse: 27</b> <b>Other Beds :        NICU: 0    Neonatal Special Care: 0</b>	Horry / Corporation 152 WACCAMAW MEDICAL PARK DR CONWAY, SC 29526-8901 HHC SOUTH CAROLINA INC <b>HTL-0898 / 01/31/2019</b>	96
--	--	----

Certifications:JCAHO Accredited

<b>MCLEOD LORIS</b> 3655 MITCHELL ST LORIS, SC 29569-2844 FAC.#:843-716-7000 VEHIGE MONICA PH#: 843-716-7000 <b>Facility Email:</b> MVEHIGE@MCLEODHEALTH.ORG <b>Licensed Beds: General: 105    Psychiatric: 0    Rehab: 0    Substance Abuse: 0</b> <b>Other Beds :        NICU: 0    Neonatal Special Care: 0</b>	Horry / Non-Profit Corporation PO BOX 690001 LORIS, SC 29569-9601 MCLEOD LORIS SEACOAST HOSPITAL <b>HTL-0033 / 01/31/2019</b>	105
--	---	-----

Certifications:Perinatal Level I, JCAHO Accredited

<b>MCLEOD SEACOAST</b> 4000 HWY 9 E LITTLE RIVER, SC 29566-7833 FAC.#:843-390-8100 VEHIGE MONICA PH#: 843-390-8100 <b>Facility Email:</b> MVEHIGE@MCLEODHEALTH.ORG <b>Licensed Beds: General: 50    Psychiatric: 0    Rehab: 0    Substance Abuse: 0</b> <b>Other Beds :        NICU: 0    Neonatal Special Care: 0</b>	Horry / Non-Profit Corporation PO BOX 690001 LORIS, SC 29569-9601 MCLEOD LORIS SEACOAST HOSPITAL <b>HTL-0910 / 01/31/2019</b>	50
---	---	----

Certifications:JCAHO Accredited

County: Horry

Facility Type: Hospital or Institutional General Infirmary

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

Totals For Facility/License Type: <u>Hospital or Institutional General Infirmary</u>	
Number of Activities/Facilities licensed: <u>5</u>	Number Licensed Units: <u>830</u>

Number of Activities/Facilities licensed in county of :	<u>Horry</u>	# Lics: <u>5</u>
	Number Licensed Units :	<u>830</u>

County: Jasper

Facility Type: Hospital or Institutional General Infirmary

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

COASTAL CAROLINA HOSPITAL 1000 MEDICAL CENTER DR HARDEEVILLE, SC 29927-3446 FAC.#:843-784-8181 TAYLOR JOEL C PH#: 843-784-8181 Facility Email: JOELC.TAYLOR@TENETHEALTH.COM	Jasper / Corporation 1000 MEDICAL CENTER DR HARDEEVILLE, SC 29927-3446 COASTAL CAROLINA MEDICAL CENTER INC HTL-0902 / 06/30/2019	41
---	--	----

Licensed Beds: General: 41 Psychiatric: 0 Rehab: 0 Substance Abuse: 0  
 Other Beds : NICU: 0 Neonatal Special Care: 0

Certifications: Perinatal Level I, JCAHO Accredited

Totals For Facility/License Type: <u>Hospital or Institutional General Infirmary</u>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>41</u>

Number of Activities/Facilities licensed in county of : <u>Jasper</u>	# Lics: <u>1</u>
	Number Licensed Units : <u>41</u>

County: Kershaw

Facility Type: Hospital or Institutional General Infirmary

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

<b>KERSHAWHEALTH</b> 1315 ROBERTS ST CAMDEN, SC 29020-3737 FAC.#:803-432-4311 GUNN TERRY J PH#: 843-432-4311	Kershaw / County 1315 ROBERTS ST CAMDEN, SC 29020-3798 KERSHAW HOSPITAL LLC HTL-0101 / 10/31/2018	121
---	---	-----

Facility Email: SHEHEEN@KERSHAWHEALTH.ORG

Licensed Beds: General: 121    Psychiatric: 0    Rehab: 0    Substance Abuse: 0  
 Other Beds :    NICU: 0    Neonatal Special Care: 0

Certifications: Perinatal Level I, JCAHO Accredited

Totals For Facility/License Type: <u>Hospital or Institutional General Infirmary</u>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>121</u>

Number of Activities/Facilities licensed in county of : <u>Kershaw</u>	# Lics: <u>1</u>
	Number Licensed Units : <u>121</u>

County: Lancaster

Facility Type: Hospital or Institutional General Infirmary

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

<b>REBOUND BEHAVIORAL HEALTH</b>	Lancaster / Limited Liability	42
134 E REBOUND RD	134 E REBOUND RD	
LANCASTER, SC 29720-7712 FAC.#:803-313-3700	LANCASTER, SC 29720-7712	
HAMILTON PATRICIA PH#: 803-313-3700	REBOUND BEHAVIORAL HEALTH LLC	
<b>Facility Email:</b> JAMES.WYDOCK@ACADIAHEALTHCARE.COM	<b>HTL-0912 / 10/31/2018</b>	
<b>Licensed Beds: General: 0 Psychiatric: 24 Rehab: 0 Substance Abuse: 18</b>		
<b>Other Beds : NICU: 0 Neonatal Special Care: 0</b>		

Certifications:JCAHO Accredited

<b>SPRINGS MEMORIAL HOSPITAL</b>	Lancaster / Corporation	211
800 W MEETING ST	800 W MEETING ST	
LANCASTER, SC 29720-2298 FAC.#:803-286-1481	LANCASTER, SC 29720-2298	
VAUGHAN PAGE PH#: 803-286-1214	LANCASTER HOSPITAL CORPORATION	
<b>Facility Email:</b> PAGE_VAUGHAN@CHS.NET	<b>HTL-0657 / 12/31/2018</b>	
<b>Licensed Beds: General: 199 Psychiatric: 12 Rehab: 0 Substance Abuse: 0</b>		
<b>Other Beds : NICU: 0 Neonatal Special Care: 4</b>		

Certifications:Abortions, Perinatal Level II, JCAHO Accredited

<b>Totals For Facility/License Type:</b> <u>Hospital or Institutional General Infirmary</u>	
<b>Number of Activities/Facilities licensed:</b> _____ 2	<b>Number Licensed Units:</b> _____ 253

<b>Number of Activities/Facilities licensed in county of :</b> _____ <u>Lancaster</u> _____	<b># Lics:</b> _____ 2
	<b>Number Licensed Units :</b> _____ 253

County: Laurens

Facility Type: Hospital or Institutional General Infirmery

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

GHS LAURENS COUNTY MEMORIAL HOSPITAL 22725 HWY 76 E CLINTON, SC 29325-7527 FAC.#:864-833-9151 BENFIELD JUSTIN PH#: 864-833-9100 Facility Email: PSAWICKI@GHS.ORG	Laurens / Corporation 300 E MCBEE AVE STE 402, 4TH FLOOR PLANNING DEPARTMENT GREENVILLE, SC 29601-2890 UPSTATE AFFILIATE ORGANIZATION HTL-0932 / 10/31/2018	76
--	--	----

Licensed Beds: General: 76    Psychiatric: 0    Rehab: 0    Substance Abuse: 0  
 Other Beds :    NICU: 0    Neonatal Special Care: 0

Certifications: Perinatal Level I, JCAHO Accredited

Totals For Facility/License Type: Hospital or Institutional General Infirmery  
 Number of Activities/Facilities licensed: 1    Number Licensed Units: 76

Number of Activities/Facilities licensed in county of :    Laurens    # Lics: 1  
 Number Licensed Units : 76



County: Lee

Facility Type: Hospital or Institutional General Infirmary

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

LEE CORRECTIONAL INSTITUTION INFIRMARY	Lee / State	20
1204 E CHURCH ST	PO BOX 210382	
BISHOPVILLE, SC 29010-2021 FAC.#:803-896-2400	COLUMBIA, SC 29221-0382	
BLACKWELL STEPPNAY PH#: 803-896-2400	SC DEPT OF CORRECTIONS	
Facility Email: ARDIS.JENNY@DOC.STATE.SC.US	HTL-0873 / 03/31/2019	
Licensed Beds: General: 20    Psychiatric: 0    Rehab: 0    Substance Abuse: 0		
Other Beds :        NICU: 0        Neonatal Special Care: 0		

Certifications:None

Totals For Facility/License Type: <u>Hospital or Institutional General Infirmary</u>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>20</u>

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

County: Lexington

Facility Type: Hospital or Institutional General Infirmery

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

<b>LEXINGTON MEDICAL CENTER</b> 2720 SUNSET BLVD WEST COLUMBIA, SC 29169-4810 FAC.#:803-791-2000 AUGSBURGER TOD PH#: 803-791-2000 Facility Email: TAUGSBURGER@LEXMED.COM	Lexington / Non-Profit Corporation 2720 SUNSET BLVD WEST COLUMBIA, SC 29169-4810 LEXINGTON COUNTY HEALTH SERVICES DISTRICT INC HTL-0500 / 03/31/2019	438
Licensed Beds: General: 438    Psychiatric: 0    Rehab: 0    Substance Abuse: 0 Other Beds :        NICU: 0    Neonatal Special Care: 20		

Certifications:Abortions, Trauma Center Level III, Perinatal Level II

<b>SOUTH CAROLINA VOCATIONAL REHABILITATION EVALUATION CENTER</b> 1400 BOSTON AVE WEST COLUMBIA, SC 29170-2138 FAC.#:803-896-6040 CATO ALISON PH#: Facility Email: ACATO@SCVRD.NET	Lexington / State 1400 BOSTON AVE WEST COLUMBIA, SC 29170-2138 SOUTH CAROLINA VOCATIONAL REHABILITATION DEPARTMENT HTL-0426 / 09/30/2018	30
Licensed Beds: General: 30    Psychiatric: 0    Rehab: 0    Substance Abuse: 0 Other Beds :        NICU: 0    Neonatal Special Care: 0		

Certifications:None

<b>THREE RIVERS BEHAVIORAL HEALTH</b> 2900 SUNSET BLVD WEST COLUMBIA, SC 29169-3422 FAC.#:803-796-9911 MCGEE KEVIN PH#: 803-796-9911 Facility Email: KEVIN.MCGEE@UHSINC.COM	Lexington / Limited Liability 2900 SUNSET BLVD WEST COLUMBIA, SC 29169-3422 THREE RIVERS BEHAVIORAL HEALTH LLC HTL-0808 / 10/31/2018	122
Licensed Beds: General: 0    Psychiatric: 105    Rehab: 0    Substance Abuse: 17 Other Beds :        NICU: 0    Neonatal Special Care: 0		

Certifications:JCAHO Accredited

Totals For Facility/License Type: <u>Hospital or Institutional General Infirmery</u>	
Number of Activities/Facilities licensed: _____ 3	Number Licensed Units: _____ 590

Number of Activities/Facilities licensed in county of : <u>Lexington</u> # Lics: _____ 3
Number Licensed Units : _____ 590

County: Marion

Facility Type: Hospital or Institutional General Infirmary

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

CAROLINAS HOSPITAL SYSTEM-MARION 2829 E HWY 76 MULLINS, SC 29574-6035 FAC.#:843-431-2000 PH#:	Marion / Corporation PO BOX 1150 MARION, SC 29571-1150 QHG OF SOUTH CAROLINA INC HTL-0827 / 07/31/2018 (Renewal Pending)	124
Facility Email: STWIGG@CAROLINASHOSPITAL.COM		
Licensed Beds: General: 124    Psychiatric: 0    Rehab: 0    Substance Abuse: 0		
Other Beds :    NICU: 0    Neonatal Special Care: 0		

Certifications: Swing Bed Unit(s), JCAHO Accredited

Totals For Facility/License Type: <u>Hospital or Institutional General Infirmary</u>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>124</u>

Number of Activities/Facilities licensed in county of : <u>Marion</u>	# Lics: <u>1</u>
	Number Licensed Units : <u>124</u>

County: Newberry

Facility Type: Hospital or Institutional General Infirmary

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

NEWBERRY COUNTY MEMORIAL HOSPITAL 2669 KINARD ST NEWBERRY, SC 29108-2932 FAC.#:803-276-7570 BALDWIN BRUCE PH#: 803-276-7570 Facility Email: EMILY.METTS@NEWBERRYHOSPITAL.NET	Newberry / County PO BOX 497 NEWBERRY, SC 29108-0497 NEWBERRY COUNTY MEMORIAL HOSPITAL BOARD HTL-0015 / 01/31/2019	90
Licensed Beds: General: 90    Psychiatric: 0    Rehab: 0    Substance Abuse: 0 Other Beds :    NICU: 0    Neonatal Special Care: 0		

Certifications: Swing Bed Unit(s), Perinatal Level I, JCAHO Accredited

Totals For Facility/License Type: Hospital or Institutional General Infirmary

Number of Activities/Facilities licensed: 1      Number Licensed Units: 90

Number of Activities/Facilities licensed in county of :      Newberry      # Lics: 1  
 Number Licensed Units : 90

County: Oconee

Facility Type: Hospital or Institutional General Infirmary

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
GHS OCONEE MEMORIAL HOSPITAL 298 MEMORIAL DR SENECA, SC 29672-9443 FAC.#:864-482-3100 KOME HUNTER PH#: 864-482-3100 Facility Email: NSALLY@GHS.ORG	Oconee / Corporation 298 MEMORIAL DR SENECA, SC 29672 UPSTATE AFFILIATE ORGANIZATION HTL-0937 / 10/31/2018	169
Licensed Beds: General: 169    Psychiatric: 0    Rehab: 0    Substance Abuse: 0 Other Beds :    NICU: 0    Neonatal Special Care: 0		
Certifications: Abortions, Perinatal Level I, JCAHO Accredited		

Totals For Facility/License Type: <u>Hospital or Institutional General Infirmary</u>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>169</u>

Number of Activities/Facilities licensed in county of :	<u>Oconee</u>	# Lics: <u>1</u>
	Number Licensed Units :	<u>169</u>

County: Orangeburg

Facility Type: Hospital or Institutional General Infirmary

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
REGIONAL MEDICAL CENTER OF ORANGEBURG & CALHOUN COUNTIES 3000 SAINT MATTHEWS RD ORANGEBURG, SC 29118-1496 FAC.#:803-395-2454 WILLIAMS CHARLES PH#: 803-395-2454 Facility Email: KCRHOAD@REGMED.COM	Orangeburg / County 3000 SAINT MATTHEWS RD ORANGEBURG, SC 29118-1496 REGIONAL MEDICAL CENTER OF ORANGEBURG & CALHOUN COUNTY (BOARD) HTL-0046 / 05/31/2019	286
Licensed Beds: General: 247    Psychiatric: 15    Rehab: 24    Substance Abuse: 0 Other Beds :    NICU: 0    Neonatal Special Care: 10		

Certifications: Trauma Center Level III, Perinatal Level II, JCAHO Accredited

WILLIAM J MCCORD ADOLESCENT TREATMENT FACILITY 910 COOK RD ORANGEBURG, SC 29118-2124 FAC.#:803-534-2328 DENNIS MIKE PH#: Facility Email: MDENNIS@TCCADA.STATE.SC.US	Orangeburg / County PO BOX 1166 ORANGEBURG, SC 29116-1166 TRI-COUNTY COMMISSION ON ALCOHOL AND DRUG ABUSE HTL-0619 / 10/31/2018	15
Licensed Beds: General: 0    Psychiatric: 15    Rehab: 0    Substance Abuse: 0 Other Beds :    NICU: 0    Neonatal Special Care: 0		

Certifications: JCAHO Accredited

Totals For Facility/License Type: <u>Hospital or Institutional General Infirmary</u>	
Number of Activities/Facilities licensed: <u>2</u>	Number Licensed Units: <u>301</u>

Number of Activities/Facilities licensed in county of : <u>Orangeburg</u>	# Lics: <u>2</u>
	Number Licensed Units : <u>301</u>

County: Pickens

Facility Type: Hospital or Institutional General Infirmary

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
ANMED HEALTH CANNON 123 WG ACKER DR PICKENS, SC 29671-2739 FAC.#:864-878-4791 PH#:	Pickens / Non-Profit Corporation 123 WG ACKER DR PICKENS, SC 29671-2739 CANNON MEMORIAL HOSPITAL INC	55
Facility Email: PABERCROMBIE@ANMEDHEALTHCANNON.ORG	HTL-0076 / 06/30/2019	
Licensed Beds: General: 55    Psychiatric: 0    Rehab: 0    Substance Abuse: 0		
Other Beds :        NICU: 0    Neonatal Special Care: 0		

Certifications:None

BAPTIST EASLEY HOSPITAL 200 FLEETWOOD DR EASLEY, SC 29640-2099 FAC.#:864-442-7606 WALKER TODD PH#: 864-442-7606	Pickens / Non-Profit Corporation PO BOX 2129 EASLEY, SC 29641-2129 BAPTIST EASLEY HOSPITAL (NPC)	109
Facility Email: JANEAN.GILES@BAPTISTEASLEY.ORG	HTL-0743 / 09/30/2018	
Licensed Beds: General: 109    Psychiatric: 0    Rehab: 0    Substance Abuse: 0		
Other Beds :        NICU: 0    Neonatal Special Care: 4		

Certifications:Perinatal Level I, JCAHO Accredited

<b>Totals For Facility/License Type:<u>Hospital or Institutional General Infirmary</u></b>	
Number of Activities/Facilities licensed: _____	2      Number Licensed Units: _____
164	
Number of Activities/Facilities licensed in county of : <u>Pickens</u>	# Lics: _____
2	
Number Licensed Units : _____	
164	

County: Richland

Facility Type: Hospital or Institutional General Infirmery

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

CONTINUECARE HOSPITAL AT PALMETTO HEALTH BAPTIST TAYLOR AT MARION ST COLUMBIA, SC 29220 FAC.#:803-296-3126 HARLAN THOMAS PH#: 803-296-3757 Facility Email: LBONEY@COMMUNITYHOSPITALCORP.COM	Richland / Corporation TAYLOR AT MARION ST S COLUMBIA, SC 29220 CONTINUECARE HOSPITAL AT PALMETTO HEALTH BAPTIST INC HTL-0939 / 08/31/2018	35
---	---	----

Licensed Beds: General: 35 Psychiatric: 0 Rehab: 0 Substance Abuse: 0  
 Other Beds : NICU: 0 Neonatal Special Care: 0

Certifications:None

CORRECT CARE OF SOUTH CAROLINA 7901 FARROW RD COLUMBIA, SC 29203-3220 FAC.#:803-935-0505 LAWRENZ JR RONALD R PH#: 803-935-0505 Facility Email: RLAWRENZ@CORRECTCARERS.COM	Richland / Limited Liability CORRECT CARE OF SOUTH CAROLINA HTL-0756 / 09/30/2018	145
---	---	-----

Licensed Beds: General: 145 Psychiatric: 0 Rehab: 0 Substance Abuse: 0  
 Other Beds : NICU: 0 Neonatal Special Care: 0

Certifications:None

G WERBER BRYAN PSYCHIATRIC HOSPITAL 220 FAISON DR COLUMBIA, SC 29203-3210 FAC.#:803-935-7143 SHIELDS STUART PH#: Facility Email: STUART.SHIELDS@SCDMH.ORG	Richland / State 220 FAISON DR COLUMBIA, SC 29203-3210 SC DEPARTMENT OF MENTAL HEALTH HTL-0515 / 02/28/2019	530
---	---	-----

Licensed Beds: General: 0 Psychiatric: 530 Rehab: 0 Substance Abuse: 0  
 Other Beds : NICU: 0 Neonatal Special Care: 0

Certifications:JCAHO Accredited

GILLIAM PSYCHIATRIC HOSPITAL 4344 BROAD RIVER RD COLUMBIA, SC 29210-4010 FAC.#:803-896-2271 DRAKE JAMES STONEY PH#: 803-896-2271 Facility Email: DRAKE.JAMES@DOC.STATE.SC.US	Richland / State 4344 BROAD RIVER RD COLUMBIA, SC 29210-4010 SC DEPT OF CORRECTIONS HTL-0431 / 10/31/2018	87
--	---	----

Licensed Beds: General: 0 Psychiatric: 87 Rehab: 0 Substance Abuse: 0  
 Other Beds : NICU: 0 Neonatal Special Care: 0

Certifications:None



County: Richland

**Facility Type: Hospital or Institutional General Infirmary**

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
<b>HEALTHSOUTH REHABILITATION HOSPITAL OF COLUMBIA</b>		
2935 COLONIAL DR COLUMBIA, SC 29203-6811 FAC.#:803-254-7777 DAUGHTRY CHRIS PH#: 803-254-7777 Facility Email: JESSICA.BURRIS@HEALTHSOUTH.COM	Richland / Corporation 2935 COLONIAL DR COLUMBIA, SC 29203-6811 HEALTHSOUTH OF SOUTH CAROLINA INC HTL-0504 / 01/31/2019	96
<b>Licensed Beds: General: 0 Psychiatric: 0 Rehab: 96 Substance Abuse: 0</b> <b>Other Beds : NICU: 0 Neonatal Special Care: 0</b>		
<b>Certifications:JCAHO Accredited</b>		
<b>KIRKLAND CORRECTIONAL INSTITUTION INFIRMARY</b>		
4344 BROAD RIVER RD COLUMBIA, SC 29210-4010 FAC.#:803-896-8567 MULLINS DANIEL PH#: 803-896-8567 Facility Email: ARDIS.JENNY@DOC.STATE.SC.US	Richland / State PO BOX 21787 COLUMBIA, SC 29221-1787 SC DEPT OF CORRECTIONS HTL-0385 / 10/31/2018	24
<b>Licensed Beds: General: 24 Psychiatric: 0 Rehab: 0 Substance Abuse: 0</b> <b>Other Beds : NICU: 0 Neonatal Special Care: 0</b>		
<b>Certifications:None</b>		
<b>MORRIS VILLAGE</b>		
610 FAISON DR COLUMBIA, SC 29203-3218 FAC.#:803-935-7100 MCCONNELL GEORGE PH#: 803-935-7100 Facility Email: GEORGE.MCCONNELL@SCDMH.ORG	Richland / State 610 FAISON DR COLUMBIA, SC 29203-3218 SC DEPARTMENT OF MENTAL HEALTH HTL-0516 / 05/31/2019	174
<b>Licensed Beds: General: 11 Psychiatric: 0 Rehab: 0 Substance Abuse: 163</b> <b>Other Beds : NICU: 0 Neonatal Special Care: 0</b>		
<b>Certifications:None</b>		
<b>PALMETTO HEALTH BAPTIST</b>		
TAYLOR ST AT MARION ST COLUMBIA, SC 29220 FAC.#:803-296-5010 GATTMAN GREGORY B PH#: 803-296-5010 Facility Email: MICHELLE.HALLMAN@PALMETTOHEALTH.ORG	Richland / Non-Profit Corporation 1330 TAYLOR ST COLUMBIA, SC 29201-2943 PALMETTO HEALTH HTL-0739 / 02/28/2019	352
<b>Licensed Beds: General: 287 Psychiatric: 55 Rehab: 0 Substance Abuse: 10</b> <b>Other Beds : NICU: 8 Neonatal Special Care: 22</b>		
<b>Certifications:Abortions, Perinatal Level III, JCAHO Accredited</b>		
<b>PALMETTO HEALTH BAPTIST PARKRIDGE</b>		
400 PALMETTO HEALTH PKWY COLUMBIA, SC 29212-1760 FAC.#:803-907-7011 KEENE EMILIE PH#: 803-907-7011 Facility Email: KIMBERLEY.MINTON@PALMETTOHEALTH.ORG	Richland / Non-Profit Corporation 400 PALMETTO HEALTH PKWY COLUMBIA, SC 29212-1760 PALMETTO HEALTH HTL-0913 / 03/31/2019	76
<b>Licensed Beds: General: 76 Psychiatric: 0 Rehab: 0 Substance Abuse: 0</b> <b>Other Beds : NICU: 0 Neonatal Special Care: 0</b>		
<b>Certifications:Abortions, Perinatal Level I, JCAHO Accredited</b>		

County: Richland

Facility Type: Hospital or Institutional General Infirmary

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

<b>PALMETTO HEALTH RICHLAND</b>	Richland / Non-Profit Corporation	641
5 RICHLAND MEDICAL PARK DR	1330 TAYLOR ST	
COLUMBIA, SC 29203-6897 FAC.#:803-434-7000	COLUMBIA, SC 29201-2943	
HAM JAY PH#:	PALMETTO HEALTH	
<b>Facility Email:</b> SONJA.MURPHY@PALMETTOHEALTH.ORG	<b>HTL-0741 / 02/28/2019</b>	
<b>Licensed Beds: General: 579    Psychiatric: 52    Rehab: 0    Substance Abuse: 10</b>		
<b>Other Beds :        NICU: 31    Neonatal Special Care: 38</b>		

Certifications:Abortions, Trauma Center Level I, Perinatal Level III Regional, JCAHO Accredited

<b>PROVIDENCE HEALTH</b>	Richland / Limited Liability	258
2435 FOREST DR	2435 FOREST DR	
COLUMBIA, SC 29204-2098 FAC.#:803-256-5300	COLUMBIA, SC 29204	
CAMPBELL C SCOTT PH#: 803-256-5300	PROVIDENCE HOSPITAL LLC	
<b>Facility Email:</b> JOE.BERNARD@PROVIDENCEHOSPITALS.COM	<b>HTL-0928 / 02/28/2019</b>	
<b>Licensed Beds: General: 258    Psychiatric: 0    Rehab: 0    Substance Abuse: 0</b>		
<b>Other Beds :        NICU: 0    Neonatal Special Care: 0</b>		

Certifications:JCAHO Accredited

<b>PROVIDENCE HEALTH - NORTHEAST</b>	Richland / Limited Liability	74
120 GATEWAY CORPORATE BLVD	120 GATEWAY CORPORATE BLVD	
COLUMBIA, SC 29203-9611 FAC.#:803-865-4500	COLUMBIA, SC 29203-9611	
CAMPBELL C SCOTT PH#: 803-865-4500	PROVIDENCE HOSPITAL LLC	
<b>Facility Email:</b> JOE.BERNARD@PROVIDENCEHOSPITALS.COM	<b>HTL-0929 / 02/28/2019</b>	
<b>Licensed Beds: General: 74    Psychiatric: 0    Rehab: 0    Substance Abuse: 0</b>		
<b>Other Beds :        NICU: 0    Neonatal Special Care: 0</b>		

Certifications:JCAHO Accredited

<b>WILLOW LANE INFIRMARY</b>	Richland / State	8
4650 BROAD RIVER RD	4650 BROAD RIVER RD	
COLUMBIA, SC 29210-4016 FAC.#:803-896-9461	COLUMBIA, SC 29210-4016	
TAVELLA PATRICK A PH#: 803-896-9461	SC DEPARTMENT OF JUVENILE JUSTICE	
<b>Facility Email:</b> PATAVE@SCDJJ.NET	<b>HTL-0274 / 06/30/2019</b>	
<b>Licensed Beds: General: 8    Psychiatric: 0    Rehab: 0    Substance Abuse: 0</b>		
<b>Other Beds :        NICU: 0    Neonatal Special Care: 0</b>		

Certifications:None

<b>Totals For Facility/License Type: <u>Hospital or Institutional General Infirmary</u></b>	
Number of Activities/Facilities licensed: <u>13</u>	Number Licensed Units: <u>2,500</u>

Number of Activities/Facilities licensed in county of : <u>Richland</u>	# Lics: <u>13</u>
	Number Licensed Units : <u>2,500</u>

County: Spartanburg

Facility Type: Hospital or Institutional General Infirmary

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

<p><b>CHILDREN'S HABILITATION CENTER</b>                  355 CEDAR SPRINGS RD                  SPARTANBURG, SC 29302-4699 FAC.#:864-577-7803                  MADISON JOLENE PH#: 864-577-7803  <b>Facility Email:</b> JMADISON@SCSDB.ORG</p>	<p>Spartanburg / State                   SC SCHOOL FOR THE DEAF AND THE BLIND  <b>HTL-0449 / 06/30/2019</b></p>	<p>3</p>
<p><b>Licensed Beds: General: 3 Psychiatric: 0 Rehab: 0 Substance Abuse: 0</b>  <b>Other Beds : NICU: 0 Neonatal Special Care: 0</b></p>		

Certifications:None

<p><b>MARY BLACK HEALTH SYSTEM - SPARTANBURG</b>                  1700 SKYLYN DR                  SPARTANBURG, SC 29307-1061 FAC.#:864-573-3034                  PH#:  <b>Facility Email:</b> AMANDA.THOMPSON@MARYBLACK.ORG</p>	<p>Spartanburg / Ltd. Liability                  PO BOX 3217                  SPARTANBURG, SC 29304-3217                  MARY BLACK HEALTH SYSTEM LLC  <b>HTL-0704 / 07/31/2019</b></p>	<p>207</p>
<p><b>Licensed Beds: General: 174 Psychiatric: 15 Rehab: 18 Substance Abuse: 0</b>  <b>Other Beds : NICU: 0 Neonatal Special Care: 10</b></p>		

Certifications:Perinatal Level II, JCAHO Accredited

<p><b>PELHAM MEDICAL CENTER</b>                  250 WESTMORELAND RD                  GREER, SC 29651-9013 FAC.#:864-530-2366                  KOUSKOLEKAS ANTHONY T PH#:  <b>Facility Email:</b> AKOUSKOLEKAS@SRHS.COM</p>	<p>Spartanburg / District                  250 WESTMORELAND RD                  GREER, SC 29651-9013                  SPARTANBURG REGIONAL HEALTH SERVICES DISTRICT                  INC  <b>HTL-0905 / 09/30/2018</b></p>	<p>48</p>
<p><b>Licensed Beds: General: 48 Psychiatric: 0 Rehab: 0 Substance Abuse: 0</b>  <b>Other Beds : NICU: 0 Neonatal Special Care: 0</b></p>		

Certifications:Abortions

<p><b>SPARTANBURG HOSPITAL FOR RESTORATIVE CARE</b>                  389 SERPENTINE DR                  SPARTANBURG, SC 29303-3074 FAC.#:864-560-3263                  BUTLER ANITA M PH#: 864-560-3235  <b>Facility Email:</b> ABUTLER@SRHS.COM</p>	<p>Spartanburg / District                  389 SERPENTINE DR                  SPARTANBURG, SC 29303-3074                  SPARTANBURG REGIONAL HEALTH SERVICES DISTRICT                  INC  <b>HTL-0685 / 08/31/2018</b></p>	<p>97</p>
<p><b>Licensed Beds: General: 97 Psychiatric: 0 Rehab: 0 Substance Abuse: 0</b>  <b>Other Beds : NICU: 0 Neonatal Special Care: 0</b></p>		

Certifications:None

County: Spartanburg

Facility Type: Hospital or Institutional General Infirmary

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

SPARTANBURG MEDICAL CENTER 101 E WOOD ST SPARTANBURG, SC 29303-3072 FAC.#:864-560-6000 FEISAL JAMES P PH#: 864-560-6000 Facility Email: JPFESAL@SRHS.COM	Spartanburg / District 101 E WOOD ST SPARTANBURG, SC 29303-3072 SPARTANBURG REGIONAL HEALTH SERVICES DISTRICT INC HTL-0125 / 03/31/2019	540
--	--	-----

Licensed Beds: General: 484 Psychiatric: 56 Rehab: 0 Substance Abuse: 0  
Other Beds : NICU: 13 Neonatal Special Care: 22

Certifications: Trauma Center Level I, Perinatal Level III Regional

SPARTANBURG REHABILITATION INSTITUTE 160 HAROLD FLEMING CT SPARTANBURG, SC 29303-4226 FAC.#:864-594-9600 SCHULZ RICHARD W PH#: 864-594-9600 Facility Email: RICHARDSCHULZ@ERNESTHEALTH.COM	Spartanburg / Corporation 160 HAROLD FLEMING CT SPARTANBURG, SC 29303-4226 SPARTANBURG REHABILITATION INSTITUTE INC HTL-0911 / 08/31/2018	40
--	---	----

Licensed Beds: General: 0 Psychiatric: 0 Rehab: 40 Substance Abuse: 0  
Other Beds : NICU: 0 Neonatal Special Care: 0

Certifications: JCAHO Accredited

Totals For Facility/License Type: <u>Hospital or Institutional General Infirmary</u>	
Number of Activities/Facilities licensed: <u>6</u>	Number Licensed Units: <u>935</u>

Number of Activities/Facilities licensed in county of : <u>Spartanburg</u>	# Lics: <u>6</u>
	Number Licensed Units : <u>935</u>

County: Sumter

Facility Type: Hospital or Institutional General Infirmary

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

PALMETTO HEALTH TUOMEY 129 N WASHINGTON ST SUMTER, SC 29150-4983 FAC.#:803-774-9000 LOGAN-OWENS MICHELLE PH#: 803-774-8601	Sumter / 129 N WASHINGTON ST SUMTER, SC 29150-4983 PALMETTO HEALTH TUOMEY HTL-0927 / 12/31/2018	283
---	---	-----

Facility Email: MICHELLE.OWENS@PALMETTOHEALTH.ORG

Licensed Beds: General: 283    Psychiatric: 0    Rehab: 0    Substance Abuse: 0  
 Other Beds :    NICU: 0    Neonatal Special Care: 22

Certifications: Perinatal Level II, JCAHO Accredited

Totals For Facility/License Type: Hospital or Institutional General Infirmary

Number of Activities/Facilities licensed: 1      Number Licensed Units: 283

Number of Activities/Facilities licensed in county of :      Sumter      # Lics: 1  
 Number Licensed Units : 283

County: Union

Facility Type: Hospital or Institutional General Infirmary

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

UNION MEDICAL CENTER 322 W SOUTH ST UNION, SC 29379-2839 FAC.#:864-301-2000 NEWHOUSE PAUL R PH#: 864-301-2601 Facility Email: PNEWHOUSE@SRHS.COM	Union / District 322 W SOUTH ST UNION, SC 29379-2839 SPARTANBURG REGIONAL HEALTH SERVICES DISTRICT INC HTL-0017 / 07/31/2019	143
--	---	-----

Licensed Beds: General: 143    Psychiatric: 0    Rehab: 0    Substance Abuse: 0  
Other Beds :    NICU: 0    Neonatal Special Care: 0

Certifications: Swing Bed Unit(s)

Totals For Facility/License Type: <u>Hospital or Institutional General Infirmary</u>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>143</u>

Number of Activities/Facilities licensed in county of : <u>Union</u>	# Lics: <u>1</u>
	Number Licensed Units : <u>143</u>

County: Williamsburg

Facility Type: Hospital or Institutional General Infirmary

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

WILLIAMSBURG REGIONAL HOSPITAL	Williamsburg / Non-Profit Corporation	25
500 NELSON BLVD	PO BOX 568	
KINGSTREE, SC 29556-4027 FAC.#:843-355-8888	KINGSTREE, SC 29556-0568	
POSTON SHARON PH#: 843-355-8888	WILLIAMSBURG REGIONAL HOSPITAL INC	
Facility Email: SPOSTON@WMBGRH.COM	HTL-0841 / 10/31/2018	
Licensed Beds: General: 25    Psychiatric: 0    Rehab: 0    Substance Abuse: 0		
Other Beds :    NICU: 0    Neonatal Special Care: 0		

Certifications: Swing Bed Unit(s), JCAHO Accredited, Critical Access Hospital

Totals For Facility/License Type: <u>Hospital or Institutional General Infirmary</u>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>25</u>

Number of Activities/Facilities licensed in county of : <u>Williamsburg</u>	# Lics: <u>1</u>
	Number Licensed Units : <u>25</u>

County: York

Facility Type: Hospital or Institutional General Infirmary

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

<b>HEALTHSOUTH REHABILITATION HOSPITAL OF ROCK HILL</b>	York / Ltd. Liability	50
1795 DR FRANK GASTON BLVD	1795 DR FRANK GASTON BLVD	
ROCK HILL, SC 29732-1190 FAC.#:803-326-3500	ROCK HILL, SC 29732-1190	
MARTIN DEANNA PH#: 803-326-3500	PIEDMONT HEALTHSOUTH REHABILITATION LLC	
<b>Facility Email:</b> EMILCE.LAWSON@HEALTHSOUTH.COM	<b>HTL-0791 / 03/31/2019</b>	
<b>Licensed Beds: General: 0 Psychiatric: 0 Rehab: 50 Substance Abuse: 0</b>		
<b>Other Beds : NICU: 0 Neonatal Special Care: 0</b>		

Certifications:JCAHO Accredited

<b>PIEDMONT MEDICAL CENTER</b>	York / Corporation	288
222 S HERLONG AVE	222 S HERLONG AVE	
ROCK HILL, SC 29732-1158 FAC.#:803-329-1234	ROCK HILL, SC 29732-1158	
NOSACKA MARK PH#: 803-329-6829	AMISUB OF SOUTH CAROLINA INC	
<b>Facility Email:</b> MARK.NOSACKA@TENETHEALTH.COM	<b>HTL-0417 / 01/31/2019</b>	
<b>Licensed Beds: General: 268 Psychiatric: 20 Rehab: 0 Substance Abuse: 0</b>		
<b>Other Beds : NICU: 5 Neonatal Special Care: 7</b>		

Certifications:Abortions, Trauma Center Level III, Perinatal Level III, JCAHO Accredited

<b>Totals For Facility/License Type:</b> <u>Hospital or Institutional General Infirmary</u>	
Number of Activities/Facilities licensed: <u>2</u>	Number Licensed Units: <u>338</u>

Number of Activities/Facilities licensed in county of : <u>York</u>	# Lics: <u>2</u>
	Number Licensed Units : <u>338</u>

Report Totals

Total Number of Activities/Facilities licensed: 102 Total Number Licensed Units: 14,901