

County: Abbeville

Facility Type: Nursing Home

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

ABBEVILLE NURSING HOME 83 THOMSON CIR ABBEVILLE, SC 29620-5652 FAC.#:864-366-5122 HUGHES SR ALAN L PH#: 864-366-5122 Facility Email: ABBNH@WCTEL.NET	Abbeville / Corporation PO BOX 190 ABBEVILLE, SC 29620-0190 ABBEVILLE NURSING HOME NCF-0266 / 12/31/2018	94
--	--	----

Licensed Beds: Nursing Home: 94 Institutional Nursing Home: 0

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

Certifications:None

Totals For Facility/License Type: <u>Nursing Home</u>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>94</u>

Number of Activities/Facilities licensed in county of : <u>Abbeville</u>	# Lics: <u>1</u>
	Number Licensed Units : <u>94</u>

County: Aiken

Facility Type: Nursing Home

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

ANCHOR REHABILITATION AND HEALTHCARE CENTER OF AIKEN 550 EASTGATE DR AIKEN, SC 29803-7688 FAC.#:803-643-3694 FOWLER WANDA M PH#: 803-643-3694 Facility Email: WFOWLER@ORIANNA.COM	Aiken / Limited Liability 550 EASTGATE DR AIKEN, SC 29803-7688 ANCHOR REHABILITATION AND HEALTHCARE CENTER OF AIKEN LLC NCF-0902 / 12/31/2018	120
---	--	-----

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

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

Certifications:None

CARLYLE SENIOR CARE OF AIKEN 123 DUPONT DR NW AIKEN, SC 29801-4089 FAC.#:803-648-0434 ARMSTRONG TIM E PH#: 803-648-0434 Facility Email: TARMSTRONG@CARLYLESENIORCARE.COM	Aiken / Limited Liability PO BOX 2829 AIKEN, SC 29802 CARLYLE SENIORCARE OF AIKEN LLC NCF-0982 / 07/31/2018	86
--	---	----

Licensed Beds: Nursing Home: 86 Institutional Nursing Home: 0

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

Certifications:None

NHC HEALTHCARE NORTH AUGUSTA 350 AUSTIN GRAYBILL RD NORTH AUGUSTA, SC 29860-9251 FAC.#:803-278-4272 HILL HEATH E PH#: 803-278-4272 Facility Email: HHILL@NHCNORTHUGUSTA.COM	Aiken / Ltd. Liability PO BOX 7979 NORTH AUGUSTA, SC 29861-7979 NHC HEALTHCARE/NORTH AUGUSTA LLC NCF-0799 / 06/30/2018	192
---	--	-----

Licensed Beds: Nursing Home: 192 Institutional Nursing Home: 0

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

Certifications:None

PEPPER HILL NURSING & REHAB CENTER 3525 AUGUSTUS RD AIKEN, SC 29801-2701 FAC.#:803-642-8376 JONES PRESTON S PH#: 803-642-8376 Facility Email: SCOTTJONES@PEPPERHILL.COM	Aiken / Limited Liability PO BOX 3188 AIKEN, SC 29802-3188 PEPPER HILL NURSING & REHAB CENTER LLC NCF-0879 / 11/30/2018	132
---	---	-----

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

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

Certifications:None

County: Aiken

Facility Type: Nursing Home

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

PRUITTHEALTH-AIKEN 830 LAURENS ST AIKEN, SC 29801-0475 FAC.#:803-649-6264 JARVIS MICHAEL PH#: 803-649-6264 Facility Email: NGUZMAN@PRUITTHEALTH.COM	Aiken / Limited Liability 830 LAURENS ST AIKEN, SC 29801-0475 PRUITTHEALTH-AIKEN LLC NCF-0942 / 06/30/2018	176
--	--	-----

Licensed Beds: Nursing Home: 176 Institutional Nursing Home: 0

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

Certifications:None

PRUITTHEALTH-NORTH AUGUSTA 1200 TALISMAN DR NORTH AUGUSTA, SC 29841-4098 FAC.#:803-278-2170 GUZMAN NICK PH#: 803-278-2170 Facility Email: KAGILL@PRUITTHEALTH.COM	Aiken / Limited Liability 1200 TALISMAN DR NORTH AUGUSTA, SC 29841-4098 PRUITTHEALTH-NORTH AUGUSTA LLC NCF-0721 / 10/31/2018	132
--	--	-----

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

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

Certifications:None

Totals For Facility/License Type: <u>Nursing Home</u>	
Number of Activities/Facilities licensed: <u>6</u>	Number Licensed Units: <u>838</u>

Number of Activities/Facilities licensed in county of : <u>Aiken</u>	# Lics: <u>6</u>
	Number Licensed Units : <u>838</u>

County: Allendale

Facility Type: Nursing Home

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

JOHN EDWARD HARTER NURSING CENTER 185 REVOLUTIONARY TRL FAIRFAX, SC 29827-7105 FAC.#:803-632-3334 GOODING GENE L PH#: Facility Email: LARIG@ACHOSPITAL.ORG	Allendale / County PO BOX 218 FAIRFAX, SC 29827-0218 ALLEDALE COUNTY HOSPITAL BOARD OF TRUSTEES NCF-0259 / 04/30/2018	44
--	---	----

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

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

Certifications:None

Totals For Facility/License Type: <u>Nursing Home</u>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>44</u>

Number of Activities/Facilities licensed in county of : <u>Allendale</u>	# Lics: <u>1</u>
	Number Licensed Units : <u>44</u>

County: Anderson

Facility Type: Nursing Home

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

BROOKDALE ANDERSON 311 SIMPSON RD ANDERSON, SC 29621-2157 FAC.#:864-261-3875 JENKINS BRIAN PH#: 864-261-3875 Facility Email: BJENKINS1@BROOKDALE.COM	Anderson / Corporation 311 SIMPSON RD ANDERSON, SC 29621-2157 EMERICARE INC NCF-0872 / 12/31/2018	44
---	---	----

Licensed Beds: Nursing Home: 44 Institutional Nursing Home: 0
 Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

ELLENBURG NURSING CENTER 611 E HAMPTON ST ANDERSON, SC 29624-2899 FAC.#:864-226-5054 ELLENBURG LYNDON W PH#: 864-226-5054 Facility Email: FUZZERONE@AOL.COM	Anderson / Corporation 611 E HAMPTON ST ANDERSON, SC 29624-2899 ELLENBURG NURSING CENTER INC NCF-0231 / 03/31/2019	181
--	--	-----

Licensed Beds: Nursing Home: 181 Institutional Nursing Home: 0
 Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

IVA REHABILITATION AND HEALTHCARE CENTER 406 W BROAD ST IVA, SC 29655-1119 FAC.#:864-348-7433 FIELDS ANTHONY PH#: 864-224-3898 Facility Email: AFIELDS@ORIANNA.COM	Anderson / Limited Liability 406 W BROAD ST IVA, SC 29655-1119 IVA REHABILITATION AND HEALTHCARE CENTER LLC NCF-0904 / 11/30/2018	60
---	---	----

Licensed Beds: Nursing Home: 60 Institutional Nursing Home: 0
 Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

LINLEY PARK REHABILITATION AND HEALTHCARE CENTER 208 JAMES ST ANDERSON, SC 29625-2942 FAC.#:864-226-3427 HERITAGE CARLA PH#: 864-226-3427 Facility Email: CHERITAGE@ORIANNA.COM	Anderson / Limited Liability 208 JAMES ST ANDERSON, SC 29625-2942 LINLEY PARK REHABILITATION AND HEALTHCARE CENTER LLC NCF-0909 / 11/30/2018	88
--	---	----

Licensed Beds: Nursing Home: 88 Institutional Nursing Home: 0
 Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

County: Anderson

Facility Type: Nursing Home

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

NHC HEALTHCARE ANDERSON	Anderson / Ltd. Liability	290
1501 E GBREENVILLE ST	PO BOX 1327	
ANDERSON, SC 29621 FAC.#:864-226-8356	ANDERSON, SC 29622-1327	
MOORHOUSE BRADLEY W PH#: 864-226-8356	NHC HEALTHCARE/ANDERSON LLC	
Facility Email: LPENA@NHCANDERSON.COM	NCF-0801 / 06/30/2018	

Licensed Beds: Nursing Home: 290 Institutional Nursing Home: 0

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

Certifications:None

RICHARD M CAMPBELL VETERANS NURSING HOME	Anderson / State	220
4605 BELTON HWY	4605 BELTON HWY	
ANDERSON, SC 29621-5045 FAC.#:864-261-6734	ANDERSON, SC 29621-5045	
EVATT RUSSELL PH#: 864-261-6734	SC DEPARTMENT OF MENTAL HEALTH	
Facility Email: REVATT@HMRVSI.COM	NCF-0549 / 02/28/2019	

Licensed Beds: Nursing Home: 220 Institutional Nursing Home: 0

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

Certifications:None

SOUTHERN OAKS REHABILITATION AND HEALTHCARE CENTER	Anderson / Limited Liability	88
109 BENTZ RD	109 BENTZ RD	
PIEDMONT, SC 29673-1412 FAC.#:864-845-5177	PIEDMONT, SC 29673-1412	
FARTHING SHANNON PH#:	SOUTHERN OAKS REHABILITATION AND HEALTHCARE CENTER LLC	
Facility Email: SFARTHING@ORIANNA.COM	NCF-0907 / 11/30/2018	

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

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

Certifications:None

Totals For Facility/License Type: <u>Nursing Home</u>	
Number of Activities/Facilities licensed: <u>7</u>	Number Licensed Units: <u>971</u>

Number of Activities/Facilities licensed in county of : <u>Anderson</u>	# Lics: <u>7</u>
Number Licensed Units : <u>971</u>	

County: Bamberg

Facility Type: Nursing Home

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

PRUITTHEALTH - BAMBERG	Bamberg / Limited Liability	88
439 NORTH ST	439 NORTH ST	
BAMBERG, SC 29003-1317 FAC.#:803-245-7525	BAMBERG, SC 29003-1317	
HUBBLE TONI PH#: 803-245-7525	PRUITTHEALTH - BAMBERG LLC	
Facility Email: THUBBLE@PRUITTHEALTH.COM	NCF-0322 / 08/31/2018	

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

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

Certifications:None

Totals For Facility/License Type: <u>Nursing Home</u>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>88</u>

Number of Activities/Facilities licensed in county of : <u>Bamberg</u>	# Lics: <u>1</u>
	Number Licensed Units : <u>88</u>

County: Barnwell

Facility Type: Nursing Home

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

LAUREL BAYE HEALTHCARE OF BLACKVILLE LLC 1612 JONES BRIDGE RD BLACKVILLE, SC 29817-3066 FAC.#:803-284-4313 MYERS MITZI PH#: 803-329-6565 Facility Email: MMYERS@LAURELBAYE.COM	Barnwell / Ltd. Liability 1612 JONES BRIDGE RD BLACKVILLE, SC 29817-3066 LAUREL BAYE HEALTHCARE OF BLACKVILLE LLC NCF-0755 / 08/31/2018	85
--	---	----

Licensed Beds: Nursing Home: 85 Institutional Nursing Home: 0

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

Certifications:None

LAUREL BAYE HEALTHCARE OF WILLISTON LLC 5721 SPRINGFIELD RD WILLISTON, SC 29853-1917 FAC.#:803-266-3229 PORTER NANCY PH#: 803-266-3229 Facility Email: NPORTER@LAURELBAYE.COM	Barnwell / Ltd. Liability 5721 SPRINGFIELD RD WILLISTON, SC 29853-1917 LAUREL BAYE HEALTHCARE OF WILLISTON LLC NCF-0754 / 08/31/2018	44
---	--	----

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

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

Certifications:None

PRUITTHEALTH-BARNWELL 31 WREN ST BARNWELL, SC 29812-1528 FAC.#:803-259-5547 JAMISON MARY ANNE PH#: 803-259-5547 Facility Email: MJAMISON@PRUITTHEALTH.COM	Barnwell / Limited Liability 31 WREN ST BARNWELL, SC 29812-1528 PRUITTHEALTH-BARNWELL LLC NCF-0893 / 07/31/2018	44
---	---	----

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

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

Certifications:None

Totals For Facility/License Type: <u>Nursing Home</u>	
Number of Activities/Facilities licensed: <u>3</u>	Number Licensed Units: <u>173</u>

Number of Activities/Facilities licensed in county of : <u>Barnwell</u>	# Lics: <u>3</u>
	Number Licensed Units : <u>173</u>

County: Beaufort

Facility Type: Nursing Home

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

BAYVIEW MANOR	Beaufort / Ltd. Liability	170
11 TODD DR	11 TODD DR	
BEAUFORT, SC 29902-6113 FAC.#:843-524-8911	BEAUFORT, SC 29902-6113	
DRINKARD CHRISTY PH#: 843-524-8911	BAYVIEW MANOR LLC	
Facility Email: ADMIN@BAYVIEWMANOR.NET	NCF-0898 / 05/31/2018	

Licensed Beds: Nursing Home: 170 Institutional Nursing Home: 0

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

Certifications:None

BROAD CREEK CARE CENTER SKILLED NURSING	Beaufort / Corporation	25
801 LEMON GRASS CT	700 TIDEPOINTE WAY	
HILTON HEAD ISLAND, SC 29928-3022 FAC.#:843-341-7300	HILTON HEAD ISLAND, SC 29928-3040	
JACKSON WILLIAM F PH#: 843-341-7300	CC-HILTON HEAD INC	
Facility Email: Not on File	NCF-0753 / 07/31/2018	

Licensed Beds: Nursing Home: 25 Institutional Nursing Home: 0

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

Certifications:None

FRASER HEALTH CARE	Beaufort / Non-Profit Corporation	33
300 WOODHAVEN DR	300 WOODHAVEN DR	
HILTON HEAD ISLAND, SC 29928-4682 FAC.#:843-842-3740	HILTON HEAD ISLAND, SC 29928-4682	
MARSHALL PETER C PH#: 843-689-9143	SEABROOK OF HILTON HEAD INC	
Facility Email: PMARSHALL@THESEABROOK.COM	NCF-0414 / 09/30/2018	

Licensed Beds: Nursing Home: 19 Institutional Nursing Home: 14

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

Certifications:None

LIFE CARE CENTER OF HILTON HEAD	Beaufort / Corporation	88
120 LAMOTTE DR	120 LAMOTTE DR	
HILTON HEAD ISLAND, SC 29926-2792 FAC.#:843-681-6006	HILTON HEAD ISLAND, SC 29926-2792	
KILPATRICK LYNN D PH#: 843-681-6006	LIFE CARE CENTERS OF AMERICA INC	
Facility Email: LYNN_KILPATRICK@LCCA.COM	NCF-0725 / 05/31/2018	

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

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

Certifications:None

County: Beaufort

Facility Type: Nursing Home

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

NHC HEALTHCARE BLUFFTON 3039 OKATIE HWY BLUFFTON, SC 29909-5101 FAC.#:843-705-8220 YOKLEY STEVEN T PH#: 843-705-8220 Facility Email: SYOKLEY@NHCBLUFFTON.COM	Beaufort / Limited Liability 3039 OKATIE HWY BLUFFTON, SC 29909-5101 NHC HEALTHCARE/BLUFFTON LLC NCF-0958 / 01/31/2019	120
--	--	-----

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

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

Certifications:None

PRESTON HEALTH CENTER 87 BIRDSONG WAY HILTON HEAD ISLAND, SC 29926-1365 FAC.#:843-689-7000 FUNK ADAM PH#: 843-689-7077 Facility Email: SBUKOSKEY@THECYPRESS.COM	Beaufort / Limited Liability Limited 87 BIRDSONG WAY HILTON HEAD ISLAND, SC 29926-1365 CYPRESS OF HILTON HEAD ISLAND ASSOCIATES LP NCF-0576 / 04/30/2018	77
---	--	----

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

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

Certifications:None

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

Number of Activities/Facilities licensed in county of : <u>Beaufort</u>	# Lics: <u>6</u>
	Number Licensed Units : <u>513</u>

County: Berkeley

Facility Type: Nursing Home

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

HEARTLAND HEALTH AND REHABILITATION CARE CENTER-HANAHAN	Berkeley / Limited Liability	135
1800 EAGLE LANDING BLVD	333 N SUMMIT ST, LICENSURE SUPPORT	
HANAHAN, SC 29410-8517 FAC.#:843-553-0656	TOLEDO, OH 43604-1531	
GREEN DWIGHT PH#: 843-553-0656	HEARTLAND-CHARLESTON OF HANAHAN SC LLC	
Facility Email: 4015ADMIN@HCR-MANORCARE.COM	NCF-0526 / 12/31/2018	
Licensed Beds: Nursing Home: 135	Institutional Nursing Home: 0	

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

Certifications:None

LAKE MOULTRIE NURSING HOME	Berkeley / District	88
1038 MCGILL LN	PO BOX 1108	
SAINT STEPHEN, SC 29479-3196 FAC.#:843-567-2307	SAINT STEPHEN, SC 29479-1108	
DRIGGERS JOANN C PH#: 843-567-2307	CLARENDON HOSPITAL DISTRICT	
Facility Email: JDRIGGERS@CLARENDONLTC.ORG	NCF-0738 / 12/31/2018	

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

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

Certifications:None

FRUITTHEALTH-MONCKS CORNER	Berkeley / Limited Liability	132
505 S LIVE OAK DR	505 S LIVE OAK DR	
MONCKS CORNER, SC 29461-3554 FAC.#:843-761-8368	MONCKS CORNER, SC 29461-3554	
HOLLINGSWORTH ROXANNE PH#: 843-761-8368	FRUITTHEALTH-MONCKS CORNER LLC	
Facility Email: CFLANSBURG@FRUITTHEALTH.COM	NCF-0943 / 10/31/2018	

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

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

Certifications:None

Totals For Facility/License Type: <u>Nursing Home</u>	
Number of Activities/Facilities licensed: <u>3</u>	Number Licensed Units: <u>355</u>

Number of Activities/Facilities licensed in county of : <u>Berkeley</u>	# Lics: <u>3</u>
	Number Licensed Units : <u>355</u>

County: Calhoun

Facility Type: Nursing Home

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

CALHOUN CONVALESCENT CENTER	Calhoun / Corporation	120
601 DANTZLER ST	PO BOX 157	
SAINT MATTHEWS, SC 29135-1522 FAC.#:803-655-7101	SAINT MATTHEWS, SC 29135-0157	
KIZER MELISSA R PH#: 803-655-7101	SAINT MATTHEWS HEALTH CARE LLC	
Facility Email: MELISSA.KIZER@FUNDLTC.COM	NCF-0505 / 02/28/2019	

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

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

Certifications:None

Totals For Facility/License Type: <u>Nursing Home</u>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>120</u>

Number of Activities/Facilities licensed in county of : <u>Calhoun</u>	# Lics: <u>1</u>
	Number Licensed Units : <u>120</u>

County: Charleston

Facility Type: Nursing Home

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

BISHOP GADSDEN EPISCOPAL HEALTH CARE CENTER 3 BISHOP GADSDEN WAY CHARLESTON, SC 29412-3500 FAC.#:843-762-3300 TRAWICK C WILLIAM PH#: 843-762-3300 Facility Email: SARAH.TIPTON@BISHOPGADSDEN.ORG	Charleston / Non-Profit Corporation BISHOP GADSDEN EPISCOPAL RETIREMENT COMMUNITY NCF-0577 / 04/30/2018	50
---	---	----

Licensed Beds: Nursing Home: 41 Institutional Nursing Home: 9

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

Certifications:None

FRANKE HEALTH CARE CENTER 1885 RIFLE RANGE RD MOUNT PLEASANT, SC 29464-9440 FAC.#:843-856-4700 STOLL SANDRA A PH#: 843-856-4700 Facility Email: SSTOLL@FRANKEATSEASIDE.ORG	Charleston / Non-Profit Corporation 1885 RIFLE RANGE RD MOUNT PLEASANT, SC 29464-9440 LUTHERAN HOMES OF SOUTH CAROLINA INC (NPC) NCF-0800 / 07/31/2018	44
---	--	----

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

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

Certifications:None

HEARTLAND OF WEST ASHLEY REHABILITATION AND NURSING CENTER 1137 SAM RITTENBERG BLVD CHARLESTON, SC 29407-3370 FAC.#:843-763-0233 SMELSER THERESA PH#: 843-763-0233 Facility Email: 531ADMIN@HCR-MANORCARE.COM	Charleston / Limited Liability 333 N SUMMIT ST, LEGAL DEPARTMENT TOLEDO, OH 43604-1531 WEST ASHLEY REHABILITATION AND NURSING CENTER - CHARLESTON SC LLC NCF-0413 / 12/31/2018	125
--	---	-----

Licensed Beds: Nursing Home: 125 Institutional Nursing Home: 0

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

Certifications:None

JOHNS ISLAND REHABILITATION AND HEALTHCARE CENTER 3647 MAYBANK HWY JOHNS ISLAND, SC 29455-4825 FAC.#:843-559-5888 ANDERSON LINDSAY PH#: 843-559-5888 Facility Email: LANDERSON@ORIANNA.COM	Charleston / Limited Liability 3647 MAYBANK HWY JOHNS ISLAND, SC 29455-4825 JOHNS ISLAND REHABILITATION AND HEALTHCARE CENTER LLC NCF-0911 / 11/30/2018	132
---	--	-----

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

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

Certifications:None

County: Charleston

Facility Type: Nursing Home

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

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

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

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

Certifications:None

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

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

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

Certifications:None

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

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

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

Certifications:None

RETREAT AT WELLMORE OF DANIEL ISLAND	Charleston / Limited Liability	60
580 ROBERT DANIEL DR	3530 TORINGDON WAY STE 204	
CHARLESTON, SC 29492 FAC.#:843-566-1000	CHARLOTTE, NC 28277-3431	
SEEDS ASHLEY PH#: 843-566-1000	WELLMORE OF DANIEL ISLAND LLC	
Facility Email: BTHOMPSON@MAXWELL-GROUP.COM	NCF-0965 / 03/31/2019	

Licensed Beds: Nursing Home: 60 Institutional Nursing Home: 0

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

Certifications:None

County: Charleston

Facility Type: Nursing Home

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

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

Licensed Beds: Nursing Home: 160 Institutional Nursing Home: 0

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

Certifications:None

SANDPIPER REHAB & NURSING	Charleston / Limited Liability	176
1049 ANNA KNAPP BLVD	1049 ANNA KNAPP BLVD	
MOUNT PLEASANT, SC 29464-3133 FAC.#:843-881-3210	MOUNT PLEASANT, SC 29464-3133	
WALROND JAMES J PH#:	SANDPIPER REHAB & NURSING-DELAWARE LLC	
Facility Email: REFER@SANDPIPERCENTER.COM	NCF-0876 / 10/31/2018	

Licensed Beds: Nursing Home: 176 Institutional Nursing Home: 0

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

Certifications:None

SAVANNAH GRACE AT THE PALMS OF MT PLEASANT	Charleston /	48
1010 LAKE HUNTER CIR	400 CENTRE ST	
MOUNT PLEASANT, SC 29464-5417 FAC.#:843-388-2030	NEWTON, MA 02458-2094	
BURNS RICHARD M PH#: 843-388-2030	SNH SE SG TENANT LLC	
Facility Email: LICENSING@5SSL.COM	NCF-0926 / 06/30/2018	

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

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

Certifications:None

VIBRA HOSPITAL OF CHARLESTON-TCU	Charleston / Limited Liability	35
1200 HOSPITAL DR	1200 HOSPITAL DR	
MOUNT PLEASANT, SC 29464-3251 FAC.#:843-375-4220	MOUNT PLEASANT, SC 29464-3251	
CARR JOSEPH PH#: 843-375-4000	VIBRA HOSPITALOF CHARLESTON LLC	
Facility Email: JCARR@VHCHARLESTON.COM	NCF-0960 / 08/31/2018	

Licensed Beds: Nursing Home: 35 Institutional Nursing Home: 0

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

Certifications:None

County: Charleston

Facility Type: Nursing Home

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

WHITE OAK MANOR CHARLESTON INC	Charleston / Corporation	176
9285 MEDICAL PLAZA DR	9285 MEDICAL PLAZA DR	
N CHARLESTON, SC 29406-9126 FAC.#:843-797-8282	N CHARLESTON, SC 29406-9126	
GIBBS TAMMY L PH#: 843-797-8282	WHITE OAK MANOR CHARLESTON INC	
Facility Email: RWALKER@WHITEOAKMANOR.COM	NCF-0892 / 12/31/2018	

Licensed Beds: Nursing Home: 176 Institutional Nursing Home: 0

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

Certifications:None

Totals For Facility/License Type: <u>Nursing Home</u>	
Number of Activities/Facilities licensed: <u>13</u>	Number Licensed Units: <u>1,418</u>

Number of Activities/Facilities licensed in county of : <u>Charleston</u>	# Lics: <u>13</u>
	Number Licensed Units : <u>1,418</u>

County: Cherokee

Facility Type: Nursing Home

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

BLUE RIDGE IN BROOKVIEW HOUSE	Cherokee / Limited Liability Limited	132
510 THOMPSON ST	510 THOMPSON ST	
GAFFNEY, SC 29340-3620 FAC.#:864-489-3101	GAFFNEY, SC 29340-3620	
SAIN SUSAN PH#: 864-489-3101	BLUE RIDGE IN BROOKVIEW HOUSE LLC	
Facility Email: ADMIN@BROOKVIEW.CARE	NCF-0979 / 12/31/2018	

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

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

Certifications:None

PEACHTREE CENTRE	Cherokee / Limited Liability	111
1434 N LIMESTONE ST	1434 N LIMESTONE ST	
GAFFNEY, SC 29340-4798 FAC.#:864-487-2717	GAFFNEY, SC 29340-4798	
BLACKWELDER SARAH CAMPBELL PH#: 864-487-2717	PEACHTREE OPERATING GROUP LLC	
Facility Email: ADMI@PEACHTREE.COM	NCF-0972 / 11/30/2018	

Licensed Beds: Nursing Home: 111 Institutional Nursing Home: 0

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

Certifications:None

Totals For Facility/License Type: <u>Nursing Home</u>	
Number of Activities/Facilities licensed: <u>2</u>	Number Licensed Units: <u>243</u>

Number of Activities/Facilities licensed in county of : <u>Cherokee</u>	# Lics: <u>2</u>
	Number Licensed Units : <u>243</u>

County: Chester

Facility Type: Nursing Home

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

CHESTER NURSING CENTER 1 MEDICAL PARK DR CHESTER, SC 29706-9776 FAC.#:803-581-3151 BRICE ANTHONY BERNARD PH#: 803-581-3151 Facility Email: Not on File	Chester / Limited Liability 1 MEDICAL PARK DR CHESTER, SC 29706-9776 CHESTER HMA LLC NCF-0895 / 09/30/2018	100
---	--	-----

Licensed Beds: Nursing Home: 100 Institutional Nursing Home: 0

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

Certifications:None

Totals For Facility/License Type: <u>Nursing Home</u>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>100</u>

Number of Activities/Facilities licensed in county of : <u>Chester</u>	# Lics: <u>1</u>
	Number Licensed Units : <u>100</u>

County: Chesterfield

Facility Type: Nursing Home

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

CHERAW HEALTHCARE 400 MOFFAT RD CHERAW, SC 29520-3048 FAC.#:843-320-7500 DYSON JOEL W PH#: 843-320-7500 Facility Email: INFO@CHERAWHC.COM	Chesterfield / Corporation PO BOX 967 CHERAW, SC 29520-0967 CHERAW HEALTHCARE INC NCF-0951 / 04/30/2019	120
--	---	-----

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

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

Certifications:None

CHESTERFIELD CONVALESCENT CENTER 1150 STATE RD CHERAW, SC 29520-2048 FAC.#:843-537-2060 RABY SHELIA PH#: 843-537-2060 Facility Email: DIANA.CHAVIS@FUNDLTC.CON	Chesterfield / Limited Liability 1150 STATE RD CHERAW, SC 29520-2048 REHAB CENTER OF CHERAW LLC NCF-0552 / 02/28/2019	104
---	---	-----

Licensed Beds: Nursing Home: 104 Institutional Nursing Home: 0

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

Certifications:None

Totals For Facility/License Type: <u>Nursing Home</u>	
Number of Activities/Facilities licensed: <u>2</u>	Number Licensed Units: <u>224</u>

Number of Activities/Facilities licensed in county of : <u>Chesterfield</u>	# Lics: <u>2</u>
	Number Licensed Units : <u>224</u>

County: Clarendon

Facility Type: Nursing Home

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

LAKE MARION NURSING FACILITY	Clarendon / District	88
1527 URBANA RD	PO BOX 1159	
SUMMERTON, SC 29148-8929 FAC.#:803-485-2317	SUMMERTON, SC 29148-1159	
MILES ANETTE C PH#: 803-485-2317	CLARENDON HOSPITAL DISTRICT	
Facility Email: AMILES@CLARENDONLTC.ORG	NCF-0736 / 01/31/2019	

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

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

Certifications:None

WINDSOR MANOR NURSING HOME	Clarendon / District	64
5583 SUMMERTON HWY	PO BOX 1230	
MANNING, SC 29102-5217 FAC.#:803-478-2323	SUMMERTON, SC 29148-1230	
MATTHEWS ROBIN PH#: 803-478-2323	CLARENDON HOSPITAL DISTRICT	
Facility Email: Not on File	NCF-0737 / 01/31/2019	

Licensed Beds: Nursing Home: 64 Institutional Nursing Home: 0

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

Certifications:None

Totals For Facility/License Type: <u>Nursing Home</u>	
Number of Activities/Facilities licensed: <u>2</u>	Number Licensed Units: <u>152</u>

Number of Activities/Facilities licensed in county of : <u>Clarendon</u>	# Lics: <u>2</u>
	Number Licensed Units : <u>152</u>

County: Colleton

Facility Type: Nursing Home

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

PRUITTHEALTH - WALTERBORO 401 WITSELL ST WALTERBORO, SC 29488-3052 FAC.#:843-549-5546 HOANG DUSTIN PH#: 843-549-5546 Facility Email: CDRINKARD@PRUITTHEALTH.COM	Colleton / Ltd. Liability 401 WISTELL ST WALTERBORO, SC 29488 PRUITTHEALTH - WALTERBORO LLC NCF-0949 / 10/31/2018	132
---	---	-----

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

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

Certifications:None

VETERANS VICTORY HOUSE 2461 SIDNEYS RD WALTERBORO, SC 29488-6783 FAC.#:843-538-3000 FERGUSON SANDRA L PH#: 843-538-3000 Facility Email: SFERGUSON@HMRVSI.COM	Colleton / State 2461 SIDNEYS RD WALTERBORO, SC 29488-6783 SC DEPARTMENT OF MENTAL HEALTH NCF-0921 / 10/31/2018	220
--	---	-----

Licensed Beds: Nursing Home: 220 Institutional Nursing Home: 0

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

Certifications:None

Totals For Facility/License Type: <u>Nursing Home</u>	
Number of Activities/Facilities licensed: <u>2</u>	Number Licensed Units: <u>352</u>

Number of Activities/Facilities licensed in county of : <u>Colleton</u>	# Lics: <u>2</u>
	Number Licensed Units : <u>352</u>

County: Darlington

Facility Type: Nursing Home

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

BETHEA BAPTIST HEALTH CARE CENTER	Darlington / Non-Profit Corporation	88
157 HOME AVE	157 HOME AVE	
DARLINGTON, SC 29532-7625 FAC.#:843-393-2867	DARLINGTON, SC 29532-7625	
SPURLING BENJAMIN S PH#: 843-393-2867	SOUTH CAROLINA BAPTIST MINISTRIES FOR THE AGING INC	
Facility Email: BSPURLING@SCBMA.COM	NCF-0189 / 06/30/2018	

Licensed Beds: Nursing Home: 36 Institutional Nursing Home: 52

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

Certifications:None

MEDFORD NURSING CENTER	Darlington / Ltd. Liability	88
105 MEDFORD DR	105 MEDFORD DR	
DARLINGTON, SC 29532-2719 FAC.#:843-398-7000	DARLINGTON, SC 29532-2719	
LOFE TYLER A PH#: 843-398-7000	MEDFORD NURSING CENTER LLC	
Facility Email: TLOFE@WILSONSENIORCARE.COM	NCF-0891 / 08/31/2018	

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

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

Certifications:None

MORRELL NURSING CENTER	Darlington / Limited Liability	154
900 N MARQUIS HWY	900 N MARQUIS HWY	
HARTSVILLE, SC 29550-3526 FAC.#:843-383-5164	HARTSVILLE, SC 29550-3526	
BYRD ANNA PH#: 843-383-5164	MORRELL NURSING CENTER LLC	
Facility Email: KPRUITT@WILSONSENIORCARE.COM	NCF-0881 / 08/31/2018	

Licensed Beds: Nursing Home: 154 Institutional Nursing Home: 0

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

Certifications:None

OAKHAVEN NURSING CENTER	Darlington / Limited Liability	88
123 OAK ST	123 OAK ST	
DARLINGTON, SC 29532-2628 FAC.#:843-398-7041	DARLINGTON, SC 29532-2628	
PRUITT KELLEY PH#: 843-398-7041	OAKHAVEN NURSING CENTER LLC	
Facility Email: KPRUITT@WILSONSENIORCARE.COM	NCF-0890 / 08/31/2018	

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

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

Certifications:None

Totals For Facility/License Type: <u>Nursing Home</u>	
Number of Activities/Facilities licensed: <u>4</u>	Number Licensed Units: <u>418</u>

County: Darlington

Number of Activities/Facilities licensed in county of :	<u>Darlington</u>	# Lics: _____	<u>4</u>
		Number Licensed Units : _____	<u>418</u>

County: Dillon

Facility Type: Nursing Home

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

CARLYLE SENIOR CARE OF FORK 1727 BUCK SWAMP RD FORK, SC 29543-6116 FAC.#:843-464-6212 MOORE JOHN PH#: 843-464-6212 Facility Email: BARNETTE@CMCSENIORCARE.COM	Dillon / Limited Liability 1727 BUCK SWAMP RD FORK, SC 29543-6116 CARLYLE SENIOR CARE OF FORK LLC NCF-0987 / 07/31/2018	111
--	---	-----

Licensed Beds: Nursing Home: 111 Institutional Nursing Home: 0

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

Certifications:None

PRUITTHEALTH - DILLON 413 LAKESIDE CT DILLON, SC 29536-1999 FAC.#:843-774-2741 CAMPBELL CELESTE PH#: 843-774-2741 Facility Email: CCAMPBELL@PRUITTHEALTH.COM	Dillon / Ltd. Liability 413 LAKESIDE CT DILLON, SC 29536-1999 PRUITTHEALTH - DILLON LLC NCF-0835 / 11/30/2018	84
---	---	----

Licensed Beds: Nursing Home: 84 Institutional Nursing Home: 0

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

Certifications:None

Totals For Facility/License Type: <u>Nursing Home</u>	
Number of Activities/Facilities licensed: <u>2</u>	Number Licensed Units: <u>195</u>

Number of Activities/Facilities licensed in county of : <u>Dillon</u>	# Lics: <u>2</u>
	Number Licensed Units : <u>195</u>

County: **Dorchester**

Facility Type: **Nursing Home**

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

HALLMARK HEALTHCARE CENTER 255 MIDLAND PKWY SUMMERVILLE, SC 29485-8104 FAC.#:843-821-5005 STINSON DURENA PH#: 843-821-5005 Facility Email: DURENA.STINSON@PALMLTC.COM	Dorchester / Ltd. Liability 255 MIDLAND PKWY SUMMERVILLE, SC 29485-8104 PALMETTO HALLMARK OPERATING LLC NCF-0932 / 09/30/2018	88
--	--	----

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

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

Certifications:None

OAKBROOK HEALTH AND REHABILITATION CENTER 920 TRAVELERS BLVD SUMMERVILLE, SC 29485-8213 FAC.#:843-875-9053 HIERS KELLIE PH#: 843-875-9053 Facility Email: K.HIERS@PALMLTC.COM	Dorchester / Limited Liability 920 TRAVELERS BLVD SUMMERVILLE, SC 29485-8213 OAKBROOK HEALTH CARE LLC NCF-0998 / 08/31/2018	88
--	--	----

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

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

Certifications:None

PRESBYTERIAN COMMUNITIES OF SOUTH CAROLINA-SUMMERVILLE 201 W 9TH NORTH ST SUMMERVILLE, SC 29483-6721 FAC.#:843-873-2550 WHITE YOLANDA M PH#: 843-873-2550 Facility Email: YOLANDA.WHITE@PRESHOMESC.ORG	Dorchester / Non-Profit Corporation 201 W 9TH NORTH ST OFC 140 SUMMERVILLE, SC 29483-6701 PRESBYTERIAN COMMUNITIES OF SOUTH CAROLINA NCF-0202 / 04/30/2018	87
---	---	----

Licensed Beds: Nursing Home: 87 Institutional Nursing Home: 0

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

Certifications:None

ST GEORGE HEALTHCARE CENTER 905 DUKES ST SAINT GEORGE, SC 29477-2059 FAC.#:843-563-4602 SELLARS RICHARD PH#: 843-563-8481 Facility Email: RICHARD.SELLARS0579@FUNDLTC.COM	Dorchester / Limited Liability 905 DUKES ST SAINT GEORGE, SC 29477-2059 ST GEORGE HEALTH CARE LLC NCF-0999 / 08/31/2018	88
--	--	----

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

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

Certifications:None

Totals For Facility/License Type: <u>Nursing Home</u>	
Number of Activities/Facilities licensed: _____ 4	Number Licensed Units: _____ 351

County: Dorchester

Number of Activities/Facilities licensed in county of :	<u>Dorchester</u>	# Lics: _____	<u>4</u>
		Number Licensed Units :	<u>351</u>

County: Edgefield

Facility Type: Nursing Home

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

RIDGE REHABILITATION AND HEALTHCARE CENTER 226 WA REEL DR EDGEFIELD, SC 29824-4534 FAC.#:803-637-5312 OTHMAN MOHAMED M PH#: 803-637-5312 Facility Email: MOTHMAN@ORIANNA.COM	Edgefield / Ltd. Liability 226 W A REEL DR EDGEFIELD, SC 29824-4534 RIDGE REHABILITATION AND HEALTHCARE CENTER LLC NCF-0941 / 11/30/2018	120
---	--	-----

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

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

Certifications:None

Totals For Facility/License Type: <u>Nursing Home</u>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>120</u>

Number of Activities/Facilities licensed in county of : <u>Edgefield</u>	# Lics: <u>1</u>
	Number Licensed Units : <u>120</u>

County: **Fairfield**

Facility Type: **Nursing Home**

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

BLUE RIDGE IN THE FIELDS 117 BELLEFIELD RD RIDGEWAY, SC 29130 FAC.#:803-337-2257 MCCULLUM JAMES M PH#: 803-337-2257 Facility Email: ADMIN@FAIRFIELD.CARE	Fairfield / Limited Liability 117 BELLEFIELD RD RIDGEWAY, SC 29130 BLUE RIDGE IN THE FIELDS LLC NCF-0981 / 05/31/2018	112
---	---	-----

Licensed Beds: Nursing Home: 112 Institutional Nursing Home: 0

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

Certifications:None

PRUITTHEALTH-RIDGEWAY 213 TANGLEWOOD CT RIDGEWAY, SC 29130-7100 FAC.#:803-337-3211 PHILLIPS KAREN PH#: 803-337-3211 Facility Email: DBLACK-GRAHAM@PRUITTHEALTH.COM	Fairfield / Limited Liability 213 TANGLEWOOD CT RIDGEWAY, SC 29130-7100 PRUITTHEALTH-RIDGEWAY LLC NCF-0710 / 10/31/2018	150
---	---	-----

Licensed Beds: Nursing Home: 150 Institutional Nursing Home: 0

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

Certifications:None

Totals For Facility/License Type: <u>Nursing Home</u>	
Number of Activities/Facilities licensed: <u>2</u>	Number Licensed Units: <u>262</u>

Number of Activities/Facilities licensed in county of : <u>Fairfield</u>	# Lics: <u>2</u>
	Number Licensed Units : <u>262</u>

County: Florence

Facility Type: Nursing Home

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

CARLYLE SENIOR CARE OF FLORENCE 133 W CLARKE RD FLORENCE, SC 29501-0722 FAC.#:843-669-4374 SIMON SHIRLEY K PH#: 843-669-4374 Facility Email: RCRANFORD@CMCSENIORCARE.COM	Florence / Limited Liability 133 W CLARKE RD FLORENCE, SC 29501-0722 CARLYLE SENIOR CARE OF FLORENCE LLC NCF-0983 / 07/31/2018	88
---	---	----

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

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

Certifications:None

COMMANDER NURSING CENTER 4438 PAMPLICO HWY FLORENCE, SC 29505-8502 FAC.#:843-669-3502 COMMANDER IV JOSEPH M PH#: 843-669-3502 Facility Email: JOECOMMANDER@HOTMAIL.COM	Florence / Corporation 4438 PAMPLICO HWY FLORENCE, SC 29505-8502 COMMANDER HEALTH CARE FACILITIES INC NCF-0233 / 07/31/2018	163
---	--	-----

Licensed Beds: Nursing Home: 163 Institutional Nursing Home: 0

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

Certifications:None

FAITH HEALTHCARE CENTER 617 W MARION ST FLORENCE, SC 29501-2470 FAC.#:843-669-9958 ARNETTE BROOKS PH#: 843-669-9958 Facility Email: BROOKS.ARNETTE@PALMLTC.COM	Florence / Ltd. Liability 617 W MARION ST FLORENCE, SC 29501-2470 PALMETTO FAITH OPERATING LLC NCF-0927 / 09/30/2018	104
---	---	-----

Licensed Beds: Nursing Home: 104 Institutional Nursing Home: 0

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

Certifications:None

HERITAGE HOME OF FLORENCE 515 WARLEY ST FLORENCE, SC 29501-5199 FAC.#:843-662-4573 WELCH PAIGE S PH#: 843-662-4573 Facility Email: PWELCH@HERITAGEFLORENCE.COM	Florence / Corporation 515 S WARLEY ST FLORENCE, SC 29501-5199 HERITAGE HOME OF FLORENCE INC NCF-0450 / 02/28/2019	132
---	---	-----

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

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

Certifications:None

County: Florence

Facility Type: Nursing Home

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

HONORAGE NURSING CENTER	Florence / Corporation	88
1207 N CASHUA RD	1207 N CASHUA RD	
FLORENCE, SC 29501-6969 FAC.#:843-665-6172	FLORENCE, SC 29501-6969	
TAYLOR PAMELA M PH#: 843-665-6172	HONORAGE NURSING HOME OF FLORENCE SC INC	
Facility Email: PTAYLOR1549@AOL.COM	NCF-0329 / 12/31/2018	

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

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

Certifications:None

LAKE CITY-SCRANTON HEALTHCARE CENTER	Florence / Ltd. Liability	88
1940 BOYD RD	1940 BOYD RD	
SCRANTON, SC 29591-5835 FAC.#:843-389-9201	SCRANTON, SC 29591-5835	
GIBBS JEFFREY PH#: 843-389-9201	PALMETTO LAKE CITY OPERATING LLC	
Facility Email: JEFFREY.GIBBS@PALMLTC.COM	NCF-0928 / 09/30/2018	

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

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

Certifications:None

METHODIST MANOR HEALTHCARE CENTER	Florence / Non-Profit Corporation	32
2100 TWIN CHURCH RD	2100 TWIN CHURCH RD	
FLORENCE, SC 29501-8200 FAC.#:843-664-0700	FLORENCE, SC 29501-8200	
TABOR TERESSA L PH#: 843-664-0700	UNITED METHODIST MANOR OF THE PEE DEE	
Facility Email: TTABOR@METHODIST-MANOR.COM	NCF-0579 / 09/30/2018	

Licensed Beds: Nursing Home: 0 Institutional Nursing Home: 32

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

Certifications:None

PRESBYTERIAN COMMUNITIES OF SOUTH CAROLINA-FLORENCE	Florence / Non-Profit Corporation	44
2350 W LUCAS ST	2350 W LUCAS ST	
FLORENCE, SC 29501-1201 FAC.#:843-665-2222	FLORENCE, SC 29501-1201	
LILLY LORETTA PH#: 864-665-2102	PRESBYTERIAN COMMUNITIES OF SOUTH CAROLINA	
Facility Email: LORETTA.LILLY@PRESHOMESC.ORG	NCF-0420 / 09/30/2018	

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

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

Certifications:None

County: Florence

Facility Type: Nursing Home

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

SOUTHLAND HEALTH CARE CENTER	Florence / Corporation	88
722 S DARGAN ST	722 S DARGAN ST	
FLORENCE, SC 29506-2562 FAC.#:843-669-4403	FLORENCE, SC 29506-2562	
COMMANDER CHARLES S PH#: 843-669-4403	COMMANDER HEALTH CARE FACILITIES INC	
Facility Email: CCOMMANDER@SC.RR.COM	NCF-0599 / 12/31/2018	

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

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

Certifications:None

Totals For Facility/License Type: <u>Nursing Home</u>	
Number of Activities/Facilities licensed: <u>9</u>	Number Licensed Units: <u>827</u>

Number of Activities/Facilities licensed in county of : <u>Florence</u>	# Lics: <u>9</u>
	Number Licensed Units : <u>827</u>

County: Georgetown

Facility Type: Nursing Home

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

BLUE RIDGE IN GEORGETOWN	Georgetown / Limited Liability	84
2715 S ISLAND RD	2715 S ISLAND RD	
GEORGETOWN, SC 29440-4415 FAC.#:843-546-4123	GEORGETOWN, SC 29440-4415	
BRYANT COLBY E PH#: 843-546-4123	BLUE RIDGE IN GEORGETOWN LLC	
Facility Email: ADMIN@GEORGETOWN.CARE	NCF-0633 / 03/31/2019	

Licensed Beds: Nursing Home: 84 Institutional Nursing Home: 0

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

Certifications:None

LAKES AT LITCHFIELD SKILLED NURSING CENTER	Georgetown / Ltd. Liability	24
80 TIMBERVIEW CT	120 LAKES AT LITCHFIELD DR	
PAWLEYS ISLAND, SC 29585-5798 FAC.#:843-235-2421	PAWLEYS ISLAND, SC 29585-5515	
BARBER JEFF B PH#: 843-235-2421	LITCHFIELD RETIREMENT LLC	
Facility Email: JBARBER@LAKES-LITCHFIELD.COM	NCF-0843 / 12/31/2018	

Licensed Beds: Nursing Home: 17 Institutional Nursing Home: 7

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

Certifications:None

PRINCE GEORGE HEALTHCARE CENTER	Georgetown / Ltd. Liability	148
901 MAPLE ST	901 MAPLE ST	
GEORGETOWN, SC 29440-4333 FAC.#:843-546-6101	GEORGETOWN, SC 29440-4333	
PORTER RICHARD PH#: 843-546-6101	PALMETTO PRINCE GEORGE OPERATING LLC	
Facility Email: RICHARD.PORTER@PALMLTC.COM	NCF-0930 / 09/30/2018	

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

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

Certifications:None

Totals For Facility/License Type: <u>Nursing Home</u>	
Number of Activities/Facilities licensed: <u>3</u>	Number Licensed Units: <u>256</u>

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

County: Greenville

Facility Type: Nursing Home

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

ARBORETUM AT THE WOODLANDS 50 ARBORETUM LN GREENVILLE, SC 29617-6227 FAC.#:864-371-3100 BABBITT CAROL S PH#: 864-371-3100 Facility Email: CBABBITT@THEWOODLANDSATFURMAN.ORG	Greenville / Non-Profit Corporation 50 ARBORETUM LN GREENVILLE, SC 29617-6227 UPSTATE SENIOR LIVING INC NCF-0957 / 06/30/2018	30
--	--	----

Licensed Beds: Nursing Home: 30 Institutional Nursing Home: 0

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

Certifications:None

BROOKDALE GREENVILLE 1306 PELHAM RD GREENVILLE, SC 29615-3600 FAC.#:864-286-6600 HUNTER ANDREA M PH#: 864-286-6600 Facility Email: ANDREA.HUNTER@BROOKDALE.COM	Greenville / Corporation 1306 PELHAM RD GREENVILLE, SC 29615-3600 EMERICARE INC NCF-0785 / 10/31/2018	45
---	--	----

Licensed Beds: Nursing Home: 45 Institutional Nursing Home: 0

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

Certifications:None

BRUSHY CREEK REHABILITATION AND HEALTHCARE CENTER 101 COTTAGE CREEK CIR GREER, SC 29650-2438 FAC.#:864-797-8990 COTTINGHAM LINDSAY PH#: 864-797-8990 Facility Email: LCOTTINGHA@ORIANNA.COM	Greenville / Limited Liability 101 COTTAGE CREEK CIR GREER, SC 29650-2438 BRUSHY CREEK REHABILITATION AND HEALTHCARE CENTER LLC NCF-0992 / 10/31/2018	144
--	---	-----

Licensed Beds: Nursing Home: 144 Institutional Nursing Home: 0

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

Certifications:None

CARLYLE SENIOR CARE OF FOUNTAIN INN 501 GULLIVER ST FOUNTAIN INN, SC 29644-2105 FAC.#:864-862-2554 BAUGHMAN KATHY J PH#: 864-862-2554 Facility Email: RECRANFORD@CMCSENIORCARE.COM	Greenville / Limited Liability PO BOX 67 FOUNTAIN INN, SC 29644-0067 CARLYLE SENIOR CARE OF FOUNTAIN INN LLC NCF-0985 / 07/31/2018	60
---	---	----

Licensed Beds: Nursing Home: 60 Institutional Nursing Home: 0

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

Certifications:None

County: Greenville

Facility Type: Nursing Home

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

GHS GREENVILLE MEMORIAL HOSPITAL SUBACUTE 701 GROVE RD GREENVILLE, SC 29605 FAC.#:864-455-7112 TALBERT ADRIENNE PH#: 864-455-7112 Facility Email: NSALLY@GHS.ORG	Greenville / Corporation 300 E MCBEE AVE STE 402 GREENVILLE, SC 29601-2890 UPSTATE AFFILIATE ORGANIZATION NCF-0989 / 10/31/2018	15
--	--	----

Licensed Beds: Nursing Home: 15 Institutional Nursing Home: 0

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

Certifications:None

GREENVILLE REHABILITATION AND HEALTHCARE CENTER 661 RUTHERFORD RD GREENVILLE, SC 29609-4696 FAC.#:864-232-2442 BAYNARD BETHANY PH#: 864-232-2442 Facility Email: ZWOOD@ORIANNA.COM	Greenville / Ltd. Liability 661 RUTHERFORD RD GREENVILLE, SC 29609-4696 GREENVILLE REHABILITATION AND HEALTHCARE CENTER LLC NCF-0805 / 07/31/2018	132
--	---	-----

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

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

Certifications:None

GREER REHABILITATION AND HEALTHCARE CENTER 401 CHANDLER RD GREER, SC 29651-1243 FAC.#:864-879-1370 WOOD ZACHARY PH#: 864-879-1370 Facility Email: ZWOOD@ORIANNA.COM	Greenville / Limited Liability 401 CHANDLER RD GREER, SC 29651-1243 GREER REHABILITATION AND HEALTHCARE CENTER LLC NCF-0908 / 12/31/2018	133
---	---	-----

Licensed Beds: Nursing Home: 133 Institutional Nursing Home: 0

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

Certifications:None

HEARTLAND HEALTH CARE CENTER-GREENVILLE EAST 601 SULPHUR SPRINGS RD GREENVILLE, SC 29617-1698 FAC.#:864-246-2721 BARTHWELL NATASHA PH#: 864-246-2721 Facility Email: 4032ADMIN@HCR-MANORCARE.COM	Greenville / Limited Liability 333 N SUMMIT ST, LICENSURE SUPPORT TOLEDO, OH 43604-1531 OAKMONT EAST-GREENVILLE SC LLC NCF-0952 / 12/31/2018	132
--	---	-----

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

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

Certifications:None

County: Greenville

Facility Type: Nursing Home

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

HEARTLAND HEALTH CARE CENTER-GREENVILLE WEST	Greenville / Limited Liability	125
600 SULPHUR SPRINGS RD	333 N SUMMIT ST, LICENSURE SUPPORT	
GREENVILLE, SC 29617-1985 FAC.#:864-246-2721	TOLEDO, OH 43604-1531	
LOYD DEREK PH#: 000-000-0000	OAKMONT WEST-GREENVILLE SC LLC	
Facility Email: 4033ADMIN@HCR-MANORCARE.COM	NCF-0953 / 12/31/2018	

Licensed Beds: Nursing Home: 125 Institutional Nursing Home: 0
 Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

LINVILLE COURTS AT THE CASCADES VERDAE	Greenville / Limited Liability	44
30 SPRINGCREST CT	30 SPRINGCREST CT	
GREENVILLE, SC 29607-4034 FAC.#:864-528-5529	GREENVILLE, SC 29607-4034	
HILL JR JAMES A PH#: 864-528-5529	CASCADES NURSING LLC	
Facility Email: JHILL@CASCADES-VERDAE.COM	NCF-0956 / 04/30/2018	

Licensed Beds: Nursing Home: 44 Institutional Nursing Home: 0
 Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

MAGNOLIA MANOR-GREENVILLE	Greenville / Ltd. Liability	99
411 ANSEL ST	411 ANSEL ST	
GREENVILLE, SC 29601-3499 FAC.#:864-232-5368	GREENVILLE, SC 29601-3499	
SELLARS RICHARD PH#: 864-232-5368	THI OF SOUTH CAROLINA AT GREENVILLE LLC	
Facility Email: KIRK.BROOME@FUNDLTC.COM	NCF-0860 / 08/31/2018	

Licensed Beds: Nursing Home: 99 Institutional Nursing Home: 0
 Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

NHC HEALTHCARE GREENVILLE	Greenville / Ltd. Liability	176
1305 BOILING SPRINGS RD	1305 BOILING SPRINGS RD	
GREER, SC 29650-4139 FAC.#:864-458-7566	GREER, SC 29650-4139	
MOORHOUSE BRYAN M PH#: 864-458-7566	NHC HEALTHCARE/GREENVILLE LLC	
Facility Email: BMOORHOUSE@NHCGREENVILLE.COM	NCF-0807 / 06/30/2018	

Licensed Beds: Nursing Home: 176 Institutional Nursing Home: 0
 Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

County: Greenville

Facility Type: Nursing Home

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

<p>NHC HEALTHCARE MAULDIN 850 E BUTLER RD GREENVILLE, SC 29607-5842 FAC.#:864-675-6421 DOBSON DEBORAH D PH#: 864-675-6421 Facility Email: DDOBSON@NHCMAULDIN.COM</p>	<p>Greenville / Ltd. Liability PO BOX 600 MAULDIN, SC 29662-0600 NHC HEALTHCARE/MAULDIN LLC NCF-0796 / 06/30/2018</p>	<p>180</p>
--	--	------------

Licensed Beds: Nursing Home: 180 Institutional Nursing Home: 0

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

Certifications:None

<p>PATEWOOD REHABILITATION AND HEALTHCARE CENTER 2 GRIFFITH RD GREENVILLE, SC 29607-3504 FAC.#:864-990-1918 CALDWELL GLENNA PH#: 864-990-1918 Facility Email: GCALDWELL@ORIANNA.COM</p>	<p>Greenville / Limited Liability 2 GRIFFITH RD GREENVILLE, SC 29607-3504 PATEWOOD REHABILITATION AND HEALTHCARE CENTER LLC NCF-0900 / 12/31/2018</p>	<p>120</p>
---	---	------------

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

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

Certifications:None

<p>POINSETT REHABILITATION AND HEALTHCARE CENTER 8 N TEXAS AVE GREENVILLE, SC 29611-5034 FAC.#:864-295-1331 ADDISON MICHELLE PH#: 864-295-1331 Facility Email: MADDISON@ORIANNA.COM</p>	<p>Greenville / Limited Liability 8 N TEXAS AVE GREENVILLE, SC 29611-5034 POINSETT REHABILITATION AND HEALTHCARE CENTER LLC NCF-0903 / 11/30/2018</p>	<p>132</p>
---	---	------------

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

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

Certifications:None

<p>RIVER FALLS REHABILITATION AND HEALTHCARE CENTER 2906 GEER HWY MARIETTA, SC 29661-9517 FAC.#:864-836-6381 HAMMETT WARREN PH#: 864-836-6381 Facility Email: WHAMMETT@ORIANNA.COM</p>	<p>Greenville / Limited Liability 2906 GEER HWY MARIETTA, SC 29661-9517 RIVER FALLS REHABILITATION AND HEALTHCARE CENTER LLC NCF-0920 / 11/30/2018</p>	<p>44</p>
--	--	-----------

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

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

Certifications:None

County: Greenville

Facility Type: Nursing Home

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

ROLLING GREEN VILLAGE HEALTH CARE FACILITY	Greenville / Non-Profit Corporation	74
1 HOKE SMITH BLVD	1 HOKE SMITH BLVD	
GREENVILLE, SC 29615-5308 FAC.#:864-987-9800	GREENVILLE, SC 29615-5308	
TOERNER RYAN PH#: 864-987-9800	ROLLING GREEN VILLAGE	
Facility Email: RYANT@ROLLINGGREENVILLAGE.COM	NCF-0456 / 10/31/2018	

Licensed Beds: Nursing Home: 74 Institutional Nursing Home: 0

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

Certifications:None

SIMPSONVILLE REHABILITATION AND HEALTHCARE CENTER	Greenville / Limited Liability	132
807 SE MAIN ST	807 SE MAIN ST	
SIMPSONVILLE, SC 29681-7150 FAC.#:864-963-6069	SIMPSONVILLE, SC 29681-7150	
MANGRUM KIMBERLY PH#: 864-963-6069	SIMPSONVILLE REHABILITATION AND HEALTHCARE CENTER LLC	
Facility Email: KMANGRUM@ORIANNA.COM	NCF-0905 / 11/30/2018	

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

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

Certifications:None

SOUTHPOINTE HEALTHCARE AND REHABILITATION	Greenville / Ltd. Liability	120
35 SOUTHPOINTE DR	35 SOUTHPOINTE DR	
GREENVILLE, SC 29607-5956 FAC.#:864-288-1415	GREENVILLE, SC 29607-5956	
BROOME KIRK PH#: 864-288-1415	THI OF SOUTH CAROLINA AT MAGNOLIA PLACE AT GREENVILLE LLC	
Facility Email: Not on File	NCF-0869 / 08/31/2018	

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

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

Certifications:None

Totals For Facility/License Type: <u>Nursing Home</u>	
Number of Activities/Facilities licensed: <u>19</u>	Number Licensed Units: <u>1,937</u>

Number of Activities/Facilities licensed in county of : <u>Greenville</u>	# Lics: <u>19</u>
	Number Licensed Units : <u>1,937</u>

County: Greenwood

Facility Type: Nursing Home

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

GREENWOOD TRANSITIONAL REHABILITATION UNIT 1530 PKWY GREENWOOD, SC 29646-4027 FAC.#:864-330-1800 BENCEBI ELIZABETH PH#: 864-330-1800 Facility Email: ELIZABETHBENCEBI@ERNESTHEALTH.COM	Greenwood / Ltd. Liability 1530 PKWY GREENWOOD, SC 29646-4027 GREENWOOD REGIONAL REHABILITATION HOSPITAL LLC NCF-0944 / 10/31/2018	12
---	---	----

Licensed Beds: Nursing Home: 12 Institutional Nursing Home: 0

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

Certifications:None

MAGNOLIA MANOR-GREENWOOD 1415 PKWY GREENWOOD, SC 29646-4044 FAC.#:864-227-9500 GOFORTH EDITH C PH#: 864-227-9500 Facility Email: EDITH.GOFORTH@FUNDLTC.COM	Greenwood / Ltd. Liability 1415 PKWY GREENWOOD, SC 29646-4044 THI OF SOUTH CAROLINA AT GREENWOOD LLC NCF-0866 / 08/31/2018	88
---	---	----

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

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

Certifications:None

NHC HEALTHCARE GREENWOOD 437 CAMBRIDGE AVE E GREENWOOD, SC 29646-2244 FAC.#:864-223-1950 SELLARS RICHARD A PH#: 864-223-1950 Facility Email: RSELLARS@NHCGREENWOOD.COM	Greenwood / Ltd. Liability 437 CAMBRIDGE AVE E GREENWOOD, SC 29646-2244 NHC HEALTHCARE/GREENWOOD LLC NCF-0802 / 06/30/2018	152
---	---	-----

Licensed Beds: Nursing Home: 152 Institutional Nursing Home: 0

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

Certifications:None

WESLEY COMMONS HEALTH AND REHABILITATION CENTER 1075 BYPASS 25 SE GREENWOOD, SC 29646 FAC.#:864-227-7250 HOLMES MOODY KIMBERLY K PH#: 864-227-7250 Facility Email: KMOODY@WESLEYCOMMONS.ORG	Greenwood / Non-Profit Corporation 1110 MARSHALL RD GREENWOOD, SC 29646-4299 WESLEY COMMONS NCF-0304 / 03/31/2019	80
--	--	----

Licensed Beds: Nursing Home: 80 Institutional Nursing Home: 0

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

Certifications:None

Totals For Facility/License Type: <u>Nursing Home</u>	
Number of Activities/Facilities licensed: _____ 4	Number Licensed Units: _____ 332

County: Greenwood

Number of Activities/Facilities licensed in county of :	<u>Greenwood</u>	# Lics: <u>4</u>
	Number Licensed Units :	<u>332</u>

County: Hampton

Facility Type: Nursing Home

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

PRUITTHEALTH - ESTILL 252 LIBERTY AVE S ESTILL, SC 29918 FAC.#:803-625-3852 YOUNG JACQUELINE PH#: 803-625-3852 Facility Email: JLOCKLAIR@PRUITTHEALTH.COM	Hampton / Ltd. Liability 252 LIBERTY AVE S ESTILL, SC 29918 PRUITTHEALTH - ESTILL LLC NCF-0922 / 09/30/2018	104
---	---	-----

Licensed Beds: Nursing Home: 104 Institutional Nursing Home: 0

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

Certifications:None

Totals For Facility/License Type: <u>Nursing Home</u>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>104</u>

Number of Activities/Facilities licensed in county of : <u>Hampton</u>	# Lics: <u>1</u>
	Number Licensed Units : <u>104</u>

County: Horry

Facility Type: Nursing Home

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

BRIGHTWATER SKILLED NURSING CENTER 171 BRIGHTWATER DR MYRTLE BEACH, SC 29579 FAC.#:843-903-8300 GRANGER PAUL PH#: 843-903-8300 Facility Email: EHAYES@BRIGHTWATER-LIVING.COM	Horry / Limited Liability 171 BRIGHTWATER DR MYRTLE BEACH, SC 29579 BRIGHTWATER RETIREMENT LLC NCF-0955 / 04/30/2018	67
--	---	----

Licensed Beds: Nursing Home: 67 Institutional Nursing Home: 0

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

Certifications:None

COMPASS POST ACUTE REHABILITATION 2320 HWY 378 CONWAY, SC 29527-4911 FAC.#:843-397-2273 TILLER RAYMOND PH#: 843-397-2273 Facility Email: RENEWALS@ENSIGNSERVICES.NET	Horry / Corporation 27101 PUERTA REAL STE 450 MISSION VIEJO, CA 92691-8566 CAROLINA HEALTHCARE INC NCF-0977 / 12/31/2018	95
--	---	----

Licensed Beds: Nursing Home: 95 Institutional Nursing Home: 0

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

Certifications:None

CONWAY MANOR 3300 4TH AVE CONWAY, SC 29527-6002 FAC.#:843-248-5728 SEFJACK CHRIS PH#: 843-248-5728 Facility Email: RTILLER@CONWAYMANOR.NET	Horry / Ltd. Liability 3300 4TH AVE CONWAY, SC 29527-6002 CONWAY MANOR LLC NCF-0899 / 05/31/2018	190
--	---	-----

Licensed Beds: Nursing Home: 190 Institutional Nursing Home: 0

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

Certifications:None

COVENANT TOWERS HEALTH CARE 5001 LITTLE RIVER RD MYRTLE BEACH, SC 29577-2478 FAC.#:843-449-2484 HENDRICK DEBBIE M PH#: 843-449-2484 Facility Email: DEBBIE@COVENANTTOWERS.COM	Horry / Non-Profit Corporation 5001 LITTLE RIVER RD, COVENANT TOWERS W-505 MYRTLE BEACH, SC 29577-2478 COVENANT TOWERS HOMEOWNERS ASSOCIATION INC NCF-0469 / 08/31/2018	30
---	--	----

Licensed Beds: Nursing Home: 30 Institutional Nursing Home: 0

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

Certifications:None

County: Horry

Facility Type: Nursing Home

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

GRAND STRAND REHAB AND NURSING CENTER 4452 SOCASTEE BLVD MYRTLE BEACH, SC 29588-7253 FAC.#:843-293-1137 FLANSBURG CHRISTINE PH#: 843-293-1137 Facility Email: SWEESNER@WILSONSENIORCARE.COM	Horry / Limited Liability PO BOX 510 DARLINGTON, SC 29540-0510 GRAND STRAND REHAB AND NURSING CENTER LLC NCF-0993 / 09/30/2018	88
--	--	----

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

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

Certifications:None

KINGSTON NURSING CENTER 2379 CYPRESS CIR CONWAY, SC 29526-8921 FAC.#:843-347-8179 FOWLER LAURA L PH#: 843-347-8179 Facility Email: LFOWLER@CMC-SC.COM	Horry / Non-Profit Corporation PO BOX 1496 CONWAY, SC 29528-1496 CONWAY HOSPITAL INC NCF-0518 / 06/30/2018	88
--	--	----

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

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

Certifications:None

LORIS REHAB AND NURSING CENTER 3620 STEVENS ST LORIS, SC 29569-2953 FAC.#:843-716-7106 OATES MARGARET PH#: 843-716-7106 Facility Email: BOATES@WILSONSENIORCARE.COM	Horry / Limited Liability PO BOX 510 DARLINGTON, SC 29540-0510 LORIS REHAB AND NURSING CENTER LLC NCF-0207 / 08/31/2018	88
--	---	----

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

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

Certifications:None

MYRTLE BEACH MANOR 9547 HWY 17 N MYRTLE BEACH, SC 29572-0000 FAC.#:843-449-5283 BEARD MICHAEL PH#: 843-449-5283 Facility Email: MBEARD@5SSL.COM	Horry / Corporation 400 CENTRE ST NEWTON, MA 02458-2094 FS TENANT POOL I TRUST NCF-0829 / 01/31/2019	60
--	--	----

Licensed Beds: Nursing Home: 60 Institutional Nursing Home: 0

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

Certifications:None

County: Horry

Facility Type: Nursing Home

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

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

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

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

Certifications:None

Totals For Facility/License Type: <u>Nursing Home</u>	
Number of Activities/Facilities licensed: <u>9</u>	Number Licensed Units: <u>854</u>

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

County: Jasper

Facility Type: Nursing Home

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

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

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

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

Certifications:None

Totals For Facility/License Type: <u>Nursing Home</u>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>88</u>

Number of Activities/Facilities licensed in county of : <u>Jasper</u>	# Lics: <u>1</u>
	Number Licensed Units : <u>88</u>

County: Kershaw

Facility Type: Nursing Home

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

KERSHAWHEALTH KARESH LONG TERM CARE 1311 ROBERTS ST CAMDEN, SC 29020-3737 FAC.#:803-713-6376 HANLEY JEANNE H PH#: 803-713-6376 Facility Email: HANLEY@KERSHAWHEALTH.ORG	Kershaw / County 1311 ROBERTS ST CAMDEN, SC 29020-3798 KERSHAW HOSPITAL LLC NCF-0313 / 09/30/2018	96
--	---	----

Licensed Beds: Nursing Home: 96 Institutional Nursing Home: 0

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

Certifications:None

SPRINGDALE HEALTHCARE CENTER 146 BATTLESHIP RD CAMDEN, SC 29020-2060 FAC.#:803-432-3741 SPARKS DEBORAH PH#: 803-432-3741 Facility Email: DEBORAH.SPARKS@PALMLTC.COM	Kershaw / Ltd. Liability 146 BATTLESHIP RD CAMDEN, SC 29020-2060 PALMETTO SPRINGDALE OPERATING LLC NCF-0925 / 09/30/2018	148
--	--	-----

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

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

Certifications:None

Totals For Facility/License Type: <u>Nursing Home</u>	
Number of Activities/Facilities licensed: <u>2</u>	Number Licensed Units: <u>244</u>

Number of Activities/Facilities licensed in county of : <u>Kershaw</u>	# Lics: <u>2</u>
	Number Licensed Units : <u>244</u>

County: Lancaster

Facility Type: Nursing Home

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

LANCASTER CONVALESCENT CENTER 2044 PAGELAND HWY LANCASTER, SC 29720-7608 FAC.#:803-285-7907 SKINNER JEFF PH#: 803-285-7907 Facility Email: JEFF.SKINNER@FUNDLTC.COM	Lancaster / Corporation 2044 PAGELAND HWY LANCASTER, SC 29720-7608 LANCASTER HEALTH CARE LLC NCF-0551 / 02/28/2019	142
--	--	-----

Licensed Beds: Nursing Home: 142 Institutional Nursing Home: 0

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

Certifications:None

TRANSITIONAL CARE UNIT AT SPRINGS MEMORIAL HOSPITAL 800 W MEETING ST LANCASTER, SC 29720-2298 FAC.#:803-286-1837 GOSNELL LISA R PH#: 000-000-0000 Facility Email: LISA_GOSNELL@CHS.NET	Lancaster / Corporation 800 W MEETING ST LANCASTER, SC 29720-2298 LANCASTER HOSPITAL CORPORATION NCF-0723 / 04/30/2018	14
---	--	----

Licensed Beds: Nursing Home: 14 Institutional Nursing Home: 0

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

Certifications:None

WHITE OAK MANOR LANCASTER 253 CRAIG MANOR RD LANCASTER, SC 29720-6531 FAC.#:803-286-1464 HEITKAMP RYAN M PH#: 803-286-1464 Facility Email: RHEITKAMP@WHITEOAKMANOR.COM	Lancaster / Corporation 253 CRAIG MANOR RD LANCASTER, SC 29720-6531 WHITE OAK MANOR LANCASTER INC NCF-0883 / 12/31/2018	132
---	---	-----

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

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

Certifications:None

Totals For Facility/License Type: <u>Nursing Home</u>	
Number of Activities/Facilities licensed: <u>3</u>	Number Licensed Units: <u>288</u>

Number of Activities/Facilities licensed in county of : <u>Lancaster</u>	# Lics: <u>3</u>
	Number Licensed Units : <u>288</u>

County: Laurens

Facility Type: Nursing Home

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

GHS LAURENS COUNTY MEMORIAL HOSPITAL SUBACUTE UNIT 22725 HWY 76 E CLINTON, SC 29325-7527 FAC.#:864-833-9100 BROWN FRANKLIN C PH#: 864-833-9100 Facility Email: NSALLY@GHS.ORG	Laurens / Corporation 300 E MCBEE AVE STE 402 GREENVILLE, SC 29601-2890 UPSTATE AFFILIATE ORGANIZATION NCF-0991 / 10/31/2018	14
--	---	----

Licensed Beds: Nursing Home: 14 Institutional Nursing Home: 0

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

Certifications:None

MARTHA FRANKS BAPTIST RETIREMENT COMMUNITY 1 MARTHA FRANKS DR LAURENS, SC 29360-1799 FAC.#:864-984-4541 FRANKS POLLYANNA PH#: 864-984-4541 Facility Email: PFRANKS@SCBMA.COM	Laurens / Non-Profit Corporation 1 MARTHA FRANKS DR LAURENS, SC 29360-1799 SOUTH CAROLINA BAPTIST MINISTRIES FOR THE AGING INC NCF-0435 / 03/31/2019	88
---	--	----

Licensed Beds: Nursing Home: 81 Institutional Nursing Home: 7

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

Certifications:None

NHC HEALTHCARE CLINTON 304 JACOBS HWY CLINTON, SC 29325-7279 FAC.#:864-833-2550 HOLDER CHARLES E PH#: 000-000-0000 Facility Email: CHOLDER@NHCCCLINTON.COM	Laurens / Ltd. Liability PO BOX 727 CLINTON, SC 29325-0727 NHC HEALTHCARE/CLINTON LLC NCF-0804 / 06/30/2018	131
---	--	-----

Licensed Beds: Nursing Home: 131 Institutional Nursing Home: 0

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

Certifications:None

NHC HEALTHCARE LAURENS 379 PINEHAVEN ST EXT LAURENS, SC 29360-2672 FAC.#:864-984-6584 SHEARER RICKIE L PH#: 864-984-6584 Facility Email: RSHEARER@NHCLAURENS.COM	Laurens / Ltd. Liability PO BOX 1259 LAURENS, SC 29360-1259 NHC HEALTHCARE/LAURENS LLC NCF-0326 / 06/30/2018	176
---	---	-----

Licensed Beds: Nursing Home: 176 Institutional Nursing Home: 0

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

Certifications:None

County: Laurens

Facility Type: Nursing Home

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

PRESBYTERIAN COMMUNITIES OF SOUTH CAROLINA-CLINTON	Laurens / Non-Profit Corporation	66
801 MUSGROVE ST	801 MUSGROVE ST	
CLINTON, SC 29325-1796 FAC.#:864-833-5190	CLINTON, SC 29325-1796	
PRIDMORE ROBERT P PH#: 864-833-5190	PRESBYTERIAN COMMUNITIES OF SOUTH CAROLINA	
Facility Email: PAUL.PRIDMORE@PRESHOME.ORG	NCF-0366 / 04/30/2018	

Licensed Beds: Nursing Home: 18 Institutional Nursing Home: 48

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

Certifications:None

Totals For Facility/License Type: <u>Nursing Home</u>	
Number of Activities/Facilities licensed: <u>5</u>	Number Licensed Units: <u>475</u>

Number of Activities/Facilities licensed in county of : <u>Laurens</u>	# Lics: <u>5</u>
	Number Licensed Units : <u>475</u>

County: Lee

Facility Type: Nursing Home

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

MCCOY MEMORIAL NURSING CENTER	Lee / Limited Liability	120
207 CHAPPELL DR	207 CHAPPELL DR	
BISHOPVILLE, SC 29010-1167 FAC.#:803-484-5636	BISHOPVILLE, SC 29010-1167	
MCCASKILL CARLETTE PH#: 803-484-5636	CARLYLE SENIOR CARE OF BISHOPVILLE LLC	
Facility Email: CMCCASKILL@CMCSENIORCARE.COM	NCF-0986 / 07/31/2018	

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

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

Certifications:None

Totals For Facility/License Type: <u>Nursing Home</u>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>120</u>

Number of Activities/Facilities licensed in county of : <u>Lee</u>	# Lics: <u>1</u>
	Number Licensed Units : <u>120</u>

County: Lexington

Facility Type: Nursing Home

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

BRIAN CENTER OF NURSING CARE-ST ANDREWS 3514 SIDNEY RD COLUMBIA, SC 29210-4494 FAC.#:803-798-9715 MORLEY MILLICENT PH#: 803-798-9715 Facility Email: STANDREWS@CHOICE-HEALTH.NET	Lexington / Ltd. Liability 3514 SIDNEY RD COLUMBIA, SC 29210-4494 BRIAN CENTER/ST ANDREWS LLC NCF-0875 / 05/31/2018	108
---	---	-----

Licensed Beds: Nursing Home: 108 Institutional Nursing Home: 0

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

Certifications:None

HERITAGE AT LOWMAN REHABILITATION AND HEALTHCARE 201 FORTRESS DR CHAPIN, SC 29036 FAC.#:803-732-3000 HYMAN ASHLEY PH#: 803-732-3000 Facility Email: AHYMAN@THEHERITAGEATLOWMAN.ORG	Lexington / Non-Profit Corporation PO BOX 444 WHITE ROCK, SC 29177-0444 LUTHERAN HOMES OF SOUTH CAROLINA INC (NPC) NCF-0688 / 05/31/2018	176
---	--	-----

Licensed Beds: Nursing Home: 176 Institutional Nursing Home: 0

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

Certifications:None

LAUREL CREST RETIREMENT COMMUNITY 100 JOSEPH WALKER DR WEST COLUMBIA, SC 29169-6939 FAC.#:803-796-0370 DEEL JAMES F PH#: 803-796-0370 Facility Email: J.DEEL@LAUREL-CREST.COM	Lexington / Non-Profit Corporation 2817 ASHLAND RD COLUMBIA, SC 29210 LAUREL CREST RETIREMENT COMMUNITY NCF-1001 / 01/31/2019	12
--	---	----

Licensed Beds: Nursing Home: 0 Institutional Nursing Home: 12

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

Certifications:None

LEXINGTON MEDICAL CENTER EXTENDED CARE 815 OLD CHEROKEE RD LEXINGTON, SC 29072-8115 FAC.#:803-359-5181 STOWE RICHARD W PH#: 803-359-5181 Facility Email: WSTOWE@LEXHEALTH.ORG	Lexington / Corporation 815 OLD CHEROKEE RD LEXINGTON, SC 29072-8115 LEXMED INC NCF-0730 / 12/31/2018	388
--	---	-----

Licensed Beds: Nursing Home: 388 Institutional Nursing Home: 0

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

Certifications:None

County: Lexington

Facility Type: Nursing Home

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

MILLENNIUM POST ACUTE REHABILITATION	Lexington / Corporation	132
2416 SUNSET BLVD	27101 PUERTA REAL STE 450	
WEST COLUMBIA, SC 29169-4791 FAC.#:803-796-8024	MISSION VIEJO, CA 92691	
NADKARNI NATASHA PH#: 803-796-8024	STONEY HILL HEATLHCARE INC	
Facility Email: RENEWALS@ENSIGNSERVICES.NET	NCF-0948 / 11/30/2018	

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

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

Certifications:None

NHC HEALTHCARE LEXINGTON	Lexington / Ltd. Liability	170
2993 SUNSET BLVD	2993 SUNSET BLVD	
WEST COLUMBIA, SC 29169-3421 FAC.#:803-939-0026	WEST COLUMBIA, SC 29169-3421	
MANLEY MICHAEL W PH#: 803-939-0026	NHC HEALTHCARE/LEXINGTON LLC	
Facility Email: NHC@NHCLEXINGTON.COM	NCF-0798 / 06/30/2018	

Licensed Beds: Nursing Home: 170 Institutional Nursing Home: 0

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

Certifications:None

OPUS POST ACUTE REHABILITATION	Lexington / Corporation	100
300 AGAPE DR	27101 PUERTA REAL STE 450	
WEST COLUMBIA, SC 29169-3307 FAC.#:803-739-5282	MISSION VIEJO, CA 92691-8566	
SHEETS STEVEN PH#: 803-739-5282	SOUTHERN CHARM HEALTHCARE INC	
Facility Email: RENEWALS@ENSIGNSERVICES.NET	NCF-0976 / 12/31/2018	

Licensed Beds: Nursing Home: 100 Institutional Nursing Home: 0

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

Certifications:None

PRESBYTERIAN COMMUNITIES OF SOUTH CAROLINA-COLUMBIA	Lexington / Non-Profit Corporation	44
700 DAVEGA DR	700 DAVEGA DR	
LEXINGTON, SC 29073-9698 FAC.#:803-796-8700	LEXINGTON, SC 29073-9698	
BASILE JASON PH#: 803-796-8700	PRESBYTERIAN COMMUNITIES OF SOUTH CAROLINA	
Facility Email: JASON.BASILE@PRESCOMM.ORG	NCF-0545 / 12/31/2018	

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

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

Certifications:None

County: Lexington

Facility Type: Nursing Home

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

RETREAT AT WELLMORE OF LEXINGTON	Lexington /	60
200 WELLMORE DR BLDG #4	200 WELLMORE DR BLDG #4	
LEXINGTON, SC 29072 FAC.#:803-520-1200	LEXINGTON, SC 29072	
TREMBLE WILLIAM M PH#: 803-520-1200	WELLMORE OF LEXINGTON LLC	
Facility Email: LEXINGTON@WELL-MORE.COM	NCF-0966 / 07/31/2018	

Licensed Beds: Nursing Home: 60 Institutional Nursing Home: 0

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

Certifications:None

SOUTH CAROLINA EPISCOPAL HOME AT STILL HOPE	Lexington / Corporation	62
1 STILL HOPES DR	PO BOX 2959	
WEST COLUMBIA, SC 29169-7164 FAC.#:803-796-6490	WEST COLUMBIA, SC 29171-2959	
ROBERTSON NIKKI W PH#: 803-796-6490	SOUTH CAROLINA EPISCOPAL HOME AT STILL HOPES INC	
Facility Email: BLUGMAYER@STILLHOPES.ORG	NCF-0392 / 12/31/2018	

Licensed Beds: Nursing Home: 62 Institutional Nursing Home: 0

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

Certifications:None

Totals For Facility/License Type: <u>Nursing Home</u>	
Number of Activities/Facilities licensed: <u>10</u>	Number Licensed Units: <u>1,252</u>

Number of Activities/Facilities licensed in county of : <u>Lexington</u>	# Lics: <u>10</u>
	Number Licensed Units : <u>1,252</u>

County: Marion

Facility Type: Nursing Home

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

MULLINS NURSING CENTER	Marion / Corporation	92
518 S MAIN ST	518 S MAIN ST	
MULLINS, SC 29574-3510 FAC.#:843-464-8211	MULLINS, SC 29574-3510	
GRIGGS DEBRA PH#: 843-464-8211	QHG OF SOUTH CAROLINA INC	
Facility Email: DGRIGGS@MCMED.ORG	NCF-0828 / 07/31/2018	

Licensed Beds: Nursing Home: 92 Institutional Nursing Home: 0

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

Certifications:None

Totals For Facility/License Type: <u>Nursing Home</u>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>92</u>

Number of Activities/Facilities licensed in county of : <u>Marion</u>	# Lics: <u>1</u>
	Number Licensed Units : <u>92</u>

County: Marlboro

Facility Type: Nursing Home

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

DUNDEE MANOR 710 15-401 BYP W BENNETTSVILLE, SC 29512-3641 FAC.#:843-479-6251 KING JAMES PH#: 843-479-6251 Facility Email: ADMIN@DUNDEEMANOR.NET	Marlboro / Ltd. Liability PO BOX 858 BENNETTSVILLE, SC 29512-0858 DUNDEE MANOR LLC NCF-0897 / 05/31/2018	110
--	--	-----

Licensed Beds: Nursing Home: 110 Institutional Nursing Home: 0

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

Certifications:None

Totals For Facility/License Type: <u>Nursing Home</u>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>110</u>

Number of Activities/Facilities licensed in county of : <u>Marlboro</u>	# Lics: <u>1</u>
	Number Licensed Units : <u>110</u>

County: McCormick

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
MCCORMICK REHABILITATION AND HEALTHCARE CENTER 204 HOLIDAY RD MC CORMICK, SC 29835-3429 FAC.#:864-391-2390 JOHNSON DENA PH#: 864-391-2390 Facility Email: DENJOHNSON@ORIANNA.COM	McCormick / Limited Liability 204 HOLIDAY RD MC CORMICK, SC 29835-3429 MCCORMICK REHABILITATION AND HEALTHCARE CENTER LLC NCF-0933 / 11/30/2018	120

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

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

Certifications:None

Totals For Facility/License Type: <u>Nursing Home</u>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>120</u>

Number of Activities/Facilities licensed in county of :	<u>McCormick</u>	# Lics: <u>1</u>
		Number Licensed Units : <u>120</u>

County: Newberry

Facility Type: Nursing Home

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

J F HAWKINS NURSING HOME 1330 KINARD ST NEWBERRY, SC 29108-3096 FAC.#:803-276-2601 RANDELL TY L PH#: 803-276-2601 Facility Email: TRANSDSELL@NEWBERRYCCRC.COM	Newberry / Limited Liability 1300 KINARD ST NEWBERRY, SC 29108 NEWBERRY OPERATOR LLC NCF-0234 / 02/28/2019	118
---	---	-----

Licensed Beds: Nursing Home: 118 Institutional Nursing Home: 0

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

Certifications:None

WHITE OAK MANOR-NEWBERRY 2555 KINARD ST NEWBERRY, SC 29108-2903 FAC.#:803-276-6060 GILLIAM MELISSA S PH#: 803-276-6060 Facility Email: MGILLIAM@WHITEOAKMANOR.COM	Newberry / Corporation 2555 KINARD ST NEWBERRY, SC 29108-2903 WHITE OAK MANOR - NEWBERRY INC NCF-0884 / 12/31/2018	146
---	---	-----

Licensed Beds: Nursing Home: 146 Institutional Nursing Home: 0

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

Certifications:None

Totals For Facility/License Type: Nursing Home

Number of Activities/Facilities licensed: 2 Number Licensed Units: 264

Number of Activities/Facilities licensed in county of : Newberry # Lics: 2

Number Licensed Units : 264

County: Oconee

Facility Type: Nursing Home

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

GHS LILA DOYLE 101 LILA DOYLE DR SENECA, SC 29672-9495 FAC.#:864-885-7979 SEAWRIGHT PHYLLIS PH#: 864-882-3351 Facility Email: NSALLY@GHS.ORG	Oconee / Corporation 101 LILA DOYLE DR SENECA, SC 29672-9495 UPSTATE AFFILIATE ORGANIZATION NCF-0990 / 10/31/2018	120
--	---	-----

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

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

Certifications:None

SENECA HEALTH AND REHABILITATION CENTER 140 TOKEENA RD SENECA, SC 29678-1799 FAC.#:864-882-1642 PARSON DIANE PH#: 864-882-1642 Facility Email: DMPARSON@SAVASC.COM	Oconee / Ltd. Liability 140 TOKEENA RD SENECA, SC 29678-1799 SSC SENECA OPERATING COMPANY LLC NCF-0917 / 09/30/2018	132
--	---	-----

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

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

Certifications:None

Totals For Facility/License Type: <u>Nursing Home</u>	
Number of Activities/Facilities licensed: <u>2</u>	Number Licensed Units: <u>252</u>

Number of Activities/Facilities licensed in county of : <u>Oconee</u>	# Lics: <u>2</u>
	Number Licensed Units : <u>252</u>

County: Orangeburg

Facility Type: Nursing Home

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

JOLLEY ACRES HEALTHCARE CENTER 1180 WOLFE TRL ORANGEBURG, SC 29115-7339 FAC.#:803-534-1001 BLANKENSHIP LINDA PH#: Facility Email: ADMIN@JOLLEYACRESLTC.COM	Orangeburg / Ltd. Liability 1180 WOLFE TRL ORANGEBURG, SC 29115-7339 PALMETTO JOLLEY ACRES OPERATING LLC NCF-0929 / 09/30/2018	60
---	--	----

Licensed Beds: Nursing Home: 60 Institutional Nursing Home: 0

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

Certifications:None

METHODIST OAKS 1000 METHODIST OAKS DR ORANGEBURG, SC 29115-1813 FAC.#:803-535-1561 TILL ELAINE M PH#: 803-534-1212 Facility Email: ETIL@THEOAKSSC.COM	Orangeburg / Non-Profit Corporation PO BOX 327 ORANGEBURG, SC 29116-0327 METHODIST OAKS INC NCF-0735 / 11/30/2018	122
--	---	-----

Licensed Beds: Nursing Home: 122 Institutional Nursing Home: 0

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

Certifications:None

FRUITTHEALTH-ORANGEBURG 755 WHITMAN ST SE ORANGEBURG, SC 29115-6163 FAC.#:803-534-7036 ROBINSON GWENDOLYN PH#: 803-534-7036 Facility Email: GLROBINSON@FRUITTHEALTH.COM	Orangeburg / Limited Liability 755 WHITMAN ST SE ORANGEBURG, SC 29115-6163 FRUITTHEALTH-ORANGEBURG LLC NCF-0617 / 09/30/2018	88
--	--	----

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

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

Certifications:None

RIVERSIDE REHABILITATION AND HEALTHCARE CENTER 575 STONEWALL JACKSON BLVD ORANGEBURG, SC 29115-7250 FAC.#:803-534-7771 MURRAY ANNE PH#: 803-534-7771 Facility Email: DGREEN1@ORIANNA.COM	Orangeburg / Ltd. Liability 575 STONEWALL JACKSON BLVD ORANGEBURG, SC 29115-7250 RIVERSIDE REHABILITATION AND HEALTHCARE CENTER LLC NCF-0858 / 06/30/2018	113
---	--	-----

Licensed Beds: Nursing Home: 113 Institutional Nursing Home: 0

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

Certifications:None

Totals For Facility/License Type: <u>Nursing Home</u>	
Number of Activities/Facilities licensed: <u>4</u>	Number Licensed Units: <u>383</u>

County: Orangeburg

Number of Activities/Facilities licensed in county of :	<u>Orangeburg</u>	# Lics: _____	<u>4</u>
		Number Licensed Units : _____	<u>383</u>

County: Pickens

Facility Type: Nursing Home

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

BROOKDALE EASLEY 706 PELZER HWY EASLEY, SC 29642-3800 FAC. #: 864-859-0167 THOMAS AMY PH#: 864-859-0167 Facility Email: ATHOMAS15@BROKDALE.COM	Pickens / Limited Liability 706 PELZER HWY EASLEY, SC 29642-3800 EMERICARE COUNTRYSIDE VILLAGE LLC NCF-0701 / 02/28/2019	60
---	--	----

Licensed Beds: Nursing Home: 60 Institutional Nursing Home: 0

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

Certifications: None

CAPSTONE REHABILITATION AND HEALTHCARE CENTER 1850 CRESTVIEW RD EASLEY, SC 29642-3528 FAC. #: 864-859-3236 DUNLAP TOYA R PH#: 864-859-3236 Facility Email: HHARBINSON@ORIANNA.COM	Pickens / Limited Liability 1850 CRESTVIEW RD EASLEY, SC 29642-3528 CAPSTONE REHABILITATION AND HEALTHCARE CENTER LLC NCF-0901 / 12/31/2018	60
--	--	----

Licensed Beds: Nursing Home: 60 Institutional Nursing Home: 0

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

Certifications: None

CLEMSON AREA RETIREMENT CENTER-HEALTH CARE CENTER 500 DOWNS LOOP CLEMSON, SC 29631-2099 FAC. #: 864-654-1155 LEHEUP JOHN D PH#: 864-654-1155 Facility Email: WANDAPALMER@CLEMSONDOWNS.COM	Pickens / Corporation 500 DOWNS LOOP CLEMSON, SC 29631-2099 CARC INC NCF-0391 / 10/31/2018	68
--	--	----

Licensed Beds: Nursing Home: 68 Institutional Nursing Home: 0

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

Certifications: None

FLEETWOOD REHABILITATION AND HEALTHCARE CENTER 200 ANNE DR EASLEY, SC 29640-2061 FAC. #: 864-859-9754 BOWERS EMMA PH#: 864-859-9754 Facility Email: APHILLIPS@ORIANNA.COM	Pickens / Limited Liability 200 ANNE DR EASLEY, SC 29640-2061 FLEETWOOD REHABILITATION AND HEALTHCARE CENTER LLC NCF-0913 / 11/30/2018	103
--	---	-----

Licensed Beds: Nursing Home: 103 Institutional Nursing Home: 0

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

Certifications: None

County: Pickens

Facility Type: Nursing Home

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

MANNA REHABILITATION AND HEALTHCARE CENTER	Pickens / Limited Liability	130
716 E CEDAR ROCK ST	716 E CEDAR ROCK ST	
PICKENS, SC 29671-2324 FAC.#:864-878-4739	PICKENS, SC 29671-2324	
GRIGGS TODD PH#: 864-878-4739	MANNA REHABILITATION AND HEALTHCARE CENTER LLC	
Facility Email: TGRIGGS@ORIANNA.COM	NCF-0910 / 12/31/2018	

Licensed Beds: Nursing Home: 130 Institutional Nursing Home: 0

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

Certifications:None

PRESBYTERIAN COMMUNITIES OF SOUTH CAROLINA-FOOTHILLS	Pickens / Non-Profit Corporation	44
205 BUD NALLEY DR	205 BUD NALLEY DR	
EASLEY, SC 29642 FAC.#:864-859-3367	EASLEY, SC 29642	
NICHOLS KAREN H PH#: 864-859-3367	PRESBYTERIAN COMMUNITIES OF SOUTH CAROLINA	
Facility Email: KAREN.NICHOLS@PRESHOMESC.ORG	NCF-0809 / 10/31/2018	

Licensed Beds: Nursing Home: 26 Institutional Nursing Home: 18

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

Certifications:None

PRUITTHEALTH - PICKENS	Pickens / Limited Liability	44
163 LOVE AND CARE RD	163 LOVE AND CARE RD	
SIX MILE, SC 29682-9569 FAC.#:864-868-2307	SIX MILE, SC 29682-9569	
ROGERS EMILY PH#: 864-868-2307	PRUITTHEALTH - PICKENS LLC	
Facility Email: JHKING@PRUITTHEALTH.COM	NCF-0580 / 04/30/2018	

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

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

Certifications:None

Totals For Facility/License Type: <u>Nursing Home</u>	
Number of Activities/Facilities licensed: <u>7</u>	Number Licensed Units: <u>509</u>

Number of Activities/Facilities licensed in county of : <u>Pickens</u>	# Lics: <u>7</u>
	Number Licensed Units : <u>509</u>

County: Richland

Facility Type: Nursing Home

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

C M TUCKER JR NURSING CARE CENTER FEWELL AND STONE PAVILIONS 2200 HARDEN ST COLUMBIA, SC 29203-7199 FAC.#:803-737-5399 MORGAN ROBERT PH#: 803-737-5399	Richland / State 2200 HARDEN ST COLUMBIA, SC 29203-7199 SC DEPARTMENT OF MENTAL HEALTH NCF-0334 / 12/31/2018	252
--	--	-----

Facility Email: ROBERT.MORGAN@SCDMH.ORG
 Licensed Beds: Nursing Home: 252 Institutional Nursing Home: 0

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

Certifications:None

C M TUCKER JR NURSING CARE CENTER RODDEY PAVILION 2200 HARDEN ST COLUMBIA, SC 29203-7199 FAC.#:803-737-5301 JONES TED P PH#: 803-737-5301	Richland / State 2200 HARDEN ST COLUMBIA, SC 29203-7199 SC DEPARTMENT OF MENTAL HEALTH NCF-0726 / 12/31/2018	308
---	--	-----

Facility Email: TED.JONES@SCDMH.ORG
 Licensed Beds: Nursing Home: 308 Institutional Nursing Home: 0

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

Certifications:None

COUNTRYWOOD NURSING CENTER 1645 RIDGE RD HOPKINS, SC 29061-8432 FAC.#:803-776-3873 HUNT JOSEPH R PH#: 803-776-3873	Richland / Ltd. Liability 1645 RIDGE RD HOPKINS, SC 29061-8432 COUNTRYWOOD NURSING CENTER LLC NCF-0946 / 11/30/2018	38
--	---	----

Facility Email: JHUNT@STERLING-HEALTH.COM
 Licensed Beds: Nursing Home: 38 Institutional Nursing Home: 0

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

Certifications:None

HEARTLAND OF COLUMBIA REHABILITATION AND NURSING CENTER 2601 FOREST DR COLUMBIA, SC 29204-2363 FAC.#:803-256-4983 JENKINS HAZEL B PH#: 803-256-4983	Richland / Limited Liability 333 N SUMMIT ST, LEGAL DEPARTMENT TOLEDO, OH 43604-1531 COLUMBIA REHABILITATION AND NURSING CENTER - COLUMBIA SC LLC NCF-0316 / 12/31/2018	132
---	---	-----

Facility Email: 512ADMIN@HCR-MANORCARE.COM
 Licensed Beds: Nursing Home: 132 Institutional Nursing Home: 0

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

Certifications:None

County: Richland

Facility Type: Nursing Home

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

LIFE CARE CENTER OF COLUMBIA	Richland / Corporation	179
2514 FARAWAY DR	2514 FARAWAY DR	
COLUMBIA, SC 29223-3969 FAC.#:803-865-1999	COLUMBIA, SC 29223-3969	
KNEELAND ROBERT E PH#: 803-865-1999	RCM-COLUMBIA INC	
Facility Email: ROBERT_KNEELAND@LCCA.COM	NCF-0634 / 06/30/2018	

Licensed Beds: Nursing Home: 179 Institutional Nursing Home: 0

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

Certifications:None

MIDLANDS HEALTH & REHABILITATION CENTER	Richland / Ltd. Liability	88
1007 N KINGS ST	1007 N KINGS ST	
COLUMBIA, SC 29223-1916 FAC.#:803-699-4111	COLUMBIA, SC 29223-1916	
STANLEY MATT PH#: 803-699-4111	THI OF SOUTH CAROLINA AT COLUMBIA LLC	
Facility Email: Not on File	NCF-0868 / 08/31/2018	

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

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

Certifications:None

NHC HEALTHCARE PARKLANE	Richland / Ltd. Liability	180
7601 PARKLANE RD	7601 PARKLANE RD	
COLUMBIA, SC 29223-6122 FAC.#:803-741-9090	COLUMBIA, SC 29223-6122	
ARGO MELISSA B PH#: 803-741-7233	NHC HEALTHCARE/PARKLANE LLC	
Facility Email: MARGO@NHCPARKLANE.COM	NCF-0797 / 06/30/2018	

Licensed Beds: Nursing Home: 180 Institutional Nursing Home: 0

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

Certifications:None

PALMETTO HEALTH REHABILITATION CENTER	Richland / Non-Profit Corporation	22
1330 TAYLOR ST	1330 TAYLOR ST	
COLUMBIA, SC 29220 FAC.#:803-296-5010	COLUMBIA, SC 29201-2943	
CHAVIS DIANA L PH#: 803-296-5010	PALMETTO HEALTH	
Facility Email: DIANA.CHAVIS@PALMETTOHEALTH.ORG	NCF-0740 / 02/28/2018 (Renewal Pending)	

Licensed Beds: Nursing Home: 0 Institutional Nursing Home: 22

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

Certifications:None

County: Richland

Facility Type: Nursing Home

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

PRUITTHEALTH-BLYTHEWOOD 1075 HEATHER GREEN DR COLUMBIA, SC 29229-7831 FAC.#:803-382-2300 RUTLAND DEBORAH PH#: 803-382-2300 Facility Email: Not on File	Richland / Corporation 1075 HEATHER GREEN DR COLUMBIA, SC 29229-7831 OAKS OF BLYTHEWOOD INC NCF-0959 / 08/31/2018	120
--	--	-----

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

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

Certifications:None

PRUITTHEALTH-COLUMBIA 2451 FOREST DR COLUMBIA, SC 29204-2026 FAC.#:803-254-5960 LEE PATRICIA PH#: 803-254-5960 Facility Email: PLEE@PRUITTHEALTH.COM	Richland / Limited Liability 2451 FOREST DR COLUMBIA, SC 29204-2026 PRUITTHEALTH-COLIMBIA LLC NCF-0880 / 01/31/2019	185
--	--	-----

Licensed Beds: Nursing Home: 185 Institutional Nursing Home: 0

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

Certifications:None

RICE ESTATE REHABILITATION AND HEALTHCARE 100 FINLEY RD COLUMBIA, SC 29203-9264 FAC.#:803-691-5720 HOLLOMAN LISA PH#: 803-691-5720 Facility Email: LHOLLOMAN@RICEESTATE.ORG	Richland / Non-Profit Corporation 100 FINLEY RD COLUMBIA, SC 29203-9264 LUTHERAN HOMES OF SOUTH CAROLINA INC (NPC) NCF-0831 / 05/31/2018	80
---	---	----

Licensed Beds: Nursing Home: 80 Institutional Nursing Home: 0

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

Certifications:None

WHITE OAK MANOR COLUMBIA 3001 BEECHAVEN RD COLUMBIA, SC 29204-2701 FAC.#:803-782-4363 NEAL MICHAEL S PH#: 803-782-4363 Facility Email: SNEAL@WHITEOAKMANOR.COM	Richland / Corporation PO BOX 4276 COLUMBIA, SC 29240-4276 WHITE OAK MANOR COLUMBIA INC NCF-0886 / 12/31/2018	120
--	--	-----

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

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

Certifications:None

County: Richland

Facility Type: Nursing Home

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

WILDEWOOD DOWNS NURSING AND REHABILITATION CENTER	Richland / Ltd. Liability	80
731 POLO RD	731 POLO RD	
COLUMBIA, SC 29223-4462 FAC.#:803-788-5115	COLUMBIA, SC 29223-4462	
STUDNICKA STEPHANIE PH#: 803-788-5115	WILDEWOOD DOWNS RETIREMENT LLC	
Facility Email: SSTUDNICKA@WILDEWOOD-DOWNS.COM	NCF-0914 / 12/31/2018	

Licensed Beds: Nursing Home: 80 Institutional Nursing Home: 0

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

Certifications:None

Totals For Facility/License Type: <u>Nursing Home</u>	
Number of Activities/Facilities licensed: <u>13</u>	Number Licensed Units: <u>1,784</u>

Number of Activities/Facilities licensed in county of : <u>Richland</u>	# Lics: <u>13</u>
	Number Licensed Units : <u>1,784</u>

County: Saluda

Facility Type: Nursing Home

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

SALUDA NURSING CENTER 581 NEWBERRY HWY SALUDA, SC 29138-7808 FAC.#:864-445-2146 PAUL KEITH PH#: 864-445-2146 Facility Email: KPAUL@EMBARQMAIL.COM	Saluda / County PO BOX 398 SALUDA, SC 29138-0398 SALUDA COUNTY NCF-0265 / 06/30/2018	176
---	--	-----

Licensed Beds: Nursing Home: 176 Institutional Nursing Home: 0

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

Certifications:None

Totals For Facility/License Type: <u>Nursing Home</u>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>176</u>

Number of Activities/Facilities licensed in county of : <u>Saluda</u>	# Lics: <u>1</u>
	Number Licensed Units : <u>176</u>

County: Spartanburg

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
GOLDEN AGE-INMAN 82 N MAIN ST INMAN, SC 29349-1416 FAC.#:864-472-6636 JOHNSON TIMOTHY A PH#: 864-472-6636 Facility Email: TAJOHNSON4@SAVASC.COM	Spartanburg / Limited Liability 82 N MAIN ST INMAN, SC 29349-1416 INMAN GOLDEN AGE OPERATING COMPANY LLC NCF-0857 / 12/31/2018	44
Licensed Beds: Nursing Home: 44 Institutional Nursing Home: 0 Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0 Certifications:None		
INMAN HEALTHCARE 51 N MAIN ST INMAN, SC 29349-1437 FAC.#:864-472-9370 MORLEY MILLICENT PH#: 864-472-9370 Facility Email: M.MORLEY@SAVASC.COM	Spartanburg / Limited Liability 51 N MAIN ST INMAN, SC 29349-1437 INMAN HEALTH OPERATING COMPANY LLC NCF-0864 / 12/31/2018	40
Licensed Beds: Nursing Home: 40 Institutional Nursing Home: 0 Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0 Certifications:None		
LAKE EMORY POST ACUTE CARE 59 BLACKSTOCK RD INMAN, SC 29349-1827 FAC.#:864-472-2028 CADDELL CASEY J PH#: 864-472-2028 Facility Email: C.CADDELL@FUNDLTC.COM	Spartanburg / Ltd. Liability 59 BLACKSTOCK RD INMAN, SC 29349-1827 THI OF SOUTH CAROLINA AT CAMP CARE LLC NCF-0862 / 08/31/2018	88
Licensed Beds: Nursing Home: 88 Institutional Nursing Home: 0 Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0 Certifications:None		
MAGNOLIA MANOR-INMAN 63 BLACKSTOCK RD INMAN, SC 29349-1849 FAC.#:864-472-9055 ROSS-MERKEL MELISSA PH#: 864-472-9055 Facility Email: Not on File	Spartanburg / Ltd. Liability 63 BLACKSTOCK RD INMAN, SC 29349-1849 THI OF SOUTH CAROLINA AT MAGNOLIA MANOR-INMAN LLC NCF-0863 / 08/31/2018	176
Licensed Beds: Nursing Home: 176 Institutional Nursing Home: 0 Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0 Certifications:None		

County: Spartanburg

Facility Type: Nursing Home

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

MAGNOLIA MANOR-SPARTANBURG	Spartanburg / Ltd. Liability	95
375 SERPENTINE DR	375 SERPENTINE DR	
SPARTANBURG, SC 29303-3026 FAC.#:864-585-0218	SPARTANBURG, SC 29303-3026	
WINN ANNE O PH#: 864-585-0218	THI OF SOUTH CAROLINA AT SPARTANBURG LLC	
Facility Email: 0541-ADMIN-MNSPARTANBURG@FUNDLTC.COM	NCF-0867 / 08/31/2018	

Licensed Beds: Nursing Home: 95 Institutional Nursing Home: 0

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

Certifications:None

MOUNTAINVIEW NURSING HOME	Spartanburg / Corporation	132
340 CEDAR SPRINGS RD	340 CEDAR SPRINGS RD	
SPARTANBURG, SC 29302-4697 FAC.#:864-582-4175	SPARTANBURG, SC 29302-4697	
DILLARD WILSON K PH#: 864-582-4175	COMMUNITY SERVICES FOR THE AGING INC	
Facility Email: WDILLARD@MOUNTAINVIEWNH.COM	NCF-0149 / 06/30/2018	

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

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

Certifications:None

PHYSICAL REHABILITATION AND WELLNESS CENTER OF SPARTANBURG	Spartanburg / Ltd. Liability	120
8020 WHITE AVE	8020 WHITE AVE	
SPARTANBURG, SC 29303-2099 FAC.#:864-542-8515	SPARTANBURG, SC 29303-2099	
HARRIS PATRICIA A PH#: 864-542-8515	THI OF SOUTH CAROLINA AT MAGNOLIA PLACE AT SPARTANBURG LLC	
Facility Email: PATRICIA.HARRIS@FUNDLTC.COM	NCF-0861 / 08/31/2018	

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

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

Certifications:None

ROSECREST REHABILITATION AND HEALTHCARE	Spartanburg / Non-Profit Corporation	75
200 FORTRESS DR	200 FORTRESS DR	
INMAN, SC 29349-9160 FAC.#:864-599-8600	INMAN, SC 29349-9160	
YETTER MELISSA PH#: 864-599-8600	LUTHERAN HOMES OF SOUTH CAROLINA INC (NPC)	
Facility Email: MYETTER@LHOMES.ORG	NCF-0817 / 04/30/2018	

Licensed Beds: Nursing Home: 75 Institutional Nursing Home: 0

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

Certifications:None

County: Spartanburg

Facility Type: Nursing Home

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

SKYLYN NURSING AND REHABILITATION CENTER 1705 SKYLYN DR OFC SPARTANBURG, SC 29307-1090 FAC.#:864-582-6838 KENNEDY SHERRY SUE PH#: 864-582-6838 Facility Email: SKENNEDY@MAXIMUSHG.COM	Spartanburg / Limited Liability 1705 SKYLYN DR OFC SPARTANBURG, SC 29307-1090 MAXIMUS SPARTANBURG LLC NCF-0995 / 03/31/2018 (Renewal Pending)	44
--	---	----

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

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

Certifications:None

SPARTANBURG HOSPITAL FOR RESTORATIVE CARE SNF 389 SERPENTINE DR SPARTANBURG, SC 29303-3074 FAC.#:864-560-3232 STIMAC PATRICIA M PH#: 864-560-3232 Facility Email: PSTIMAC@SRHS.COM	Spartanburg / District 389 SERPENTINE DR SPARTANBURG, SC 29303-3074 SPARTANBURG REGIONAL HEALTH SERVICES DISTRICT INC NCF-0915 / 02/28/2019	25
---	--	----

Licensed Beds: Nursing Home: 25 Institutional Nursing Home: 0

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

Certifications:None

SUMMIT HILLS SKILLED NURSING FACILITY 100 SUMMIT HILLS DR SPARTANBURG, SC 29307-1532 FAC.#:864-591-2222 BECTION JOSHUA PH#: 864-591-2222 Facility Email: JBECTON@SUMMIT-HILLS.COM	Spartanburg / Ltd. Liability 100 SUMMIT HILLS DR SPARTANBURG, SC 29307-1532 SUMMIT HILLS LLC NCF-0950 / 03/31/2018 (Renewal Pending)	33
--	--	----

Licensed Beds: Nursing Home: 27 Institutional Nursing Home: 6

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

Certifications:None

VALLEY FALLS TERRACE 400 LOCUST GRV RD SPARTANBURG, SC 29303-4898 FAC.#:864-503-0377 MCHUGH LORI A PH#: 864-503-0377 Facility Email: LORI.MCHUGH@FUNDLTC.COM	Spartanburg / Corporation 400 LOCUST GRV RD SPARTANBURG, SC 29303-4898 SPARTANBURG HEALTH CARE LLC NCF-0495 / 02/28/2019	88
---	--	----

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

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

Certifications:None

County: Spartanburg

Facility Type: Nursing Home

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

WHITE OAK AT NORTH GROVE	Spartanburg / Corporation	132
290 N GROVE MEDICAL PARK DR	290 N GROVE MEDICAL PARK DR	
SPARTANBURG, SC 29303-4222 FAC.#:864-582-7503	SPARTANBURG, SC 29303-4222	
NELSON ANDREW R PH#: 864-585-0241	WHITE OAK AT NORTH GROVE INC	
Facility Email: ANELSON@WHITEOAKMANOR.COM	NCF-0971 / 05/31/2018	

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

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

Certifications:None

WHITE OAK ESTATES	Spartanburg / Corporation	88
400 WEBBER RD	400 WEBBER RD	
SPARTANBURG, SC 29307-2400 FAC.#:864-579-7004	SPARTANBURG, SC 29307-2400	
CRISP SONIA A PH#: 864-579-7004	WHITE OAK ESTATES INC	
Facility Email: TGIBBS@WHITEOAKMANOR.COM	NCF-0888 / 12/31/2018	

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

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

Certifications:None

WHITE OAK MANOR SPARTANBURG	Spartanburg / Corporation	60
295 E PEARL ST	PO BOX 4887	
SPARTANBURG, SC 29303-3666 FAC.#:864-585-0241	SPARTANBURG, SC 29305-4887	
CECIL III O KENT PH#: 864-585-0241	WHITE OAK MANOR SPARTANBURG INC	
Facility Email: KCECIL@WHITEOAKMANOR.COM	NCF-0889 / 12/31/2018	

Licensed Beds: Nursing Home: 60 Institutional Nursing Home: 0

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

Certifications:None

WOODRUFF MANOR	Spartanburg / District	88
1114 E GEORGIA RD	1114 E GEORGIA RD	
WOODRUFF, SC 29388 FAC.#:864-476-7092	WOODRUFF, SC 29388	
WACKER BONNIE PH#: 864-476-7092	SPARTANBURG REGIONAL HEALTH SERVICES DISTRICT INC	
Facility Email: ASCHAPER@SRHS.COM	NCF-1000 / 09/30/2018	

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

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

Certifications:None

Totals For Facility/License Type: <u>Nursing Home</u>	
Number of Activities/Facilities licensed: <u>16</u>	Number Licensed Units: <u>1,328</u>

County: Spartanburg

Number of Activities/Facilities licensed in county of :	<u>Spartanburg</u>	# Lics: <u>16</u>
		Number Licensed Units : <u>1,328</u>

County: Sumter

Facility Type: Nursing Home

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

BLUE RIDGE OF SUMTER	Sumter / Limited Liability	96
1761 PINWOOD RD	1761 PINWOOD RD	
SUMTER, SC 29154-9056 FAC.#:803-481-8591	SUMTER, SC 29154-9056	
JOHNSON PATRICIA W PH#: 803-481-8591	BLUE RIDGE OF SUMTER LLC	
Facility Email: ADMIN@SUMTER.CARE	NCF-0745 / 03/31/2019	

Licensed Beds: Nursing Home: 96 Institutional Nursing Home: 0
 Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

COVENANT PLACE NURSING CENTER	Sumter / Non-Profit Corporation	44
2825 CARTER RD	2825 CARTER RD OFC	
SUMTER, SC 29150-1712 FAC.#:803-469-7007	SUMTER, SC 29150-1736	
LINDER SR RISLEY E PH#: 803-469-7007	COVENANT PLACE OF SUMTER INC	
Facility Email: RLINDER@COVENANTPLACE.ORG	NCF-0632 / 05/31/2018	

Licensed Beds: Nursing Home: 28 Institutional Nursing Home: 16
 Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

NHC HEALTHCARE SUMTER	Sumter / Corporation	138
1018 N GUIGNARD DR	PO BOX 1524	
SUMTER, SC 29150-2423 FAC.#:803-773-5567	SUMTER, SC 29151-1524	
CROTTS JEANIE S PH#: 803-773-5567	NATIONAL HEALTH CORPORATION	
Facility Email: JCROTTS@NHCSUMTER.COM	NCF-0471 / 01/31/2019	

Licensed Beds: Nursing Home: 138 Institutional Nursing Home: 0
 Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

PALMETTO HEALTH TUOMEY SUBACUTE SKILLED CARE PROGRAM	Sumter /	18
129 N WASHINGTON ST	129 N WASHINGTON ST	
SUMTER, SC 29150-4983 FAC.#:803-774-9000	SUMTER, SC 29150-4983	
PH#:	PALMETTO HEALTH TUOMEY	
Facility Email: TERRIE.CARLTON@PALMENOHEALTH.ORG	NCF-0973 / 12/31/2017 (Renewal Pending)	

Licensed Beds: Nursing Home: 18 Institutional Nursing Home: 0
 Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

County: Sumter

Facility Type: Nursing Home

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

SUMTER EAST HEALTH AND REHABILITATION CENTER	Sumter / Ltd. Liability	176
880 CAROLINA AVE	880 CAROLINA AVE	
SUMTER, SC 29150-2815 FAC.#:803-775-5394	SUMTER, SC 29150-2815	
GINN KEVIN PH#: 803-775-5394	SSC SUMTER EAST OPERATING COMPANY LLC	
Facility Email: Not on File	NCF-0919 / 09/30/2018	

Licensed Beds: Nursing Home: 176 Institutional Nursing Home: 0

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

Certifications:None

Totals For Facility/License Type: <u>Nursing Home</u>	
Number of Activities/Facilities licensed: <u>5</u>	Number Licensed Units: <u>472</u>

Number of Activities/Facilities licensed in county of : <u>Sumter</u>	# Lics: <u>5</u>
	Number Licensed Units : <u>472</u>

County: Union

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
ELLEN SAGAR NURSING CENTER 1817 JONESVILLE HWY UNION, SC 29379-9793 FAC.#:864-301-3500 SCHAPER ANNETTE PH#: 864-301-3500 Facility Email: ASCHAPER@SRHS.COM	Union / District 1817 JONESVILLE HWY UNION, SC 29379-9793 SPARTANBURG REGIONAL HEALTH SERVICES DISTRICT INC NCF-0217 / 07/31/2018	113

Licensed Beds: Nursing Home: 113 Institutional Nursing Home: 0

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

Certifications:None

HEARTLAND HEALTH CARE CENTER-UNION 709 RICE AVE EXT UNION, SC 29379-9023 FAC.#:864-427-0306 GALLMAN AMANDA PH#: 864-427-0306 Facility Email: 4031ADMIN@HCR-MANORCARE.COM	Union / Limited Liability 333 N SUMMIT ST TOLEDO, OH 43604-1531 OAKMONT OF UNION SC LLC NCF-0443 / 12/31/2018	88
--	---	----

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

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

Certifications:None

Totals For Facility/License Type: <u>Nursing Home</u>	
Number of Activities/Facilities licensed: <u>2</u>	Number Licensed Units: <u>201</u>

Number of Activities/Facilities licensed in county of :	<u>Union</u>	# Lics: <u>2</u>
	Number Licensed Units :	<u>201</u>

County: Williamsburg

Facility Type: Nursing Home

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

CARLYLE SENIOR CARE OF KINGSTREE	Williamsburg / Limited Liability	96
401 NELSON BLVD	401 NELSON BLVD	
KINGSTREE, SC 29556-4024 FAC.#:843-355-6116	KINGSTREE, SC 29556-4024	
SLAVINSKI CANDICE J PH#: 843-355-6116	CARLYLE SENIOR CARE OF KINGSTREE LLC	
Facility Email: CSLAVINSKI@CMCSENIORCARE.COM	NCF-0984 / 07/31/2018	

Licensed Beds: Nursing Home: 96 Institutional Nursing Home: 0

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

Certifications:None

DR RONALD E MCNAIR NURSING AND REHABILITATION CENTER	Williamsburg / Corporation	88
56 GENESIS DR	PO BOX 1598	
LAKE CITY, SC 29560-5531 FAC.#:843-389-3685	LAKE CITY, SC 29560-1598	
FRIERSON SARAH L PH#: 843-389-3685	HEALTHCARE PANASCOPE INC	
Facility Email: MCNAIRNSGCTR@FTC-I.NET	NCF-0918 / 11/30/2018	

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

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

Certifications:None

Totals For Facility/License Type: <u>Nursing Home</u>	
Number of Activities/Facilities licensed: <u>2</u>	Number Licensed Units: <u>184</u>

Number of Activities/Facilities licensed in county of : <u>Williamsburg</u>	# Lics: <u>2</u>
	Number Licensed Units : <u>184</u>

County: York

Facility Type: Nursing Home

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

LODGE AT WELLMORE 111 WELLMORE DR TEGA CAY, SC 29708-0039 FAC.#:803-835-7000 DUNN DAVID M PH#: 803-835-7000 Facility Email: DAVID.DUNN@WELL-MORE.COM	York / Limited Liability 3530 TORINGDON WAY STE 204 CHARLOTTE, NC 28277-3436 WELLMORE OF TEGA CAY LLC NCF-0988 / 09/30/2018	60
--	--	----

Licensed Beds: Nursing Home: 60 Institutional Nursing Home: 0

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

Certifications:None

MAGNOLIA MANOR-ROCK HILL 127 MURRAH DR ROCK HILL, SC 29732-2390 FAC.#:803-328-6518 STEELE JENNIFER PH#: 803-328-6518 Facility Email: JENNIFER.STEELE@FUNDLTC.COM	York / Ltd. Liability 127 MURRAH DR ROCK HILL, SC 29732-2390 THI OF SOUTH CAROLINA AT ROCK HILL LLC NCF-0859 / 08/31/2018	106
--	--	-----

Licensed Beds: Nursing Home: 106 Institutional Nursing Home: 0

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

Certifications:None

FRUITTHEALTH ROCK HILL 261 S HERLONG AVE ROCK HILL, SC 29732-1159 FAC.#:803-366-7133 JOHNSON KATE P PH#: 803-366-7133 Facility Email: KATEJOHNSON@FRUITTHEALTH.COM	York / Limited Liability 261 S HERLONG AVE ROCK HILL, SC 29732-1159 FRUITTHEALTH ROCK HILL LLC NCF-0947 / 01/31/2019	132
--	---	-----

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

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

Certifications:None

ROCK HILL POST ACUTE CARE CENTER 159 SEDGEWOOD DR ROCK HILL, SC 29732-2315 FAC.#:803-329-6565 GLASSMAN CAMERON PH#: 803-329-6565 Facility Email: RENEWALS@ENSIGNSERVICES.NET	York / Corporation 27101 PUERTA REAL STE 450 MISSION VIEJO, CA 92691-8566 ROCK HILL HEALTHCARE INCORPORATED NCF-0975 / 12/31/2018	99
--	--	----

Licensed Beds: Nursing Home: 99 Institutional Nursing Home: 0

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

Certifications:None

County: York

Facility Type: Nursing Home

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

WESTMINSTER HEALTH AND REHABILITATION CENTER 831 MCDOW DR ROCK HILL, SC 29732-2415 FAC.#:803-326-3100 COOKHORNE MICHELLE THERESA PH#: 803-362-3100 Facility Email: MCOOKHORNE@WESTMINISTERTOWERS.ORG	York / Non-Profit Corporation 831 MCDOW DR ROCK HILL, SC 29732-2415 WESTMINSTER PRESBYTERIAN CENTER INC NCF-0819 / 08/31/2018	66
---	---	----

Licensed Beds: Nursing Home: 66 Institutional Nursing Home: 0

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

Certifications:None

WHITE OAK MANOR YORK 111 S CONGRESS ST YORK, SC 29745-1836 FAC.#:803-684-0035 LAMBERT MICHELLE PH#: 803-684-0035 Facility Email: MLAMBERT@WHITEOAKMANOR.COM	York / Corporation PO BOX 629 YORK, SC 29745-0629 WHITE OAK MANOR YORK INC NCF-0887 / 12/31/2018	109
--	--	-----

Licensed Beds: Nursing Home: 109 Institutional Nursing Home: 0

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

Certifications:None

WHITE OAK OF ROCK HILL 1915 EBENEZER RD ROCK HILL, SC 29732-1097 FAC.#:803-366-8155 CURTIS NIKKI PH#: 803-366-8155 Facility Email: NCURTIS@WHITEOAKMANOR.COM	York / Corporation 1915 EBENEZER RD ROCK HILL, SC 29732-1097 WHITE OAK MANOR ROCK HILL INC NCF-0885 / 12/31/2018	141
---	--	-----

Licensed Beds: Nursing Home: 141 Institutional Nursing Home: 0

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

Certifications:None

WILLOW BROOK COURT AT PARK POINTE VILLAGE 2993 VAN VALIN DR ROCK HILL, SC 29732-8079 FAC.#:803-980-8621 DESMARATTES MARIE J PH#: 803-327-4723 Facility Email: MDESMARATTES@ACTSLIFE.ORG	York / Non-Profit Corporation 2993 VAN VALIN DR ROCK HILL, SC 29732-8079 PARK POINTE VILLAGE INC NCF-0916 / 07/31/2018	40
--	--	----

Licensed Beds: Nursing Home: 40 Institutional Nursing Home: 0

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

Certifications:None

Totals For Facility/License Type: <u>Nursing Home</u>	
Number of Activities/Facilities licensed: _____ 8	Number Licensed Units: _____ 753

County: York

Number of Activities/Facilities licensed in county of :	<u>York</u>	# Lics: <u>8</u>
	Number Licensed Units :	<u>753</u>

Report Totals

Total Number of Activities/Facilities licensed: 196 Total Number Licensed Units: 20,436