

County: Aiken

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
DUPONT I HABILITATION CENTER 127 DUPONT DR AIKEN, SC 29801 FAC.#:803-642-8800 HALL MICHAEL B PH#: 803-642-8800 Facility Email: MHALL@AIKENTDC.ORG	Aiken / State PO BOX 4706, DDSN C/O RUFUS BRITT COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0141 / 07/31/2018 (Renewal Pending)	8
DUPONT II HABILITATION CENTER 129 DUPONT DR AIKEN, SC 29801 FAC.#:803-642-8800 HALL MICHAEL B PH#: 803-642-8800 Facility Email: MHALL@AIKENTDC.ORG	Aiken / State PO BOX 4706, DDSN C/O RUFUS BRITT COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0142 / 07/31/2019	8
LAURENS STREET ICF/IID 728 LAURENS ST NW AIKEN, SC 29801 FAC.#:803-642-1042 HALL MICHAEL B PH#: 803-642-1042 Facility Email: MHALL@AIKENTDC.ORG	Aiken / State PO BOX 4706, DDSN C/O RUFUS BRITT COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0207 / 06/30/2019	8
LINDEN STREET ICF/IID 136 LINDEN ST AIKEN, SC 29801-3759 FAC.#:803-642-1053 HALL MICHAEL B PH#: 803-642-1053 Facility Email: MHALL@AIKENTDC.ORG	Aiken / State PO BOX 4706, DDSN C/O RUFUS BRITT COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0209 / 06/30/2019	8

Totals For Facility/License Type: <u>Habilitation R15</u>	
Number of Activities/Facilities licensed: <u>4</u>	Number Licensed Units: <u>32</u>

Number of Activities/Facilities licensed in county of : <u>Aiken</u>	# Lics: <u>4</u>
	Number Licensed Units : <u>32</u>

County: Barnwell

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
ACADEMY STREET COMMUNITY RESIDENCE 241 ACADEMY ST WILLISTON, SC 29853 FAC.#:803-259-7472 WASHINGTON MARY L PH#: 803-259-7472 Facility Email: MLWABCDSNB@YAHOO.COM	Barnwell / State PO BOX 4706, DDSN C/O RUFUS BRITT COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0177 / 06/30/2019	8
HARLEY ROAD COMMUNITY RESIDENCE 226 HARLEY RD WILLISTON, SC 29853 FAC.#:803-259-7472 WASHINGTON MARY L PH#: 803-259-7472 Facility Email: MLWABCDSNB@YAHOO.COM	Barnwell / State PO BOX 4706, DDSN C/O RUFUS BRITT COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0198 / 06/30/2019	8
LEMON PARK COMMUNITY RESIDENCE 95 LEMON PARK DR BARNWELL, SC 29812 FAC.#:803-259-7472 WASHINGTON MARY L PH#: 803-259-7472 Facility Email: MLWABCDSNB@YAHOO.COM	Barnwell / State PO BOX 4706, DDSN C/O RUFUS BRITT COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0208 / 06/30/2018 (Renewal Pending)	8

Totals For Facility/License Type: <u>Habilitation R15</u>	
Number of Activities/Facilities licensed: _____ 3	Number Licensed Units: _____ 24

Number of Activities/Facilities licensed in county of : _____ <u>Barnwell</u>	# Lics: _____ 3
	Number Licensed Units : _____ 24

County: Berkeley

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
CONIFER I COMMUNITY RESIDENCE 110 RESINWOOD DR MONCKS CORNER, SC 29461 FAC.#:843-761-0300 WILSON SUSAN PH#: 843-761-0300 Facility Email: ASHOOK@BCISERVICES.ORG	Berkeley / State PO BOX 4706, DDSN C/O RUFUS BRITT COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0119 / 05/31/2019	8
CONIFER II COMMUNITY RESIDENCE 114 RESINWOOD DR MONCKS CORNER, SC 29461 FAC.#:843-761-0300 WILSON SUSAN PH#: 843-761-0300 Facility Email: ASHOOK@BCISERVICES.ORG	Berkeley / State PO BOX 4706, DDSN C/O RUFUS BRITT COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0120 / 05/31/2019	8

Totals For Facility/License Type: <u>Habilitation R15</u>	
Number of Activities/Facilities licensed: <u>2</u>	Number Licensed Units: <u>16</u>

Number of Activities/Facilities licensed in county of : <u>Berkeley</u>	# Lics: <u>2</u>
	Number Licensed Units : <u>16</u>

County: Calhoun

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
FLORENCE GRESSETTE RESIDENCE 402 MILLIGAN CIR SAINT MATTHEWS, SC 29135-9422 FAC.#:803-874-2664 MOSS R PIKE PH#: 803-874-2664 Facility Email: PMOSS@CALHOUNSNB.ORG	Calhoun / State PO BOX 4706, DDSN C/O RUFUS BRITT COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0196 / 06/30/2019	8
WYLIE BRUNSON RESIDENCE 88 SUNFLOWER RD SAINT MATTHEWS, SC 29135-8423 FAC.#:803-874-2664 MOSS PIKE PH#: 803-874-2664 Facility Email: PMOSS@CALHOUNSNB.ORG	Calhoun / State PO BOX 4706, DDSN C/O RUFUS BRITT COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0228 / 06/30/2019	8

Totals For Facility/License Type: <u>Habilitation R15</u>	
Number of Activities/Facilities licensed: <u>2</u>	Number Licensed Units: <u>16</u>

Number of Activities/Facilities licensed in county of :	<u>Calhoun</u>	# Lics: <u>2</u>
	Number Licensed Units :	<u>16</u>

County: Charleston

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
DILLS BLUFF COMMUNITY RESIDENCE 936 DILLS BLUFF RD CHARLESTON, SC 29412-5316 FAC.#:843-805-5800 TURNER EVELYN ASH PH#: 843-805-5800 Facility Email: ETURNER@DSNCC.COM	Charleston / State PO BOX 4706, DDSN C/O DAVID GOODELL COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0131 / 10/31/2018	8

Totals For Facility/License Type: <u>Habilitation R15</u>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>8</u>

Number of Activities/Facilities licensed in county of : <u>Charleston</u>	# Lics: <u>1</u>
	Number Licensed Units : <u>8</u>

County: Cherokee

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
J CLAUDE FORT COMMUNITY RESIDENCE BUILDING I 816 W MONTGOMERY ST GAFFNEY, SC 29341-1753 FAC.#:864-649-2306 GRAY CHARLIE PH#: 864-649-2306 Facility Email: CGRAY@CHEROKEEDSNB.ORG	Cherokee / State PO BOX 4706, DDSN C/O RUFUS BRITT COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0091 / 11/30/2018	8
J CLAUDE FORT COMMUNITY RESIDENCE BUILDING II 818 W MONTGOMERY ST GAFFNEY, SC 29341-1753 FAC.#:864-649-2306 GRAY CHARLIE PH#: 864-649-2306 Facility Email: CGRAY@CHEROKEEDSNB.ORG	Cherokee / State PO BOX 4706, DDSN C/O RUFUS BRITT COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0092 / 11/30/2018	8

Totals For Facility/License Type: <u>Habilitation R15</u>	
Number of Activities/Facilities licensed: <u>2</u>	Number Licensed Units: <u>16</u>

Number of Activities/Facilities licensed in county of : <u>Cherokee</u>	# Lics: <u>2</u>
	Number Licensed Units : <u>16</u>

County: Darlington

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
JOHN A REAGAN RESIDENCE 1100 E CAROLINA AVE HARTSVILLE, SC 29550 FAC.#:843-332-7252 BLOCKER RUTH PH#: 843-332-7252 Facility Email: RBLOCKER@DCDSNB.ORG	Darlington / State PO BOX 4706, DDSN C/O RUFUS BRITT COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0204 / 06/30/2019	8
WILLIAM W BOWEN RESIDENCE 1045 STONERIDGE AVE HARTSVILLE, SC 29550 FAC.#:843-332-7252 BLOCKER RUTH PH#: 843-332-7252 Facility Email: RBLOCKER@DCDSNB.ORG	Darlington / State PO BOX 4706, DDSN C/O RUFUS BRITT COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0224 / 06/30/2019	8

Totals For Facility/License Type: <u>Habilitation R15</u>	
Number of Activities/Facilities licensed: <u>2</u>	Number Licensed Units: <u>16</u>

Number of Activities/Facilities licensed in county of : <u>Darlington</u>	# Lics: <u>2</u>
	Number Licensed Units : <u>16</u>

County: **Dorchester**

Facility Type: **Habilitation R15**

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
PARSONS I GROUP HOME 711 PARSONS RD SUMMERVILLE, SC 29483-3359 FAC.#:843-827-2877 OLDS CHRISTA PH#: 843-827-2877 Facility Email: CHRISTA.OLDS@DORCHESTERDSNB.ORG	Dorchester / State PO BOX 4706, DDSN C/O RUFUS BRITT COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0215 / 06/30/2019	8
PARSONS II GROUP HOME 707 PARSONS RD SUMMERVILLE, SC 29483-3359 FAC.#:843-827-2876 OLDS CHRISTA K PH#: 843-827-2876 Facility Email: CHRISTA.OLDS@DORCHESTERDSNB.ORG	Dorchester / State PO BOX 4706, DDSN C/O RUFUS BRITT COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0216 / 06/30/2019	8

Totals For Facility/License Type: <u>Habilitation R15</u>	
Number of Activities/Facilities licensed: <u>2</u>	Number Licensed Units: <u>16</u>

Number of Activities/Facilities licensed in county of : <u>Dorchester</u>	# Lics: <u>2</u>
	Number Licensed Units : <u>16</u>

County: Edgefield

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
EDGEFIELD COMMUNITY RESIDENCE 1305 HILLCREST DR EDGEFIELD, SC 29824 FAC.#:864-942-8900 SMITH OMEGA PH#: 864-942-8900 Facility Email: ASMITH@BURTONCENTER.ORG	Edgefield / State PO BOX 4706, DDSN C/O RUFUS BRITT COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0139 / 07/31/2019	8

Totals For Facility/License Type: <u>Habilitation R15</u>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>8</u>

Number of Activities/Facilities licensed in county of : <u>Edgefield</u>	# Lics: <u>1</u>
	Number Licensed Units : <u>8</u>

County: Florence

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
CEDARS 123 W FIFTH AVE PAMPLICO, SC 29583 FAC.#:843-667-5007 HAYES ASHLEY PH#: 843-667-5007 Facility Email: DJOHNSON@FCDSN.ORG	Florence / State PO BOX 4706, DDSN C/O RUFUS BRITT COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0127 / 08/31/2018	8
FLORENCE COMMUNITY RESIDENCE 511 CLYDE ST FLORENCE, SC 29506-3011 FAC.#:843-667-5007 HYMAN MARY W PH#: 843-667-5007 Facility Email: MHYMAN@FCDSN.ORG	Florence / State PO BOX 4706, DDSN C/O RUFUS BRITT COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0025 / 03/31/2019	8
JOHNSONVILLE HAMPTON PLACE COMMUNITY RESIDENCE 333 S HAMPTON AVE JOHNSONVILLE, SC 29555 FAC.#:843-667-5007 MILES BRANDI S PH#: 843-667-5007 Facility Email: DJOHNSON@FCDSN.ORG	Florence / State PO BOX 4706, DDSN C/O RUFUS BRITT COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0161 / 11/30/2018	8
MAGNOLIA PLACE 514 E MAIN ST OLANTA, SC 29114 FAC.#:843-667-5007 BRADLEY MARY PH#: 843-667-5007 Facility Email: MBRADLEY@FCDSN.ORG	Florence / State PO BOX 4706, DDSN C/O RUFUS BRITT COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0126 / 07/31/2019	8
OAKS 108 N PINCKNEY ST TIMMONSVILLE, SC 29161-1449 FAC.#:843-667-5007 ROBISON JAMES DAVID PH#: 843-667-5007 Facility Email: DJOHNSON@FCDSN.ORG	Florence / State PO BOX 4706, DDSN C/O RUFUS BRITT COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0128 / 09/30/2018	8

Totals For Facility/License Type: <u>Habilitation R15</u>	
Number of Activities/Facilities licensed: <u>5</u>	Number Licensed Units: <u>40</u>

Number of Activities/Facilities licensed in county of : <u>Florence</u>	# Lics: <u>5</u>
	Number Licensed Units : <u>40</u>

County: Greenville

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
CIVITAN COMMUNITY RESIDENCE 1820 RIDGE RD GREENVILLE, SC 29607-4704 FAC.#:864-679-0220 EDMOND NORIKA D PH#: 864-679-0220 Facility Email: TYLER.REX@THRIVEUPSTATE.ORG	Greenville / State PO BOX 4706, DDSN C/O RUFUS BRITT COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0113 / 12/31/2018	8
FOUNTAIN INN COMMUNITY RESIDENCE 105 OLD FAIRVIEW RD FOUNTAIN INN, SC 29644-1822 FAC.#:864-679-0220 BYRD-CHIRINOS NIELA PH#: 864-679-0220 Facility Email: NIKELA.BYRD- CHIRINOS@THRIVEUPSTATE.ORG	Greenville / State PO BOX 4706, DDSN C/O RUFUS BRITT COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0197 / 06/30/2019	12
HUGHES STREET COMMUNITY RESIDENCE 104 HUGHES ST FOUNTAIN INN, SC 29644-2110 FAC.#:864-288-1907 BYRD-CHIRINOS NIELA PH#: 864-288-1907 Facility Email: NIKELA.BYRD- CHIRINOS@THRIVEUPSTATE.ORG	Greenville / State PO BOX 4706, DDSN C/O RUFUS BRITT COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0201 / 06/30/2019	8
MARIAN PARKINS COMMUNITY RESIDENCE I 103 KERNS AVE GREENVILLE, SC 29609 FAC.#:864-288-1907 EDMOND NORIKA D PH#: 864-288-1907 Facility Email: TYLER.REX@THRIVEUPSTATE.ORG	Greenville / State PO BOX 4706, DDSN C/O RUFUS BRITT COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0150 / 05/31/2019	8
MARIAN PARKINS COMMUNITY RESIDENCE II 518 PICKETT ST GREENVILLE, SC 29609 FAC.#:864-288-1907 STONE AMANDA PH#: 864-288-1907 Facility Email: TYLER.REX@THRIVEUPSTATE.ORG	Greenville / State PO BOX 4706, DDSN C/O DAVID GOODELL COLUMBIA, SC 29240-4706 SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0149 / 05/31/2019	8
RIDGE ROAD RESIDENCE 1810 RIDGE RD GREENVILLE, SC 29607-4704 FAC.#:864-288-1907 OGUNSILE MATTHEW PH#: 864-288-1907 Facility Email: TYLER.REX@THRIVEUPSTATE.ORG	Greenville / State PO BOX 4706, DDSN C/O RUFUS BRITT COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0176 / 09/30/2018	12
TRAVELERS REST COMMUNITY RESIDENCE 252 LITTLE TEXAS RD TRAVELERS REST, SC 29690 FAC.#:864-288-1907 STONE AMANDA PH#: 864-288-1907 Facility Email: AMANDA.STONE@THRIVEUPSTATE.ORG	Greenville / State PO BOX 4706, DDSN C/O RUFUS BRITT COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0222 / 06/30/2019	8

Totals For Facility/License Type: Habilitation R15

Number of Activities/Facilities licensed: 7 Number Licensed Units: 64

County: Greenville

Number of Activities/Facilities licensed in county of :	<u>Greenville</u>	# Lics: _____	<u>7</u>
		Number Licensed Units :	_____ <u>64</u>

County: Greenwood

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
HENRY & FREIDA BONDS HABILITATION CENTER 310 JENKINS SPRING RD GREENWOOD, SC 29646-8617 FAC.#:864-942-8646 MCGRIER TAKIA N PH#: 864-942-8646 Facility Email: JBURTON@BURTONCENTER.ORG	Greenwood / State PO BOX 4706, DDSN C/O RUFUS BRITT COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0111 / 08/31/2018	8
J FELTON BURTON COMMUNITY RESIDENCE 308 JENKINS SPRING RD GREENWOOD, SC 29646-8617 FAC.#:864-942-8947 MCGRIER TAKIA N PH#: 864-942-8947 Facility Email: JBURTON@BURTONCENTER.ORG	Greenwood / State PO BOX 4706, DDNS C/O DAVID GOODELL COLUMBIA, SC 29240 SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0072 / 05/31/2019	8
WARE SHOALS HABILITATION CENTER I 3 GRIFFIN DR WARE SHOALS, SC 29692 FAC.#:864-942-8914 TOLSON TINA PH#: 864-942-8914 Facility Email: JBURTON@BURTONCENTER.ORG	Greenwood / State PO BOX 4706, DDSN C/O RUFUS BRITT COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0132 / 11/30/2018	8

Totals For Facility/License Type: <u>Habilitation R15</u>	
Number of Activities/Facilities licensed: _____ 3	Number Licensed Units: _____ 24

Number of Activities/Facilities licensed in county of : _____ Greenwood	# Lics: _____ 3
	Number Licensed Units : _____ 24

County: Lancaster

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
NANCY J MCCONNELL COMMUNITY RESIDENCE 219 S PLANTATION RD LANCASTER, SC 29720-1847 FAC.#:803-285-4368 MCWATERS SHEILA O PH#: 803-285-4368 Facility Email: SMCWATERS@CLDSN.ORG	Lancaster / State PO BOX 4706, DDSN C/O DAVID GOODELL COLUMBIA, SC 29240-4706 SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0075 / 05/31/2019	8
TOM MANGUM COMMUNITY RESIDENCE 223 SOUTH PLANTATION RD LANCASTER, SC 29720 FAC.#:803-285-4368 MCWATER SHELIA PH#: 803-285-4368 Facility Email: SMCWATERS@CLDSN.ORG	Lancaster / State PO BOX 4706, DDSN C/O DAVID GOODELL COLUMBIA, SC 29240-4706 SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0074 / 05/31/2019	8

Totals For Facility/License Type: <u>Habilitation R15</u>	
Number of Activities/Facilities licensed: <u>2</u>	Number Licensed Units: <u>16</u>

Number of Activities/Facilities licensed in county of : <u>Lancaster</u>	# Lics: <u>2</u>
	Number Licensed Units : <u>16</u>

County: Laurens

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
CLINTON MANOR COMMUNITY RESIDENCE 101 CLINTON MANOR DR CLINTON, SC 29360 FAC.#:864-682-2314 YOUNG BELINDA PH#: 864-682-2314 Facility Email: BYOUNG@LCDSNB.ORG	Laurens / State PO BOX 4706, DDSN C/O RUFUS BRITT COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0194 / 06/30/2019	8
SULLIVAN STREET COMMUNITY RESIDENCE 503 SULLIVAN ST LAURENS, SC 29360-3449 FAC.#:864-682-2314 ANDERSON MELISSA PH#: 864-682-2314 Facility Email: MANDERSON@LCDSNB.ORG	Laurens / State PO BOX 4706, DDSN C/O RUFUS BRITT COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0221 / 06/30/2019	8

Totals For Facility/License Type: <u>Habilitation R15</u>	
Number of Activities/Facilities licensed: <u>2</u>	Number Licensed Units: <u>16</u>

Number of Activities/Facilities licensed in county of : <u>Laurens</u>	# Lics: <u>2</u>
	Number Licensed Units : <u>16</u>

County: Lee

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
MCLEOD I GROUP HOME 808 MCLEOD RD BISHOPVILLE, SC 29010-1100 FAC.#:803-484-9473 PARNELL WENDY W PH#: 803-484-9473 Facility Email: WPARNELL@LCDSN.ORG	Lee / State PO BOX 4706, DDSN C/O RUFUS BRITT COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0210 / 06/30/2019	8
MCLEOD II GROUP HOME 814 MCLEOD RD BISHOPVILLE, SC 29010-1100 FAC.#:803-484-9473 WOODS LEROY J PH#: 803-484-6995 Facility Email: WPARNELL@LCDSN.ORG	Lee / State PO BOX 4706, DDSN C/O RUFUS BRITT COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0211 / 06/30/2019	8

Totals For Facility/License Type: <u>Habilitation R15</u>	
Number of Activities/Facilities licensed: <u>2</u>	Number Licensed Units: <u>16</u>

Number of Activities/Facilities licensed in county of : <u>Lee</u>	# Lics: <u>2</u>
	Number Licensed Units : <u>16</u>

County: Lexington

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
BATESBURG GROUP HOME 132 PINWOOD DR BATESBURG, SC 29006-2329 FAC.#:803-799-1970 GASS ANISTE PH#: 803-799-1970 Facility Email: AGASS@BABCOCKCENTER.ORG	Lexington / State PO BOX 4706, DDSN C/O RUFUS BRITT COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0181 / 06/30/2019	8
BRUTON SMITH ROAD GROUP HOME 139 BRUTON SMITH RD LEXINGTON, SC 29072 FAC.#:803-359-1350 WARD DELORIS PH#: 803-359-1350 Facility Email: DWARN@BURTONCENTER.ORG	Lexington / State PO BOX 4706, DDSN C/O RUFUS BRITT COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0185 / 06/30/2019	8
HENDRIX STREET GROUP HOME 425 HENDRIX ST LEXINGTON, SC 29072 FAC.#:864-942-8900 WARD DELORIS PH#: 864-942-8900 Facility Email: DWARD@BURTONCENTER.ORG	Lexington / State PO BOX 4706, DDSN C/O RUFUS BRITT COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0199 / 06/30/2019	8
NAZARETH ROAD COMMUNITY RESIDENCE 1118 NAZARETH RD LEXINGTON, SC 29073 FAC.#:803-957-3484 CAUGHMAN BERNEKIA PH#: 803-957-3484 Facility Email: BCAUGHMAN@BURTONCENTER.ORG	Lexington / State PO BOX 4706, DDSN C/O RUFUS BRITT COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0213 / 06/30/2019	8
WIRE ROAD COMMUNITY RESIDENCE I 935-A WIRE RD GILBERT, SC 29054 FAC.#:803-874-2664 MOSS R PIKE PH#: 803-874-2664 Facility Email: PMOSS@CALHOUNDSNB.ORG	Lexington / State PO BOX 4706, DDSN C/O RUFUS BRITT COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0225 / 06/30/2019	8
WIRE ROAD COMMUNITY RESIDENCE II 935-B WIRE RD GILBERT, SC 29054 FAC.#:803-874-2664 MOSS PIKE PH#: 803-874-2664 Facility Email: PMOSS@CALHOUNDSNB.ORG	Lexington / State PO BOX 4706, DDSN C/O RUFUS BRITT COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0226 / 06/30/2019	8

Totals For Facility/License Type: <u>Habilitation R15</u>	
Number of Activities/Facilities licensed: <u>6</u>	Number Licensed Units: <u>48</u>

Number of Activities/Facilities licensed in county of : <u>Lexington</u>	# Lics: <u>6</u>
	Number Licensed Units : <u>48</u>

County: Newberry

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
H A MCCULLOUGH COMMUNITY RESIDENCE 2600 HOLLOWAY ST NEWBERRY, SC 29108-4500 FAC.#:803-276-0078 JONES ROBERT S PH#: 803-276-0078 Facility Email: BJONES@NCDSNB.ORG	Newberry / State PO BOX 4706, DDSN C/O RUFUS BRITT COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0102 / 03/31/2019	12

Totals For Facility/License Type: <u>Habilitation R15</u>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>12</u>

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

County: Orangeburg

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
KINGS COMMUNITY RESIDENCE 611 KINGS RD ORANGEBURG, SC 29115-3861 FAC.#:803-536-1170 STEWARD VONDA PH#: 803-536-1170 Facility Email: DGOLDMINTZ@OCDSNB.ORG	Orangeburg / State PO BOX 4706, DDSN C/O RUFUS BRITT COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0152 / 02/28/2019	8
NANCE COMMUNITY RESIDENCE 980 NANCE ST ORANGEBURG, SC 29115-3070 FAC.#:803-536-1170 STEWARD VONDA PH#: 803-536-1170 Facility Email: DGOLDMINTZ@OCDSNB.ORG	Orangeburg / State PO BOX 4706, DDSN C/O RUFUS BRITT COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0153 / 02/28/2019	8
SIFLY COMMUNITY RESIDENCE 171 WANNAMAKER ST ORANGEBURG, SC 29115-5073 FAC.#:803-536-1170 STEWARD VONDA PH#: 803-536-1170 Facility Email: VSTEWARD@OCDSNB.ORG	Orangeburg / State PO BOX 4706, DDSN C/O RUFUS BRITT COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0219 / 06/30/2019	8
WANNAMAKER STREET COMMUNITY RESIDENCE 250 WANNAMAKER ST ORANGEBURG, SC 29115-5067 FAC.#:803-536-1170 STEWARD VONDA PH#: 803-536-1170 Facility Email: VSTEWARD@OCDSNB.ORG	Orangeburg / State PO BOX 4706, DDSN C/O RUFUS BRITT COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0223 / 06/30/2019	8

Totals For Facility/License Type: <u>Habilitation R15</u>	
Number of Activities/Facilities licensed: _____ 4	Number Licensed Units: _____ 32

Number of Activities/Facilities licensed in county of : _____ Orangeburg	# Lics: _____ 4
	Number Licensed Units : _____ 32

County: Richland

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
ARCHIE DRIVE GROUP HOME 33 ARCHIE DR COLUMBIA, SC 29223-5813 FAC.#:803-799-1970 GASS ANISTE PH#: 803-799-1970 Facility Email: AGASS@BABCOCKCENTER.ORG	Richland / State PO BOX 4706, DDSN C/O RUFUS BRITT COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0178 / 06/30/2019	8
CARTER STREET GROUP HOME 1203 CARTER ST COLUMBIA, SC 29204-2852 FAC.#:803-799-1970 GASS ANISTE PH#: 803-799-1970 Facility Email: AGASS@BABCOCKCENTER.ORG	Richland / State PO BOX 4706, DDSN C/O RUFUS BRITT COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0193 / 06/30/2019	8
HORRELL HILL COMMUNITY RESIDENCE 1614 RIDGE RD HOPKINS, SC 29061 FAC.#:803-799-1970 GASS ANISTE PH#: 803-799-1970 Facility Email: AGASS@BABCOCKCENTER.ORG	Richland / State PO BOX 4706, DDSN C/O RUFUS BRITT COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0200 / 06/30/2019	8
RABBIT RUN COMMUNITY RESIDENCE 1114 RABBIT RUN RD HOPKINS, SC 29061 FAC.#:803-799-1970 GASS ANISTE PH#: 803-799-1970 Facility Email: AGASS@BABCOCKCENTER.ORG	Richland / State PO BOX 4706, DDSN C/O RUFUS BRITT COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0217 / 06/30/2019	8
WOODLAWN GROUP HOME 1400 WOODLAWN DR COLUMBIA, SC 29209 FAC.#:803-799-1970 GASS ANISTE PH#: 803-799-1970 Facility Email: AGASS@BABCOCKCENTER.ORG	Richland / State PO BOX 4706, DDSN C/O RUFUS BRITT COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0227 / 06/30/2019	8

Totals For Facility/License Type: <u>Habilitation R15</u>	
Number of Activities/Facilities licensed: <u>5</u>	Number Licensed Units: <u>40</u>

Number of Activities/Facilities licensed in county of : <u>Richland</u>	# Lics: <u>5</u>
	Number Licensed Units : <u>40</u>

County: Spartanburg

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
BENCHMARK HOMES-COWPENS 204 GOFORTH ST COWPENS, SC 29330-9277 FAC.#:864-585-0322 FERGUSON DONATA PH#: 864-585-0322 Facility Email: DONATA.FERGUSON@CHARLESLEA.ORG	Spartanburg / State PO BOX 4706, DDSN C/O RUFUS BRITT COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0182 / 06/30/2019	12

Totals For Facility/License Type: <u>Habilitation R15</u>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>12</u>

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

County: Sumter

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
ATKINSON EAST COMMUNITY RESIDENCE 13 KENDRICK ST SUMTER, SC 29150-5224 FAC.#:803-778-1669 ALSTON-TERRELL KELLY PH#: 803-778-1669 Facility Email: KTERRELL@SCDSNB.ORG	Sumter / State PO BOX 4706, DDSN C/O RUFUS BRITT COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0179 / 06/30/2019	9
ATKINSON WEST COMMUNITY RESIDENCE 162 COMMUNITY DR SUMTER, SC 29150-3316 FAC.#:803-778-1669 ALSTON-TERRELL KELLY PH#: 803-778-1669 Facility Email: KTERRELL@SCDSNB.ORG	Sumter / State PO BOX 4706, DDSN C/O RUFUS BRITT COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0180 / 06/30/2019	9
THOMAS DRIVE COMMUNITY RESIDENCE 4 THOMAS DR SUMTER, SC 29150-2428 FAC.#:803-778-1669 MCBRIDE ANGELA PH#: 803-778-1669 Facility Email: SKEITH@SCDSNB.ORG	Sumter / State PO BOX 4706, DDSN C/O DAVID GOODELL COLUMBIA, SC 29240-4706 SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0073 / 05/31/2019	8

Totals For Facility/License Type: <u>Habilitation R15</u>	
Number of Activities/Facilities licensed: _____ 3	Number Licensed Units: _____ 26

Number of Activities/Facilities licensed in county of : _____ Sumter	# Lics: _____ 3
	Number Licensed Units : _____ 26

County: Union

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
WEST MAIN STREET COMMUNITY RESIDENCE 1317 W MAIN ST UNION, SC 29379-2659 FAC.#:864-427-7700 WISE KIM PH#: 864-427-7700 Facility Email: KWISE@UNIONDSN.ORG	Union / State PO BOX 4706, DDSN C/O RUFUS BRITT COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0140 / 07/31/2019	8

Totals For Facility/License Type: <u>Habilitation R15</u>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>8</u>

Number of Activities/Facilities licensed in county of : <u>Union</u>	# Lics: <u>1</u>
	Number Licensed Units : <u>8</u>

Report Totals

Total Number of Activities/Facilities licensed: 61 Total Number Licensed Units: 506