

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
<b>DUPONT I HABILITATION CENTER</b> 127 DUPONT DR AIKEN, SC 29801 FAC.#:803-642-8800 HALL MICHAEL B PH#: 803-642-8800 Facility Email: RCOURTNEY@AIKENTDC.ORG	Aiken / State PO BOX 4706, DDSN C/O DAVID GOODELL COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS <b>MR15-0141 / 07/31/2018</b>	8
<b>DUPONT II HABILITATION CENTER</b> 129 DUPONT DR AIKEN, SC 29801 FAC.#:803-642-8800 HALL MICHAEL B PH#: 803-642-8800 Facility Email: RCOURTNEY@AIKENTDC.ORG	Aiken / State PO BOX 4706, DDSN C/O DAVID GOODELL COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS <b>MR15-0142 / 07/31/2018</b>	8
<b>LAURENS STREET ICF/MR</b> 728 LAURENS ST NW AIKEN, SC 29801 FAC.#:803-642-8800 HALL MICHAEL B PH#: 803-642-8800 Facility Email: RCOURTNEY@AIKENTDC.ORG	Aiken / State PO BOX 4706, DDSN C/O DAVID GOODELL COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS <b>MR15-0207 / 06/30/2018</b>	8
<b>LINDEN STREET ICF/MR</b> 136 LINDEN ST AIKEN, SC 29801-3759 FAC.#:803-642-8800 HALL MICHAEL B PH#: 803-642-8800 Facility Email: RCOURTNEY@AIKENTDC.ORG	Aiken / State PO BOX 4706, DDSN C/O DAVID GOODELL COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS <b>MR15-0209 / 06/30/2018</b>	8

<b>Totals For Facility/License Type: <u>Habilitation R15</u></b>	
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
<b>ACADEMY STREET COMMUNITY RESIDENCE</b> 241 ACADEMY ST WILLISTON, SC 29853 FAC.#:803-259-7472 WASHINGTON MARY L PH#: 803-266-7833 <b>Facility Email:</b> BPARKER@BARNWELLSC.COM	Barnwell / State PO BOX 4706, DDSN C/O DAIVD GOODELL COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS <b>MR15-0177 / 06/30/2018</b>	8
<b>HARLEY ROAD COMMUNITY RESIDENCE</b> 226 HARLEY RD WILLISTON, SC 29853 FAC.#:803-259-7472 WASHINGTON MARY L PH#: 803-259-7472 <b>Facility Email:</b> BPARKER@BARNWELLSC.COM	Barnwell / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS <b>MR15-0198 / 06/30/2018</b>	8
<b>LEMON PARK COMMUNITY RESIDENCE</b> 95 LEMON PARK DR BARNWELL, SC 29812 FAC.#:803-259-7472 WASHINGTON MARY L PH#: 803-259-7472 <b>Facility Email:</b> BPARKER@BARNWELLSC.COM	Barnwell / State PO BOX 4706, DDSN C/O DAVID GOODELL COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS <b>MR15-0208 / 06/30/2018</b>	8

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

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

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
<b>CONIFER I COMMUNITY RESIDENCE</b> 110 RESINWOOD DR MONCKS CORNER, SC 29461 FAC.#:843-761-0311 WILSON SUSAN PH#: 843-761-0311 <b>Facility Email:</b> ASHOOK@BCISERVICES.ORG	Berkeley / State PO BOX 4706, DDSN C/O DAVID GOODELL COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS <b>MR15-0119 / 05/31/2018</b>	8
<b>CONIFER II COMMUNITY RESIDENCE</b> 114 RESINWOOD DR MONCKS CORNER, SC 29461 FAC.#:843-761-0311 WILSON SUSAN PH#: 843-761-0311 <b>Facility Email:</b> ASHOOK@BCISERVICES.ORG	Berkeley / State PO BOX 4706, DDSN C/O DAVID GOODELL COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS <b>MR15-0120 / 05/31/2018</b>	8

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

<b>Number of Activities/Facilities licensed in county of :</b> <u>Berkeley</u>	<b># Lics:</b> <u>2</u>
	<b>Number Licensed Units :</b> <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
<b>FLORENCE GRESSETTE RESIDENCE</b> 402 MILLIGAN CIR SAINT MATTHEWS, SC 29135-9422 FAC.#:803-874-2664 MOSS R PIKE PH#: 803-874-2664 Facility Email: PMOSS@CALHOUNDSNB.ORG	Calhoun / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS <b>MR15-0196 / 06/30/2018</b>	8
<b>WYLIE BRUNSON RESIDENCE</b> 88 SUNFLOWER RD SAINT MATTHEWS, SC 29135-8423 FAC.#:803-874-2664 MOSS PIKE PH#: 803-874-2664 Facility Email: PMOSS@CALHOUNDSNB.ORG	Calhoun / State PO BOX 4706, DDSN C/O DAVID GOODELL COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS <b>MR15-0228 / 06/30/2018</b>	8

<b>Totals For Facility/License Type: <u>Habilitation R15</u></b>	
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
<b>DILLS BLUFF COMMUNITY RESIDENCE</b> 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

<b>Totals For Facility/License Type: <u>Habilitation R15</u></b>	
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
<b>J CLAUDE FORT COMMUNITY RESIDENCE BUILDING I</b> 816 W MONTGOMERY ST GAFFNEY, SC 29341-1753 FAC.#:864-649-2306 GRAY CHARLIE PH#: 864-649-2306 <b>Facility Email:</b> CGRAY@CHEROKEEDSNB.ORG	Cherokee / State PO BOX 4706, DDSN C/O DAVID GOODELL COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS <b>MR15-0091 / 11/30/2018</b>	8
<b>J CLAUDE FORT COMMUNITY RESIDENCE BUILDING II</b> 818 W MONTGOMERY ST GAFFNEY, SC 29341-1753 FAC.#:864-649-2306 GRAY CHARLIE PH#: 864-649-2306 <b>Facility Email:</b> CGRAY@CHEROKEEDSNB.ORG	Cherokee / State PO BOX 4706, DDSN C/O DAVID GOODELL COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS <b>MR15-0092 / 11/30/2018</b>	8

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

<b>Number of Activities/Facilities licensed in county of :</b> <u>Cherokee</u>	<b># Lics:</b> <u>2</u>
<b>Number Licensed Units :</b> <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
<b>JOHN A REAGAN RESIDENCE</b> 1100 E CAROLINA AVE HARTSVILLE, SC 29550 FAC.#:843-332-7252 BLOCKER RUTH PH#: 843-332-7252 <b>Facility Email:</b> RBLOCKER@DCDSNB.ORG	Darlington / State PO BOX 4706, DDSN C/O DAVID GOODELL COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS <b>MR15-0204 / 06/30/2018</b>	8
<b>WILLIAM W BOWEN RESIDENCE</b> 1045 STONERIDGE AVE HARTSVILLE, SC 29550 FAC.#:843-332-7252 BLOCKER RUTH PH#: 843-332-7252 <b>Facility Email:</b> RBLOCKER@DCDSNB.ORG	Darlington / State PO BOX 4706, DDSN C/O DAVID GOODELL COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS <b>MR15-0224 / 06/30/2018</b>	8

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

<b>Number of Activities/Facilities licensed in county of :</b> <u>Darlington</u>	<b># Lics:</b> <u>2</u>
	<b>Number Licensed Units :</b> <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
<b>PARSONS I GROUP HOME</b> 711 PARSONS RD SUMMERVILLE, SC 29483-3359 FAC.#:843-871-1285 OLDS CHRISTA PH#: 843-871-1285 <b>Facility Email:</b> CELESTE.RICHARDSONSDORCHESTERDSNB.ORG	Dorchester / State PO BOX 4706, DDSN C/O DAVID GOODELL COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS <b>MR15-0215 / 06/30/2018</b>	8
<b>PARSONS II GROUP HOME</b> 707 PARSONS RD SUMMERVILLE, SC 29483-3359 FAC.#:843-871-1285 OLDS CHRISTA K PH#: 843-871-1285 <b>Facility Email:</b> CELESTE.RICHARDSONSDORCHESTERDSNB.ORG	Dorchester / State PO BOX 4706, DDSN C/O DAVID GOODELL COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS <b>MR15-0216 / 06/30/2018</b>	8

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

<b>Number of Activities/Facilities licensed in county of :</b> <u>Dorchester</u>	<b># Lics:</b> <u>2</u>
	<b>Number Licensed Units :</b> <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
<b>EDGEFIELD COMMUNITY RESIDENCE</b> 1305 HILLCREST DR EDGEFIELD, SC 29824 FAC.#:864-445-8178 SMITH OMEGA PH#: 864-445-8178 Facility Email: JBURTON@BURTONCENTER.ORG	Edgefield / State PO BOX 4706, DDSN C/O DAVID GOODELL COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0139 / 07/31/2018	8

<b>Totals For Facility/License Type: <u>Habilitation R15</u></b>	
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
<b>CEDARS</b> 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 DAVID GOODELL COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS <b>MR15-0127 / 08/31/2018</b>	8
<b>FLORENCE COMMUNITY RESIDENCE</b> 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 DAVID GOODELL COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS <b>MR15-0025 / 03/31/2019</b>	8
<b>JOHNSONVILLE HAMPTON PLACE COMMUNITY RESIDENCE</b> 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 DAVID GOODELL COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS <b>MR15-0161 / 11/30/2018</b>	8
<b>MAGNOLIA PLACE</b> 514 E MAIN ST OLANTA, SC 29114 FAC.#:843-667-5007 BRADLEY MARY PH#: 843-667-5007 Facility Email: DJOHNSON@FCDSN.ORG	Florence / State PO BOX 4706, DDSN C/O DAVID GOODELL COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS <b>MR15-0126 / 07/31/2018</b>	8
<b>OAKS</b> 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 DAVID GOODELL COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS <b>MR15-0128 / 09/30/2018</b>	8

<b>Totals For Facility/License Type: <u>Habilitation R15</u></b>	
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
<b>CIVITAN COMMUNITY RESIDENCE</b> 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 DAVID GOODELL COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS <b>MR15-0113 / 12/31/2018</b>	8
<b>FOUNTAIN INN COMMUNITY RESIDENCE</b> 105 OLD FAIRVIEW RD FOUNTAIN INN, SC 29644-1822 FAC.#:864-288-1907 BYRD-CHIRINOUS NIELA PH#: 864-288-1907 Facility Email: TYLER.REX@THRIVEUPSTATE.ORG	Greenville / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS <b>MR15-0197 / 06/30/2018</b>	12
<b>HUGHES STREET COMMUNITY RESIDENCE</b> 104 HUGHES ST FOUNTAIN INN, SC 29644-2110 FAC.#:864-288-1907 BYRD-CHIRINOUS NIELA PH#: 864-288-1907 Facility Email: TYLER.REX@THRIVEUPSTATE.ORG	Greenville / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS <b>MR15-0201 / 06/30/2018</b>	8
<b>MARIAN PARKINS COMMUNITY RESIDENCE I</b> 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 DAVID GOODELL COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS <b>MR15-0150 / 05/31/2018</b>	8
<b>MARIAN PARKINS COMMUNITY RESIDENCE II</b> 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 <b>MR15-0149 / 05/31/2018</b>	8
<b>RIDGE ROAD RESIDENCE</b> 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 DAVID GOODELL COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS <b>MR15-0176 / 09/30/2018</b>	12
<b>TRAVELERS REST COMMUNITY RESIDENCE</b> 252 LITTLE TEXAS RD TRAVELERS REST, SC 29690 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 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS <b>MR15-0222 / 06/30/2018</b>	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
<b>HENRY &amp; FREIDA BONDS HABILITATION CENTER</b> 310 JENKINS SPRING RD GREENWOOD, SC 29646-8617 FAC.#:864-942-8646 MCGRIER TAKIA N PH#: 864-942-8646 <b>Facility Email:</b> JBURTON@BURTONCENTER.ORG	Greenwood / State PO BOX 4706, DDSN C/O DAVID GOODELL COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS <b>MR15-0111 / 08/31/2018</b>	8
<b>J FELTON BURTON COMMUNITY RESIDENCE</b> 308 JENKINS SPRING RD GREENWOOD, SC 29646-8617 FAC.#:864-942-8947 MCGRIER TAKIA N PH#: 864-942-8947 <b>Facility Email:</b> JBURTON@BURTONCENTER.ORG	Greenwood / State PO BOX 4706, DDNS C/O DAVID GOODELL COLUMBIA, SC 29240 SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS <b>MR15-0072 / 05/31/2018</b>	8
<b>WARE SHOALS HABILITATION CENTER I</b> 3 GRIFFIN DR WARE SHOALS, SC 29692 FAC.#:864-942-8914 TOLSON TINA PH#: 864-942-8914 <b>Facility Email:</b> JBURTON@BURTONCENTER.ORG	Greenwood / State PO BOX 4706, DDSN C/O DAVID GOODELL COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS <b>MR15-0132 / 11/30/2018</b>	8

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

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

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
<b>NANCY J MCCONNELL COMMUNITY RESIDENCE</b> 219 S PLANTATION RD LANCASTER, SC 29720-1847 FAC.#:803-285-4368 MCWATERS SHEILA O PH#: 803-285-4368 <b>Facility Email:</b> 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 <b>MR15-0075 / 05/31/2018</b>	8
<b>TOM MANGUM COMMUNITY RESIDENCE</b> 223 SOUTH PLANTATION RD LANCASTER, SC 29720 FAC.#:803-285-4368 MCWATER SHELIA PH#: 803-285-4368 <b>Facility Email:</b> 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 <b>MR15-0074 / 05/31/2018</b>	8

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

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

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
<b>CLINTON MANOR COMMUNITY RESIDENCE</b> 101 CLINTON MANOR DR CLINTON, SC 29325 FAC.#:864-682-2314 WISE KIM PH#: 864-683-5625 <b>Facility Email:</b> KWISE@LCDSNB.ORG	Laurens / State PO BOX 4706, DDSN C/O DAVID GOODELL COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS <b>MR15-0194 / 06/30/2018</b>	8
<b>SULLIVAN STREET COMMUNITY RESIDENCE</b> 503 SULLIVAN ST LAURENS, SC 29360-3449 FAC.#:864-683-5625 ANDERSON MELISSA PH#: 864-683-5625 <b>Facility Email:</b> MANDERSON@LCDSNB.ORG	Laurens / State PO BOX 4706, DDSN C/O DAVID GOODELL COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS <b>MR15-0221 / 06/30/2018</b>	8

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

<b>Number of Activities/Facilities licensed in county of :</b> <u>Laurens</u>	<b># Lics:</b> <u>2</u>
<b>Number Licensed Units :</b> <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
<b>MCLEOD I GROUP HOME</b> 808 MCLEOD RD BISHOPVILLE, SC 29010-1100 FAC.#:803-484-9473 PARNELL WENDY W PH#: 803-484-9473 <b>Facility Email:</b> MMACK@LCDSN.ORG	Lee / State PO BOX 4706, DDSN C/O DAVID GOODELL COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS <b>MR15-0210 / 06/30/2018</b>	8
<b>MCLEOD II GROUP HOME</b> 814 MCLEOD RD BISHOPVILLE, SC 29010-1100 FAC.#:803-484-9473 WOODS LEROY J PH#: 803-484-6995 <b>Facility Email:</b> MMACK@LCDSN.ORG	Lee / State PO BOX 4706, DDSN C/O DAVID GOODELL COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS <b>MR15-0211 / 06/30/2018</b>	8

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

<b>Number of Activities/Facilities licensed in county of :</b> <u>Lee</u>	<b># Lics:</b> <u>2</u>
	<b>Number Licensed Units :</b> <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
<b>BATESBURG GROUP HOME</b> 132 PINWOOD DR BATESBURG, SC 29006-2329 FAC.#:803-799-1970 WILLIAMS GILDA PH#: 803-799-1970 <b>Facility Email:</b> JJOHNSON@BABCOCKCENTER.ORG	Lexington / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS <b>MR15-0181 / 06/30/2018</b>	8
<b>BRUTON SMITH ROAD GROUP HOME</b> 139 BRUTON SMITH RD LEXINGTON, SC 29072 FAC.#:803-359-1350 WARD DELORIS PH#: 803-359-1350 <b>Facility Email:</b> JBURTON@BURTONCENTER.ORG	Lexington / State PO BOX 4706, DDSN C/O DAVID GOODELL COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS <b>MR15-0185 / 06/30/2018</b>	8
<b>HENDRIX STREET GROUP HOME</b> 425 HENDRIX ST LEXINGTON, SC 29072 FAC.#:803-359-4888 WARD DELORIS PH#: 803-359-4888 <b>Facility Email:</b> JBURTON@BURTONCENTER.ORG	Lexington / State PO BOX 4706, DDSN C/O DAVID GOODELL COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS <b>MR15-0199 / 06/30/2018</b>	8
<b>NAZARETH ROAD COMMUNITY RESIDENCE</b> 1118 NAZARETH RD LEXINGTON, SC 29073 FAC.#:803-957-3484 CAUGHMAN BERNEKIA PH#: 803-957-3484 <b>Facility Email:</b> JBURTON@BURTONCENTER.ORG	Lexington / State PO BOX 4706, DDSN C/O DAVID GOODELL COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS <b>MR15-0213 / 06/30/2018</b>	8
<b>WIRE ROAD COMMUNITY RESIDENCE I</b> 935-A WIRE RD GILBERT, SC 29054 FAC.#:803-874-2664 MOSS R PIKE PH#: 803-874-2664 <b>Facility Email:</b> PMOSS@CALHOUNDSNB.ORG	Lexington / State PO BOX 4706, DDSN C/O DAVID GOODELL COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS <b>MR15-0225 / 06/30/2018</b>	8
<b>WIRE ROAD COMMUNITY RESIDENCE II</b> 935-B WIRE RD GILBERT, SC 29054 FAC.#:803-874-2664 MOSS PIKE PH#: 803-874-2664 <b>Facility Email:</b> PMOSS@CALHOUNDSNB.ORG	Lexington / State PO BOX 4706, DDSN C/O DAVID GOODELL COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS <b>MR15-0226 / 06/30/2018</b>	8

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

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

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 DAVID GOODELL COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0102 / 03/31/2019	12

<b>Totals For Facility/License Type: <u>Habilitation R15</u></b>	
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
<b>KINGS COMMUNITY RESIDENCE</b> 611 KINGS RD ORANGEBURG, SC 29115-3861 FAC.#:803-536-1170 STEWARD VONDA PH#: 803-536-1170 <b>Facility Email:</b> DGOLDMINTZ@OCDSNB.ORG	Orangeburg / State PO BOX 4706, DDSN C/O DAVID GOODELL COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS <b>MR15-0152 / 02/28/2019</b>	8
<b>NANCE COMMUNITY RESIDENCE</b> 980 NANCE ST ORANGEBURG, SC 29115-3070 FAC.#:803-536-1170 STEWARD VONDA PH#: 803-536-1170 <b>Facility Email:</b> DGOLDMINTZ@OCDSNB.ORG	Orangeburg / State PO BOX 4706, DDSN C/O DAVID GOODELL COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS <b>MR15-0153 / 02/28/2019</b>	8
<b>SIFLY COMMUNITY RESIDENCE</b> 171 WANNAMAKER ST ORANGEBURG, SC 29115-5073 FAC.#:803-536-1170 STEWARD VONDA PH#: 803-536-1170 <b>Facility Email:</b> DGOLDMINTZ@OCDSNB.ORG	Orangeburg / State PO BOX 4706, DDSN CO/ DAVID GOODELL COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS <b>MR15-0219 / 06/30/2018</b>	8
<b>WANNAMAKER STREET COMMUNITY RESIDENCE</b> 250 WANNAMAKER ST ORANGEBURG, SC 29115-5067 FAC.#:803-536-1170 STEWARD VONDA PH#: 803-536-1170 <b>Facility Email:</b> DGOLDMINTZ@OCDSNB.ORG	Orangeburg / State PO BOX 4706, DDSN C/O DAVID GOODELL COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS <b>MR15-0223 / 06/30/2018</b>	8

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

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

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
<b>ARCHIE DRIVE GROUP HOME</b> 33 ARCHIE DR COLUMBIA, SC 29223-5813 FAC.#:803-799-1970 BOATWRIGHT ADRIA D PH#: 803-788-7804 Facility Email: JJOHNSON@BABCOCKCENTER.ORG	Richland / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS <b>MR15-0178 / 06/30/2018</b>	8
<b>CARTER STREET GROUP HOME</b> 1203 CARTER ST COLUMBIA, SC 29204-2852 FAC.#:803-799-1970 DAVIS ADRIA D PH#: 803-799-1970 Facility Email: JJOHNSON@BABCOCKCENTER.ORG	Richland / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS <b>MR15-0193 / 06/30/2018</b>	8
<b>HORRELL HILL COMMUNITY RESIDENCE</b> 1614 RIDGE RD HOPKINS, SC 29061 FAC.#:803-799-1970 DAVIS ADRIA D PH#: 803-783-0545 Facility Email: JJOHNSON@BABCOCKCENTER.ORG	Richland / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS <b>MR15-0200 / 06/30/2018</b>	8
<b>RABBIT RUN COMMUNITY RESIDENCE</b> 1114 RABBIT RUN RD HOPKINS, SC 29061 FAC.#:803-799-1970 DAVIS ADRIA PH#: 803-799-1970 Facility Email: JJOHNSON@BABCOCKCENTER.ORG	Richland / State PO BOX 4706, DDSN C/O DAVID GOODELL COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS <b>MR15-0217 / 06/30/2018</b>	8
<b>WOODLAWN GROUP HOME</b> 1400 WOODLAWN DR COLUMBIA, SC 29209 FAC.#:803-799-1970 DAVIS ADRIA PH#: 803-799-1970 Facility Email: JJOHNSON@BABCOCKCENTER.ORG	Richland / State PO BOX 4706, DDSN C/O DAVID GOODELL COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS <b>MR15-0227 / 06/30/2018</b>	8

<b>Totals For Facility/License Type: <u>Habilitation R15</u></b>	
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
<b>BENCHMARK HOMES-COWPENS</b> 204 GOFORTH ST COWPENS, SC 29330-9277 FAC.#:864-562-2222 LAWSON ALICE PH#: 864-585-0322 Facility Email: JBERNARD@CHARLESLEA.ORG	Spartanburg / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0182 / 06/30/2018	12

<b>Totals For Facility/License Type: <u>Habilitation R15</u></b>	
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
<b>ATKINSON EAST COMMUNITY RESIDENCE</b> 13 KENDRICK ST SUMTER, SC 29150-5224 FAC.#:803-778-1669 YOUNG LAKEILA D PH#: 803-778-1669 Facility Email: TWARREN@SCDSNB.ORG	Sumter / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS <b>MR15-0179 / 06/30/2018</b>	9
<b>ATKINSON WEST COMMUNITY RESIDENCE</b> 162 COMMUNITY ST SUMTER, SC 29150-3316 FAC.#:803-778-1669 YOUNG LAKEILA D PH#: 803-778-1669 Facility Email: TWARREN@SCDSNB.ORG	Sumter / State DDSN C/O DAVID GOODELL, PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS <b>MR15-0180 / 06/30/2018</b>	9
<b>THOMAS DRIVE COMMUNITY RESIDENCE</b> 4 THOMAS DR SUMTER, SC 29150-2428 FAC.#:803-778-1669 MCBRIDE ANGELA PH#: 803-778-1669 Facility Email: AMCBRIDE@SCDSNB.ORG	Sumter / State PO BOX 4706, DDSN C/O DAVID GOODELL COLUMBIA, SC 29240-4706 SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS <b>MR15-0073 / 05/31/2018</b>	8

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

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

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 WEST TAMMY PH#: 864-427-7700 Facility Email: TWEST@UNIONDSN.ORG	Union / State PO BOX 4706, DDSN C/O DAVID GOODELL COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0140 / 07/31/2018	8

<b>Totals For Facility/License Type: <u>Habilitation R15</u></b>	
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