

County: Charleston

Facility Type: Residential Treatment for Children & Adolescents

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
RIVERSIDE BEHAVIORAL HEALTH SERVICES AT WINDWOOD FARM 4857 WINDWOOD FARM RD AWENDAW, SC 29429-5951 FAC.#:843-884-5342 MCKELVEY DEBORAH D PH#: 843-884-5342	Charleston / Non-Profit Corporation 4857 WINDWOOD FARM RD AWENDAW, SC 29429-5951 WINDWOOD FARM HOME FOR CHILDREN INC	12
Facility Email: MCKELVEY@WINDWOODFARM.ORG	RTF-0025 / 03/31/2018	

Totals For Facility/License Type: <u>Residential Treatment for Children &amp; Adolescents</u>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>12</u>

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

County: **Dorchester**

Facility Type: Residential Treatment for Children & Adolescents

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
<b>PALMETTO PINES BEHAVIORAL HEALTH</b> 225 MIDLAND PKWY SUMMERVILLE, SC 29485-8104 FAC.#:843-851-5015 LAWRENCE LINCOLN PH#: 843-851-5015 Facility Email: LINCOLN.LAWRENCE@UHSINC.COM	Dorchester / Corporation 225 MIDLAND PKWY SUMMERVILLE, SC 29485-8104 ABS LINCS SC INC RTF-0017 / 01/31/2019	64

<b>Totals For Facility/License Type: <u>Residential Treatment for Children &amp; Adolescents</u></b>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>64</u>

Number of Activities/Facilities licensed in county of : <u>Dorchester</u>	# Lics: <u>1</u>
	Number Licensed Units : <u>64</u>

County: Florence

Facility Type: Residential Treatment for Children & Adolescents

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
<b>PALMETTO PEE DEE RESIDENTIAL TREATMENT CENTER</b> 601 GREGG AVE STE B FLORENCE, SC 29501-4316 FAC.#:843-667-0644 EICHELBERGER DANIEL PH#: 843-667-0644 <b>Facility Email:</b> DANIEL.EICHELBERGER@UHSINC.COM	Florence / Ltd. Liability 601 GREGG AVE STE B FLORENCE, SC 29501-4316 PALMETTO PEE DEE BEHAVIORAL HEALTH LLC <b>RTF-0014 / 09/30/2018</b>	59

<b>Totals For Facility/License Type: <u>Residential Treatment for Children &amp; Adolescents</u></b>	
<b>Number of Activities/Facilities licensed:</b> <u>1</u>	<b>Number Licensed Units:</b> <u>59</u>

<b>Number of Activities/Facilities licensed in county of :</b> <u>Florence</u>	<b># Lics:</b> <u>1</u>
	<b>Number Licensed Units :</b> <u>59</u>

County: Greenville

Facility Type: Residential Treatment for Children & Adolescents

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
<b>EXCALIBUR YOUTH SERVICES</b> 3683 S INDUSTRIAL DR SIMPSONVILLE, SC 29681-3238 FAC.#:864-836-7220 SHORT JOHN M PH#: 864-836-7220 <b>Facility Email:</b> JSHORT@RECOVEROURYOUTH.ORG	Greenville / Limited Liability PO BOX 968 TRAVELERS REST, SC 29690-0968 EXCALIBUR YOUTH SERVICES LLC <b>RTF-0022 / 12/31/2018</b>	60
<b>GENERATIONS RESIDENTIAL PROGRAMS</b> 841 DUNKLIN BRIDGE RD FOUNTAIN INN, SC 29644 FAC.#:864-243-5557 MOORE CASEY PH#: 864-243-5557 <b>Facility Email:</b> BRIAN@GENERATIONSGROUP.COM	Greenville / Non-Profit Corporation PO BOX 80009 SIMPSONVILLE, SC 29680-0001 GENERATIONS RESIDENTIAL PROGRAMS INC <b>RTF-0027 / 08/31/2018</b>	30
<b>GHS MARSHALL I PICKENS HOSPITAL CHILDREN'S PROGRAM</b> 701 GROVE RD GREENVILLE, SC 29605-5611 FAC.#:864-455-4807 CHISOLM TROY PH#: 864-455-4807 <b>Facility Email:</b> NSALLY@GHS.ORG	Greenville / Non-Profit Corporation 300 E MCBEE AVE STE 402 GREENVILLE, SC 29601-2890 UPSTATE AFFILIATE ORGANIZATION <b>RTF-0031 / 10/31/2018</b>	22
<b>SPRINGBROOK BEHAVIORAL HEALTH SYSTEM RTF</b> 1 HAVENWOOD LN STE B TRAVELERS REST, SC 29690-9447 FAC.#:864-834-8013 ROWLEY MICHAEL PH#: 864-834-8013 <b>Facility Email:</b> LISA.MCJUNKIN@SPRINGBROOKBHS.COM	Greenville / Corporation PO BOX 1005 TRAVELERS REST, SC 29690-1005 CHESTNUT HILL MENTAL HEALTH CENTER INC <b>RTF-0001 / 08/31/2018</b>	68

<b>Totals For Facility/License Type: <u>Residential Treatment for Children &amp; Adolescents</u></b>	
<b>Number of Activities/Facilities licensed:</b> _____ <b>4</b>	<b>Number Licensed Units:</b> _____ <b>180</b>

<b>Number of Activities/Facilities licensed in county of :</b> _____ <b>Greenville</b>	<b># Lics:</b> _____ <b>4</b>
	<b>Number Licensed Units :</b> _____ <b>180</b>

County: Horry

Facility Type: Residential Treatment for Children & Adolescents

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
<b>LIGHTHOUSE BEHAVIORAL HEALTH</b> 152 WACCAMAW MEDICAL PARK DR CONWAY, SC 29526-8901 FAC.#:843-347-8871 SELF JASON PH#: 847-347-8871 Facility Email: JASON.SELF@UHSINC.COM	Horry / Corporation 152 WACCAMAW MEDICAL PARK DR CONWAY, SC 29526-8901 HHC SOUTH CAROLINA INC RTF-0019 / 01/31/2018 (Renewal Pending)	18

<b>Totals For Facility/License Type: <u>Residential Treatment for Children &amp; Adolescents</u></b>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>18</u>

Number of Activities/Facilities licensed in county of : <u>Horry</u>	# Lics: <u>1</u>
	Number Licensed Units : <u>18</u>

County: Lexington

Facility Type: Residential Treatment for Children & Adolescents

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
THREE RIVERS RESIDENTIAL TREATMENT-MIDLANDS CAMPUS 200 ERMINE RD WEST COLUMBIA, SC 29170-2024 FAC.#:803-791-9918 ABBOTT JACQUELINE PH#: 803-791-9918 Facility Email: JACQUELINE.ABBOTT@UHSINC.COM	Lexington / Corporation 200 ERMINE RD WEST COLUMBIA, SC 29170-2024 THREE RIVERS RESIDENTIAL TREATMENT-MIDLANDS CAMPUS INC RTF-0018 / 01/31/2019	64

Totals For Facility/License Type: <u>Residential Treatment for Children &amp; Adolescents</u>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>64</u>

Number of Activities/Facilities licensed in county of : <u>Lexington</u>	# Lics: <u>1</u>
	Number Licensed Units : <u>64</u>

County: Pickens

Facility Type: Residential Treatment for Children & Adolescents

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
AVALONIA GROUP HOMES INC 404 HAMPTON AVE PICKENS, SC 29671-2608 FAC.#:864-897-8050 SHORT MARVIN J PH#: 864-897-8050 Facility Email: MSHORT@RECOVEROURYOUTH.ORG	Pickens / Corporation PO BOX 968 TRAVELERS REST, SC 29690-0968 AVALONIA GROUP HOMES INC RTF-0020 / 09/30/2018	55

<b>Totals For Facility/License Type: <u>Residential Treatment for Children &amp; Adolescents</u></b>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>55</u>

Number of Activities/Facilities licensed in county of : <u>Pickens</u>	# Lics: <u>1</u>
	Number Licensed Units : <u>55</u>

County: Williamsburg

Facility Type: Residential Treatment for Children & Adolescents

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
WILLOWGLEN ACADEMY SOUTH CAROLINA 1370 WILLIAMSBURG COUNTY HWY N KINGSTREE, SC 29556 FAC.#:843-201-4888 VASSAR TERESA PH#: 803-201-4888 Facility Email: TVASSAR@WILLOWGLENSC.COM	Williamsburg / Corporation 1370 WILLIAMSBURG COUNTY HWY N KINGSTREE, SC 29556 WILLOWGLEN ACADEMY SOUTH CAROLINA INC RTF-0023 / 03/31/2018	40

Totals For Facility/License Type: <u>Residential Treatment for Children &amp; Adolescents</u>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>40</u>

Number of Activities/Facilities licensed in county of : <u>Williamsburg</u>	# Lics: <u>1</u>
	Number Licensed Units : <u>40</u>

County: York

Facility Type: Residential Treatment for Children & Adolescents

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
NEW HOPE CAROLINAS 101 SEDGEWOOD DR ROCK HILL, SC 29732-2315 FAC.#:803-328-9300 PHIFER SAM PH#: 803-328-9300 Facility Email: ERICB@NEWHOPETREATMENT.COM	York / Corporation 7515 NORTHSIDE DR STE 200 NORTH CHARLESTON, SC 29420-4285 NEW HOPE CAROLINAS INC RTF-0021 / 11/30/2018	150

Totals For Facility/License Type: <u>Residential Treatment for Children &amp; Adolescents</u>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>150</u>

Number of Activities/Facilities licensed in county of :	<u>York</u>	# Lics: <u>1</u>
		Number Licensed Units : <u>150</u>

Report Totals

Total Number of Activities/Facilities licensed: 12 Total Number Licensed Units: 642