

County: Aiken

Facility Type: Adult Day Care

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Typ Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Unit
ADULT AND SENIOR DAY CARE SERVICES 203 JEWEL ST N NEW ELLENTON, SC 29809-2942 FAC.#:803-652-3421 LARY, ANYETA PH#: 803-652-3421 Facility Email: NURSEMU@YAHOO.COM	Aiken / Limited Liability PO BOX 5101 AIKEN, SC 29804-5101 ADULT AND SENIOR DAY CARE SERVICES LLC ADC-0271 / 04/30/2010	5
Number of Participants		5
ANGEL'S LANDING ADULT DAYCARE FACILITY 355 WHEAT RD AIKEN, SC 29801-9180 FAC.#:803-648-3350 ALLEN, JAMES M PH#: 803-648-3356 Facility Email: JIMBOBB355@MSN.COM	Aiken / Ltd. Liability 355 WHEAT RD AIKEN, SC 29801-9180 ANGEL'S LANDING ADULT DAYCARE LLC ADC-0275 / 08/31/2010	5
Number of Participants		5
GINGER'S ADULT DAY CARE 401 W MARTINTOWN RD STE 1A NORTH AUGUSTA, SC 29841-6130 FAC.#:803-279-7822 SCOTT, EMMA PH#: 803-279-7822 Facility Email: HATTAE25@HOTMAIL.COM	Aiken / Ltd. Liability 401 W MARTINTOWN RD STE 1A NORTH AUGUSTA, SC 29841-6130 GINGER'S ADULT DAY CARE LLC ADC-0273 / 06/30/2010	5
Number of Participants		5

Totals For Facility/License Type Adult Day Care	
Number of Activities/Facilities licensed:	3
Number Licensed Units	15

County: Aiken

Facility Type: Ambulatory Surgery

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Typ Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Unit
AMBULATORY SURGICAL CENTER OF AIKEN 4211 TROLLEY LINE RD AIKEN, SC 29801-2749 FAC.#:803-648-2840 HINER, ERIC A PH#: 803-648-2840 Facility Email: No Facility Email on Record	Aiken / Limited Liability 4211 TROLLEY LINE RD AIKEN, SC 29801-2749 AMBULATORY SURGICAL CENTER OF AIKEN LLC ASF-0096 / 11/30/2009	6
Operating Rooms 4 Procedure Rooms 1 Endoscopy Rooms 1		
CAROLINA AMBULATORY SURGERY CENTER 110 PEPPER HILL WAY AIKEN, SC 29801-2818 FAC.#:803-642-6060 HUTTO, CHRISTY K PH#: 803-642-6060 Facility Email: CKHUTTORN@HOTMAIL.COM	Aiken / Corporation 110 PEPPER HILL WAY AIKEN, SC 29801-2818 CASC ACQUISITION INC ASF-0101 / 05/31/2010	2
Operating Rooms 1 Procedure Rooms 1 Endoscopy Rooms 0		

Totals For Facility/License Type Ambulatory Surgery

 Number of Activities/Facilities licensed: Number Licensed Units

Division of Health Licensing

County: Aiken

Facility Type: Community Residential Care Facility

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Typ Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Unit
CUMBERLAND HILLS		
3215 WISE CREEK LN AIKEN, SC 29801-2534 FAC.#:803-641-8444 STEWART, JASON A PH#: 803-643-0073 Facility Email: KARMSTRONG@MARRINSON.COM	Aiken / Corporation 3215 WISE CREEK LN AIKEN, SC 29801-2534 CUMBERLAND HILLS INC CRC-1121 / 09/30/2009 (Renewal Pending)	34
Certifications:Alzheimer Care		
GENERATIONS OF MONETTA		
77 CATO RD MONETTA, SC 29105-9319 FAC.#:803-685-6156 BARR, ANGELA R PH#: 803-685-6156 Facility Email: TODD@GENERATIONSOFFCHAPIN.COM	Aiken / Ltd. Liability PO BOX 96 MONETTA, SC 29105-0096 GENERATIONS OF MONETTA LLC CRC-0876 / 10/31/2010	22
Certifications:None		
GOD'S HAVEN OF REST		
516 BELVEDERE CLEARWATER RD NORTH AUGUSTA, SC 29841-2583 FAC.#:803-279-1129 AYERS, HAZEL L PH#: 803-279-1129 Facility Email: No Facility Email on Record	Aiken / Sole Proprietorship 516 BELVEDERE CLEARWATER RD NORTH AUGUSTA, SC 29841-2583 HAZEL LEIGH AYERS CRC-1237 / 12/31/2009	9
Certifications:Alzheimer Unit, Alzheimers Care		
HAMMOND HOUSE		
128 WALNUT LN NORTH AUGUSTA, SC 29860-9206 FAC.#:803-441-8441 HOLLEY, SHANNON PH#: 803-441-8441 Facility Email: HAMMONDHOUSE@ALCCO.COM	Aiken / Corporation 128 WALNUT LN NORTH AUGUSTA, SC 29860-9206 ASSISTED LIVING CONCEPTS INC CRC-1405 / 11/30/2009	44
Certifications:Alzheimer Care		
HARBORCHASE OF AIKEN		
1385 SILVER BLUFF RD AIKEN, SC 29803-8860 FAC.#:803-642-8444 SHEALY, DEBBIE M PH#: 803-642-8444 Facility Email: No Facility Email on Record	Aiken / Corporation 1385 SILVER BLUFF RD AIKEN, SC 29803-8860 TWENTY TWO PACK MANAGEMENT CORPORATION CRC-1316 / 11/30/2009	110
Certifications:Alzheimer Unit, Alzheimers Care		
HITCHCOCK HOUSE		
102 CREPE MYRTLE CT OFC AIKEN, SC 29803-7552 FAC.#:803-649-6439 MOFFETT, SHARON E PH#: 803-649-6439 Facility Email: HITCHCOCKHOUSE@ALCCO.COM	Aiken / Corporation 102 CREPE MYRTLE CT OFC AIKEN, SC 29803-7552 ASSISTED LIVING CONCEPTS INC CRC-1412 / 11/30/2009	44
Certifications:Alzheimer Care		

Division of Health Licensing

County: Aiken

Facility Type: Community Residential Care Facility

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Typ Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Unit
PARKER'S RESIDENTIAL CARE HOME		
935 PINEVIEW DR NEW ELLENTON, SC 29809-3302 FAC.#:803-652-7290 PARKER, DRUCILLA O PH#: 803-652-7290 Facility Email: No Facility Email on Record	Aiken / Sole Proprietorship 935 PINEVIEW DR NEW ELLENTON, SC 29809-3302 DRUCILLA PARKER CRC-0311 / 01/31/2010	9
Certifications:None		
PERRY ELDERCARE		
182 ROBERTS ST W SALLEY, SC 29137-8943 FAC.#:803-564-0592 BROWN, THOMAS E PH#: 803-564-0592 Facility Email: THEELDERCARES@AOL.COM	Aiken / Corporation PO BOX 1189 WAGENER, SC 29164-1189 TOMACO INC CRC-1183 / 01/31/2010	14
Certifications:Alzheimer Care		
RUDNICK CRCF		
629 CHESTERFIELD ST AIKEN, SC 29801-4053 FAC.#:803-642-1041 MCKENZIE, WILLIE M PH#: 803-642-1041 Facility Email: ELC7930@MSNCOM	Aiken / County PO BOX 698 AIKEN, SC 29802-0698 TRI-DEVELOPMENT CENTER OF AIKEN COUNTY INC CRC-1429 / 02/28/2010	8
Certifications:None		
SANDERS CRCF		
625 CHESTERFIELD ST AIKEN, SC 29801-4053 FAC.#:803-642-1044 MCKENZIE, WILLIE M PH#: 803-642-1041 Facility Email: ELC7930@MSNCOM	Aiken / County PO BOX 698 AIKEN, SC 29802-0698 TRI-DEVELOPMENT CENTER OF AIKEN COUNTY INC CRC-1430 / 02/28/2010	8
Certifications:None		
SHADOW OAKS ASSISTED LIVING COMMUNITY		
108 GREGG AVE AIKEN, SC 29801-6816 FAC.#:803-643-0300 WILLIAMS, SANDRA G PH#: 803-643-0300 Facility Email: SWILLIAMS@SHADOW-OAKS.COM	Aiken / Ltd. Liability 108 GREGG AVE AIKEN, SC 29801-6816 SHADOW OAKS ASSISTED LIVING COMMUNITY LLC CRC-1425 / 10/31/2010	56
Certifications:Alzheimer Unit, Alzheimers Care		
STERLING HOUSE OF NORTH AUGUSTA		
105 N HILLS DR OFC NORTH AUGUSTA, SC 29841-0113 FAC.#:803-819-0034 COVAR, MARCUS PH#: Facility Email: JCHILDERS@BROOKDALELIVING.COM	Aiken / Corporation 105 N HILLS DR OFC NORTH AUGUSTA, SC 29841-0113 BROOKDALE SENIOR LIVING COMMUNITIES INC CRC-1298 / 12/31/2009	52
Certifications:Alzheimer Care		

County: Aiken

Facility Type: Community Residential Care Facility

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Typ Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Unit
TRINITY LUTHERAN HOME 213 LAURENS ST NW AIKEN, SC 29801-3911 FAC.#:803-643-4203 HENRICH, CONSTANCE M PH#: 803-643-4200 Facility Email: CHENRICH@TRINITYLUTHERANSC.ORG	Aiken / Non-Profit Corporation 213 LAURENS ST NW AIKEN, SC 29801-3911 LUTHERAN HOMES OF SOUTH CAROLINA INC CRC-0935 / 06/30/2010	55

Certifications:None

VILLAGE INN COMMUNITY CARE HOME 112 POWELL ST GRANITEVILLE, SC 29829-2906 FAC.#:803-663-9495 HERRON, MICHELLE A PH#: 803-663-9495 Facility Email: VILLAGEINNCCH@BELLSOUTH.NET	Aiken / Sole Proprietorship 112 POWELL ST GRANITEVILLE, SC 29829-2906 MICHELLE A HERRON CRC-0396 / 03/31/2010	10
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Certifications:None

WE CARE RESIDENTIAL 2370 WILLISTON RD AIKEN, SC 29803-9100 FAC.#:803-652-3652 BUSH, ETHEL E PH#: 803-652-3652 Facility Email: No Facility Email on Record	Aiken / Corporation 2394 WILLISTON RD AIKEN, SC 29803-9100 WE CARE RESIDENTIAL INC CRC-1034 / 08/31/2010	55
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Certifications:None

Totals For Facility/License Type Community Residential Care Facility		
Number of Activities/Facilities licensed:	15	Number Licensed Units 530

County: Aiken

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Typ Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Unit
DUPONT I HABILITATION CENTER 127 DUPONT DR AIKEN, SC 29801 FAC.#:803-642-1048 HALL, MICHAEL D PH#: Facility Email: MHALL@AIKENTDC.ORG	Aiken / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0141 / 07/31/2010	8
DUPONT II HABILITATION CENTER 129 DUPONT DR AIKEN, SC 29801 FAC.#:803-642-1046 HALL, MICHAEL D PH#: Facility Email: MHALL@AIKENTDC.ORG	Aiken / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0142 / 07/31/2010	8
LAURENS STREET ICF/MR 728 LAURENS ST NW AIKEN, SC 29801 FAC.#:803-642-1042 HALL, MICHAEL D PH#: Facility Email: MHALL@AIKENTDC.ORG	Aiken / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0207 / 06/30/2010	8
LINDEN STREET ICF/MR 136 LINDEN ST AIKEN, SC 29801-3759 FAC.#:803-642-1053 HALL, MICHAEL D PH#: Facility Email: KEVANS@AIKENTDC.ORG	Aiken / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0209 / 06/10/2010	8

Totals For Facility/License Type Habilitation R15

Number of Activities/Facilities licensed:	<input type="text" value="4"/>	Number Licensed Units	<input type="text" value="32"/>
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County: Aiken

Facility Type: Home Health

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Typ Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Unit
LIBERTY HOME CARE AIKEN 610 ALDRICH ST NE AIKEN, SC 29801-6401 FAC.#:803-643-0001 EDISON, WENDI PH#: 803-643-0001 Facility Email: No Facility Email on Record Counties Served Aiken License Restrictions Physical Therapy Y Speech Therapy:Y Occupational Therapy Y Med. Social Services Y Home Health Aid: Y Medical Supplies/Appliances/Durable Medical Equipment Y Other:	Aiken / Ltd. Liability 610 ALDRICH ST NE AIKEN, SC 29801-6401 LIBERTY HOMECARE AND HOSPICE LLC HHA-0196 / 08/31/2010	1
NHC HOMECARE-AIKEN 30 PHYSICIAN DR AIKEN, SC 29801-6388 FAC.#:803-643-1701 BERRY, DONNA E PH#: 803-643-1701 Facility Email: NHCHOMECAREAIKEN@HOTMAIL.COM Counties Served Aiken License Restrictions Physical Therapy Y Speech Therapy:Y Occupational Therapy Y Med. Social Services Y Home Health Aid: Y Medical Supplies/Appliances/Durable Medical Equipment N Other: DIETARY CONSULTATION	Aiken / Limited Liability Limited Partnership PO BOX 3636 AIKEN, SC 29802-3636 NHC/OP LP HHA-0181 / 06/30/2010	1
TRINITY HOME SERVICES HOME HEALTH 690 MEDICAL PARK DR STE 400 AIKEN, SC 29801-6348 FAC.#:803-641-8220 KEATING, JULIE PH#: 803-641-8220 Facility Email: JULIE.KEATING@TRIADHOSPITALS.COM Counties Served Aiken, Barnwell, Edgefield License Restrictions Physical Therapy Y Speech Therapy:Y Occupational Therapy Y Med. Social Services Y Home Health Aid: Y Medical Supplies/Appliances/Durable Medical Equipment N Other: NUTRITION, CHAPLAIN	Aiken / Ltd. Liability 690 MEDICAL PARK DR STE 400 AIKEN, SC 29801 CSRA HOLDINGS LLC HHA-0197 / 10/31/2010	3
UNIVERSITY HOME HEALTH NORTH AUGUSTA 106 E MARTINTOWN RD UNIT B NORTH AUGUSTA, SC 29841-3425 FAC.#:803-278-0770 HARDEN, MARY J PH#: 803-278-0770 Facility Email: MHARDEN@UH.ORG Counties Served Aiken, Edgefield License Restrictions Physical Therapy Y Speech Therapy:Y Occupational Therapy Y Med. Social Services Y Home Health Aid: Y Medical Supplies/Appliances/Durable Medical Equipment N Other:	Aiken / Corporation 106 E MARTINTOWN RD UNIT B NORTH AUGUSTA, SC 29841-3425 UNIVERSITY HEALTH SERVICES INC HHA-0137 / 10/31/2010	2

County: Aiken

Facility Type: Home Health

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

Totals For Facility/License Type Home Health	
Number of Activities/Facilities licensed:	4
Number Licensed Units	7

County: Aiken**Facility Type: Hospice Program**

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Typ Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Unit
ALLIANCE HOSPICE 802 E MARTINTOWN RD STE 200 NORTH AUGUSTA, SC 29841-5338 FAC.#:803-441-0174 BYRD, CAROLYN PH#: 706-447-2461 Facility Email: CBYRD@ALLIANCEHOSPICE.COM	Aiken / Ltd. Liability 802 E MARTINTOWN RD STE 200 NORTH AUGUSTA, SC 29841-5338 ALLIANCE HOSPICE LLC HPC-0109 / 05/31/2010	4
Counties Served Aiken, Barnwell, Edgefield, McCormick		
INFINITY HOSPICE OF AIKEN 220 RICHLAND AVE W AIKEN, SC 29801-3866 FAC.#:803-226-0387 LOMASTRO, BRIAN PH#: 803-939-2788 Facility Email: CURTZ@INFINITYHC.COM	Aiken / Limited Liability 220 RICHLAND AVE W AIKEN, SC 29801-3866 INFINITY HOSPICE OF AIKEN LLC HPC-0148 / 10/31/2010	6
Counties Served Aiken, Barnwell, Edgefield, Lexington, McCormick, Saluda		
LIBERTY HOME CARE AND HOSPICE-AIKEN 610 ALDRICH ST NE AIKEN, SC 29801-6401 FAC.#:803-643-0001 EDISON, WENDI PH#: 803-643-0001 Facility Email: No Facility Email on Record	Aiken / Ltd. Liability 610 ALDRICH ST NE AIKEN, SC 29801-6401 LIBERTY HOMECARE AND HOSPICE LLC HPC-0112 / 08/31/2010	3
Counties Served Aiken, Barnwell, Edgefield		
REGENCY HOSPICE OF SOUTH CAROLINA-AIKEN 105 SUMMERWOOD WAY STE D AIKEN, SC 29803-7775 FAC.#:803-648-2117 JONES, VERONICA PH#: 803-648-2117 Facility Email: No Facility Email on Record	Aiken / Ltd. Liability 105 SUMMERWOOD WAY STE D AIKEN, SC 29803-7775 REGENCY HOSPICE OF GEORGIA LLC HPC-0086 / 02/28/2010	27
Counties Served Abbeville, Aiken, Anderson, Bamberg, Barnwell, Calhoun, Cherokee, Chester, Edgefield, Fairfield, Greenville, Greenwood, Kershaw, Lancaster, Laurens, Lexington, McCormick, Newberry, Oconee, Orangeburg, Pickens, Richland, Saluda, Spartanburg, Sumter, Union, York		
SOUTHERNCARE-AIKEN 35 VARDEN DR STE A AIKEN, SC 29803-5275 FAC.#:205-655-4809 ROGERS, MARLA PH#: 000-000-0000 Facility Email: No Facility Email on Record	Aiken / Corporation 35 VARDEN DR STE A AIKEN, SC 29803-5275 SOUTHERNCARE INC HPC-0081 / 02/28/2010	9
Counties Served Aiken, Bamberg, Barnwell, Edgefield, Greenwood, Hampton, Lexington, McCormick, Saluda		
TRINITY HOME SERVICES-CENTER FOR HOSPICE & PALLIATIVE CARE 690 MEDICAL PARK DR STE 400 AIKEN, SC 29801-6348 FAC.#:803-641-8220 KEATING, JULIE PH#: 803-641-8220 Facility Email: JULIE.KEATING@TRIADHOSPITALS.COM	Aiken / Ltd. Liability 690 MEDICAL PARK DR STE 400 AIKEN, SC 29801 CSRA HOLDINGS LLC HPC-0116 / 10/31/2010	3
Counties Served Aiken, Barnwell, Edgefield		

County: Aiken

Facility Type: Hospice Program

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

Totals For Facility/License Type Hospice Program		
Number of Activities/Facilities licensed:	6	Number Licensed Units 52

County: Aiken

Facility Type: Hospital or Institutional General Infirmary

Facility Name	County/Ownership Typ	Licensed Unit
Location Street	Mailing/Billing Address	
Location City, State	Licensee	
Administrator/Phone	License Nbr/Expiration Date	
AIKEN REGIONAL MEDICAL CENTER	Aiken / Corporation	230
302 UNIVERSITY PKWY	302 UNIVERSITY PKWY	
AIKEN, SC 29801-2792 FAC.#:803-641-5600	AIKEN, SC 29801-2792	
MILANES, CARLOS PH#: 803-641-5383	AIKEN REGIONAL MEDICAL CENTERS INC	
Facility Email: K.D.JUSTYN@UHSINC.COM	HTL-0152 / 11/30/2009	
Licensed Beds: General: 183 Psychiatric: 29 Rehab: 0 Substance Abuse: 18		
Other Beds NICU: 0 Neonatal Special Care: 8		
Certifications: Perinatal Level II, JCAHO Accredited		

Totals For Facility/License Type Hospital or Institutional General Infirmary	
Number of Activities/Facilities licensed: <input style="width: 50px; text-align: center;" type="text" value="1"/>	Number Licensed Units <input style="width: 50px; text-align: center;" type="text" value="230"/>

County: Aiken**Facility Type: Nursing Home**

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Typ Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Unit
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AZALEA WOODS 123 DUPONT DR NE AIKEN, SC 29801-4001 FAC.#:803-648-0434 ARMSTRONG, TIM E PH#: 803-648-0434 Facility Email: No Facility Email on Record	Aiken / Corporation 123 DUPONT DR NE AIKEN, SC 29801-4001 AIKEN NURSING HOME INC NCF-0938 / 12/31/2009	86
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Licensed Beds	Nursing Home	86	Institutional Nursing Home	0
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Certifications:None

CARRIAGE HILLS LIVING CENTER 550 EASTGATE DR AIKEN, SC 29803-7688 FAC.#:803-643-3694 BOWLES JR, ROBERT F PH#: 803-643-3694 Facility Email: JSWIFT@HMR-LTC.COM	Aiken / Ltd. Liability 101 GRACE DR, ADVANTAGE HEALTH SYSTEMS EASLEY, SC 29640-9088 CARRIAGE HILLS LIVING CENTER LLC NCF-0902 / 09/30/2010	60
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Licensed Beds	Nursing Home	60	Institutional Nursing Home	0
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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: HEATHH@NHCNORTHAUGUSTA.COM	Aiken / Ltd. Liability PO BOX 7979 NORTH AUGUSTA, SC 29861-7979 NHC HEALTHCARE/NORTH AUGUSTA LLC NCF-0799 / 06/30/2010	192
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Licensed Beds	Nursing Home	192	Institutional Nursing Home	0
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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: ROXANNEWEESE@PEPPERHILL.COM	Aiken / Limited Liability PO BOX 3188 AIKEN, SC 29802-3188 PEPPER HILL NURSING & REHAB CENTER LLC NCF-0879 / 11/30/2009	132
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Licensed Beds	Nursing Home	132	Institutional Nursing Home	0
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Certifications:Alzheimer Unit

UNIHEALTH POST ACUTE CARE-AIKEN 830 LAURENS ST AIKEN, SC 29801-0475 FAC.#:803-649-6264 HAY, WINONA MICHELLE PH#: 803-649-6264 Facility Email: MHAY@UHS-PRUITT.COM	Aiken / Limited Liability 830 LAURENS ST AIKEN, SC 29801-0475 UNIHEALTH POST ACUTE CARE-AIKEN LLC NCF-0942 / 06/30/2010	176
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Licensed Beds	Nursing Home	176	Institutional Nursing Home	0
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Certifications:Alzheimer Unit, Alzheimers Care

County: Aiken

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Typ Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Unit
UNIHEALTH POST ACUTE CARE-NORTH AUGUSTA 1200 TALISMAN DR NORTH AUGUSTA, SC 29841-4098 FAC.#:803-278-2170 CARLISLE, CAROL A PH#: 803-278-0011	Aiken / Limited Liability 1200 TALISMAN DR NORTH AUGUSTA, SC 29841-4098 UNIHEALTH POST ACUTE CARE-NORTH AUGUSTA LLC NCF-0721 / 10/31/2010	132

Facility Email: No Facility Email on Record

Licensed Beds Nursing Home 132 Institutional Nursing Home 0

Certifications:None

Totals For Facility/License Type Nursing Home	
Number of Activities/Facilities licensed: <input type="text" value="6"/>	Number Licensed Units <input type="text" value="778"/>

County: Aiken

Facility Type: PSAD Outpatient

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Typ Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Unit
AIKEN COUNTY COMMISSION ON ALCOHOL AND DRUG ABUSE 1105 GREGG HWY AIKEN, SC 29801-6341 FAC.#:803-649-1900 MATTOCKS, H HERBERT PH#: 803-649-1900 Facility Email: No Facility Email on Record	Aiken / County 1105 GREGG HWY AIKEN, SC 29801-6341 AIKEN COUNTY COMMISSION ON ALCOHOL AND DRUG ABUSE- BOARD OTP-0006 / 06/30/2010	1

Certifications:None

Totals For Facility/License Type PSAD Outpatient	
Number of Activities/Facilities licensed:	Number Licensed Units
1	1

County: Aiken

Facility Type: Renal Dialysis

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Typ Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Unit
AIKEN DIALYSIS 775 MEDICAL PARK DR AIKEN, SC 29801-6306 FAC.#:803-641-4222 JONES RN, FLORIA E PH#: 803-641-4222 Facility Email: No Facility Email on Record	Aiken / Corporation 5200 VIRGINIA WAY STE 400, DAVITA-LICENSURE & CERTIFICATION BRENTWOOD, TN 37027-7569 DVA HEALTHCARE RENAL CARE INC ERD-0034 / 03/31/2010	21
Licensed Stations: Hemodialysis: 20 Peritoneal: 1		
DCA OF SOUTH AIKEN 169 CREPE MYRTLE CT AIKEN, SC 29803-7543 FAC.#:803-644-8484 JOHNSON, CONSTANCE RENEE PH#: 803-593-8169 Facility Email: CJOHNSON@DIALYSISCORPORATION.COM	Aiken / Limited Liability 214 SENATE AVE STE 300 CAMP HILL, PA 17011-2236 DCA OF SOUTH AIKEN LLC ERD-0156 / 03/31/2010	18
Licensed Stations: Hemodialysis: 18 Peritoneal: 2		
FMC-NORTH AUGUSTA 802 E MARTINTOWN RD STE 195 NORTH AUGUSTA, SC 29841-5343 FAC.#:803-819-9137 RACKARD RN, LINDA I PH#: 803-819-9137 Facility Email: No Facility Email on Record	Aiken / Corporation 802 E MARTINTOWN RD STE 195 NORTH AUGUSTA, SC 29841-5343 BIO-MEDICAL APPLICATIONS OF SOUTH CAROLINA INC ERD-0118 / 08/31/2010	15
Licensed Stations: Hemodialysis: 15 Peritoneal: 0		
NORTH AUGUSTA DIALYSIS 201 EDGEFIELD RD NORTH AUGUSTA, SC 29841-2400 FAC.#:253-207-5319 LOPEZ, ANNA PH#: 803-442-4489 Facility Email: No Facility Email on Record	Aiken / Corporation 5200 VIRGINIA WAY STE 400, DAVITA-LICENSURE & CERTIFICATION BRENTWOOD, TN 37027-7569 DVA HEALTHCARE RENAL CARE INC ERD-0053 / 05/31/2009 (Renewal Pending)	16
Licensed Stations: Hemodialysis: 16 Peritoneal: 0		
RIVER VIEW KIDNEY CENTER 540 ATOMIC RD NORTH AUGUSTA, SC 29841-4253 FAC.#:803-279-2311 POOLE RN, EMILY O PH#: Facility Email: BEN.DELP@RENALADVANTAGE.COM	Aiken / Limited Liability 115 EASTPARK DR STE 300, RENAL ADVANTAGE-LEGAL DEPT BRENTWOOD, TN 37027-2311 NRA-NORTH AUGUSTA SOUTH CAROLINA LLC ERD-0173 / 09/30/2010	22
Licensed Stations: Hemodialysis: 21 Peritoneal: 1		

Totals For Facility/License Type Renal Dialysis	
Number of Activities/Facilities licensed:	5
Number Licensed Units	92

Number of Activities/Facilities licensed in county of	Aiken	# Lic	47
	Number Licensed Units :	1,745	

	Report Total	1,745
Total Number of Activities/Facilities licensed	47	Total Number Licensed Units