

County: Anderson

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
HORIZON ADULT DAY CARE 2005 E GREENVILLE ST ANDERSON, SC 29621-1575 FAC.#:864-231-0099 JOHNSON, ALECIA PH#: 864-231-0099 Facility Email: AJOHNSON@SENIORSOLUTIONS-SC.ORG	Anderson / Non-Profit Corporation 3420 CLEMSON BLVD STE 17 ANDERSON, SC 29621-1324 SENIOR SOLUTIONS ADC-0248 / 10/31/2010	50
Number of Participants		50
MARKETPLACE CINEMA ADULT DAY CARE 3420 CLEMSON BLVD STE 17 ANDERSON, SC 29621-1324 FAC.#:864-225-3370 COUGHLIN, HELEN PH#: 864-225-3370 Facility Email: COUGHLIN@SENIORSOLUTIONS-SC.ORG	Anderson / Non-Profit Corporation 3420 CLEMSON BLVD STE 17 ANDERSON, SC 29621-1324 SENIOR SOLUTIONS ADC-0246 / 01/31/2011	40
Number of Participants		40
NEW HOPE ADULT DAY CARE 1214 NEW HOPE RD ANDERSON, SC 29625-5460 FAC.#:864-222-2986 SIMS, LARRY V PH#: 864-222-2986 Facility Email: SIMS164@JUNO.COM	Anderson / Sole Proprietorship 1214 NEW HOPE RD ANDERSON, SC 29625-5460 SIMS, LARRY V ADC-0237 / 03/31/2010	35
Number of Participants		35

Totals For Facility/License Type Adult Day Care	
Number of Activities/Facilities licensed: <input type="text" value="3"/>	Number Licensed Units <input type="text" value="125"/>

County: Anderson

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
ANMED HEALTH MEDICUS SURGERY CENTER 107 PROFESSIONAL CT ANDERSON, SC 29621-2052 FAC.#:864-716-7900 KAY, ANGELA R PH#: 864-716-7900 Facility Email: LYNNREGORY@ANMEDHEALTH.ORG	Anderson / Limited Liability PO BOX 1886 ANDERSON, SC 29622-1886 ANMED HEALTH MEDICUS SURGERY CENTER LLC ASF-0100 / 04/30/2010	5
<p style="text-align: center;">Operating Rooms 3 Procedure Rooms 2 Endoscopy Rooms 0</p>		
BEARWOOD AMBULATORY SURGERY CENTER 3031 N HWY 81 ANDERSON, SC 29621-3621 FAC.#:864-226-7371 HOLDREDGE, SUSAN S PH#: 864-224-4765 Facility Email: No Facility Email on Record	Anderson / Partnership 3031 N HWY 81 ANDERSON, SC 29621-3621 BEARWOOD AMBULATORY SURGERY CENTER PA ASF-0021 / 12/31/2010	1
<p style="text-align: center;">Operating Rooms 1 Procedure Rooms 0 Endoscopy Rooms 0</p>		
PHYSICIAN SURGERY CENTER AT ANMED HEALTH 100 HEALTHY WAY STE 1220 ANDERSON, SC 29621-7916 FAC.#:864-512-4030 MOON, BRENDA J PH#: 864-512-4030 Facility Email: ANGELA.MCCLAIN@ANMEDHEALTH.ORG	Anderson / Limited Liability 100 HEALTHY WAY STE 1220 ANDERSON, SC 29621-7916 PHYSICIAN SURGERY CENTER AT ANMED HEALTH LLC ASF-0111 / 06/30/2010	4
<p style="text-align: center;">Operating Rooms 3 Procedure Rooms 1 Endoscopy Rooms 0</p>		
UPSTATE ENDOSCOPY CENTER 1922 MCCONNELL SPRINGS RD STE B ANDERSON, SC 29621-2642 FAC.#:864-716-6555 ATKINS, DEBORAH A PH#: 864-716-6555 Facility Email: DEBORAH.ATKINS@ANMEDHEALTH.ORG	Anderson / Ltd. Liability 1922 MCCONNELL SPRINGS RD STE B ANDERSON, SC 29621-2642 ANMED ENTERPRISES INC UPSTATE ENDOSCOPY CENTER LLC ASF-0083 / 06/30/2010	2
<p style="text-align: center;">Operating Rooms 0 Procedure Rooms 0 Endoscopy Rooms 2</p>		

Totals For Facility/License Type Ambulatory Surgery	
Number of Activities/Facilities licensed: <input type="text" value="4"/>	Number Licensed Units <input type="text" value="12"/>

County: Anderson

Facility Type: Body Piercing

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Typ Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Unit
AGGRESSIVE INK III BODY PIERCING 407 HWY 28 BYP STE B ANDERSON, SC 29624-3044 FAC.#:864-940-6552 RICKETTS, STEVE G PH#: 000-000-0000 Facility Email: AGGRESSIVEINK@GMAIL.COM	Anderson / Sole Proprietorship 407 HWY 28 BYP STE B ANDERSON, SC 29624-3044 RICKETTS, STEVEN G BP-0210 / 07/31/2010	1
ARTISTIC INK PIERCING 97 WELPINE RD PENDLETON, SC 29670-9606 FAC.#:706-498-5811 ROWLAND, TERRY T PH#: 864-226-1704 Facility Email: No Facility Email on Record	Anderson / Sole Proprietorship PO BOX 162 HELEN, GA 30545-0162 ROWLAND, TERRY T BP-0205 / 11/30/2010	1
XPRESSIONS TANNING SALON 112 W SHOCKLEY FERRY RD ANDERSON, SC 29624-3733 FAC.#:864-225-4806 GINN, DONNA PH#: 864-225-4806 Facility Email: ANGLNURARMS@AOL.COM	Anderson / Sole Proprietorship 112 W SHOCKLEY FERRY RD ANDERSON, SC 29624-3733 GINN, DONNA BP-0193 / 02/28/2011	1

Totals For Facility/License Type Body Piercing	
Number of Activities/Facilities licensed: <input type="text" value="3"/>	Number Licensed Units <input type="text" value="3"/>

Division of Health Licensing

County: Anderson

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
ALEXANDER'S RESIDENTIAL HOME 1302 S MCDUFFIE ST ANDERSON, SC 29624-2745 FAC.#:864-225-6901 KELLER, BOBBIE J PH#: 864-225-6901 Facility Email: No Facility Email on Record	Anderson / Sole Proprietorship 1302 S MCDUFFIE ST ANDERSON, SC 29624-2745 ROBBIE J ALEXANDER CRC-0233 / 08/31/2010	10
Certifications:Alzheimer Care		
FAITH HOPE AND CHARITY RETIREMENT 101 COE ST ANDERSON, SC 29624 FAC.#:864-226-0990 TOUCHTON, MARY S PH#: 864-226-0990 Facility Email: No Facility Email on Record	Anderson / Sole Proprietorship PO BOX 13866 ANDERSON, SC 29624-0018 MARY SIMS TOUCHTON CRC-0760 / 04/30/2010	10
Certifications:None		
FITZGERALD'S RESIDENTIAL CARE FACILITY 813 S MCDUFFIE ST ANDERSON, SC 29624-2336 FAC.#:864-225-4711 SMITH, MICHAEL A PH#: 864-225-4711 Facility Email: No Facility Email on Record	Anderson / Sole Proprietorship 813 S MCDUFFIE ST ANDERSON, SC 29624-2336 DORIS FITZGERALD CRC-0338 / 01/31/2011	10
Certifications:None		
GARDEN HOUSE 201 EDGEBROOK DR ANDERSON, SC 29621-2573 FAC.#:864-964-5668 BRADLEY-GUIBAULT, KATHLEEN PH#: 864-964-5668 Facility Email: GARDENH@CHARTER.NET	Anderson / Ltd. Liability 201 EDGEBROOK DR ANDERSON, SC 29621-2545 ANDERSON SENIOR LIVING PARTNERS LLC CRC-1437 / 02/28/2011	60
Certifications:Alzheimer Unit, Alzheimers Care		
MAGNOLIAS OF ANDERSON 2203 MARCHBANKS AVE ANDERSON, SC 29621-2247 FAC.#:864-231-7786 MOORE, BRENT J PH#: 864-231-7786 Facility Email: PAULAFOARD@BELLSOUTH.NET	Anderson / Ltd. Liability 2203 MARCHBANKS AVE ANDERSON, SC 29621-2247 CAROLINA RETIREMENT SERVICES OF ANDERSON LLC CRC-1413 / 05/31/2010	60
Certifications:None		
MAPLES OF HONEA PATH 224 WILDWOOD DR HONEA PATH, SC 29654-1335 FAC.#:864-369-2000 WILLIS, MARK N PH#: 864-369-2000 Facility Email: No Facility Email on Record	Anderson / Corporation 224 WILDWOOD DR HONEA PATH, SC 29654-1335 MAPLE MANOR INC CRC-0819 / 05/31/2010	74
Certifications:Alzheimer Care		

County: Anderson

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
MORNINGSIDE OF ANDERSON 1304 MCLEES RD ANDERSON, SC 29621-3345 FAC.#:864-964-9088 SPEER, RICHARD W PH#: 864-964-9088 Facility Email: RSPEER@5SQC.COM	Anderson / Limited Liability Limited Partnership 400 CENTRE ST NEWTON, MA 02458-2094 MORNINGSIDE OF ANDERSON LP CRC-1093 / 04/30/2010	88

Certifications:Alzheimer Care

NORTH POINTE ASSISTED LIVING 701 SIMPSON RD ANDERSON, SC 29621-3077 FAC.#:864-226-5505 MOORE, PEGGY D PH#: 864-231-0059 Facility Email: PEGMOORE@BELLSOUTH.NET	Anderson / Ltd. Liability 701 SIMPSON RD ANDERSON, SC 29621-3077 PE COUNTRY HERITAGE LLC CRC-1454 / 08/31/2010	70
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Certifications:Alzheimer Unit, Alzheimers Care

RESTING PLACE #1 207 E SHOCKLEY FERRY RD ANDERSON, SC 29624-3731 FAC.#:864-226-0990 TOUCHTON, MARY S PH#: 864-226-0990 Facility Email: No Facility Email on Record	Anderson / Sole Proprietorship PO BOX 13866 ANDERSON, SC 29624-0018 MARY SIMS TOUCHTON CRC-0499 / 11/30/2010	10
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Certifications:None

ROCKY RIVER BAPTIST ASSOCIATION RESIDENTIAL CARE HOME 250 UNION HIGH DR BELTON, SC 29627-2445 FAC.#:864-338-1410 HASIUK, JANICE E PH#: Facility Email: No Facility Email on Record	Anderson / Non-Profit Corporation 250 UNION HIGH DR BELTON, SC 29627-2445 ROCKY RIVER BAPTIST ASSOCIATION CRC-1270 / 04/30/2010	28
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Certifications:Alzheimer Care

SUMMER HOUSE 311 SIMPSON RD ANDERSON, SC 29621-2157 FAC.#:864-261-3875 HUNTER, ANDREA M PH#: 864-261-3875 Facility Email: ANDERSONPLACE-ED@EMERTUS.COM	Anderson / Corporation 3131 ELLIOTT AVE STE 500 SEATTLE, WA 98121-1032 EMERITUS CORPORATION CRC-1303 / 03/31/2010	40
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Certifications:None

SUMMIT PLACE OF ANDERSON 107 PERPETUAL SQ ANDERSON, SC 29621-1713 FAC.#:864-222-9880 ELLISTON, JOHN M PH#: 864-222-9880 Facility Email: ED@SUMMITOFANDERSON.COM	Anderson / Ltd. Liability 107 PERPETUAL SQ ANDERSON, SC 29621-1713 EDEN GARDENS-ANDERSON CRC-1151 / 03/31/2010	89
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Certifications:Alzheimer Unit, Alzheimers Care

County: Anderson

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
VILLAGE COMMUNITY CARE HOME-UNIT A 1250 SALEM CHURCH RD ANDERSON, SC 29625-1310 FAC.#:864-225-4336 WILLIAMS, PHYLLIS S PH#: 864-225-4336 Facility Email: VILLAGECARE365@GMAIL.COM	Anderson / Corporation PO BOX 5107 ANDERSON, SC 29623-5107 VILLAGE COMMUNITY CARE HOME INC CRC-0563 / 01/31/2011	11

Certifications:None

VILLAGE COMMUNITY CARE HOME-UNIT B 1250 SALEM CHURCH RD ANDERSON, SC 29625-1310 FAC.#:864-225-4336 WILLIAMS, PHYLLIS S PH#: 864-225-4336 Facility Email: VILLAGECARE365@GMAIL.COM	Anderson / Corporation PO BOX 5107 ANDERSON, SC 29623-5107 VILLAGE COMMUNITY CARE HOME INC CRC-0564 / 01/31/2011	11
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Certifications:None

VILLAGE COMMUNITY CARE HOME-UNIT C 1250 SALEM CHURCH RD ANDERSON, SC 29625-1310 FAC.#:864-225-4336 WILLIAMS, PHYLLIS S PH#: 864-225-4336 Facility Email: VILLAGECARE365@GMAIL.COM	Anderson / Corporation PO BOX 5107 ANDERSON, SC 29623-5107 VILLAGE COMMUNITY CARE HOME INC CRC-0565 / 01/31/2011	11
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Certifications:None

VILLAGE COMMUNITY CARE HOME-UNIT D 1250 SALEM CHURCH RD ANDERSON, SC 29625-1310 FAC.#:864-225-4336 WILLIAMS, PHYLLIS S PH#: 864-225-4336 Facility Email: VILLAGECARE@G.MAIL.COM	Anderson / Corporation PO BOX 5107 ANDERSON, SC 29623-5107 VILLAGE COMMUNITY CARE HOME INC CRC-0566 / 01/31/2011	11
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Certifications:None

Totals For Facility/License Type Community Residential Care Facility		
Number of Activities/Facilities licensed:	16	Number Licensed Units 593

County: Anderson

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
ANMED HEALTH HOME HEALTH AGENCY 1926 MCCONNELL SPRINGS RD ANDERSON, SC 29621-2642 FAC.#:864-512-6410 ERVIN, REGINA PH#: 864-512-6410 Facility Email: REGINA.ERVIN@ANMEDHEALTH.ORG	Anderson / Non-Profit Corporation PO BOX 195 ANDERSON, SC 29622-0195 ANMED HEALTH HHA-0068 / 02/28/2011	1
Counties Served Anderson 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:		

DHEC REGION 1 HOME HEALTH SERVICES 220 MCGEE RD, ANDERSON CTY HEALTH DEPT ANDERSON, SC 29625-2147 FAC.#:864-260-5617 ELLENBURG, MARY M PH#: 864-260-5617 Facility Email: No Facility Email on Record	Anderson / State 220 MCGEE RD, ANDERSON CTY HEALTH DEPT ANDERSON, SC 29625-2147 SC DEPT OF HEALTH & ENVIRONMENTAL CONTROL HHA-0001 / 09/30/2010	8
Counties Served Abbeville, Anderson, Edgefield, Greenwood, Laurens, McCormick, Oconee, Saluda 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: REGISTERED DIETITIAN		

Totals For Facility/License Type Home Health	
Number of Activities/Facilities licensed:	2
Number Licensed Units	9

County: Anderson

Facility Type: Hospice Facility

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Typ Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Unit
CALLIE & JOHN RAINEY HOSPICE HOUSE 1835 ROGERS RD ANDERSON, SC 29621-2278 FAC.#:864-224-3358 MELBOURNE, PAMELA S PH#: 864-224-3358 Facility Email: No Facility Email on Record	Anderson / Corporation 1835 ROGERS RD ANDERSON, SC 29621-2278 HOSPICE OF THE UPSTATE INC HPF-0001 / 08/31/2010	32

Totals For Facility/License Type Hospice Facility	
Number of Activities/Facilities licensed: <input type="text" value="1"/>	Number Licensed Units <input type="text" value="32"/>

County: Anderson

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
HALLMARK HOSPICE 117 BROADBENT WAY ANDERSON, SC 29625-1521 FAC.#:864-224-6757 GARMON, JOHN PH#:	Anderson / Limited Liability 117 BROADBENT WAY ANDERSON, SC 29625-1521 HALLMARK HOSPICE LLC HPC-0128 / 09/30/2010	15
Facility Email: No Facility Email on Record Counties Served Abbeville, Aiken, Anderson, Charleston, Cherokee, Colleton, Greenville, Greenwood, Laurens, McCormick, Oconee, Pickens, Saluda, Spartanburg, Union		
HOSPICE OF THE UPSTATE 1835 ROGERS RD ANDERSON, SC 29621-2278 FAC.#:864-224-3358 MELBOURNE, PAMELA S PH#: 864-224-3358	Anderson / Corporation 1835 ROGERS RD ANDERSON, SC 29621-2278 HOSPICE OF THE UPSTATE INC HPC-0017 / 07/31/2010	5
Facility Email: PMELBOURNE@HOSPICEHOUSE.NET Counties Served Abbeville, Anderson, Greenville, Oconee, Pickens		

Totals For Facility/License Type Hospice Program	
Number of Activities/Facilities licensed: <input type="text" value="2"/>	Number Licensed Units <input type="text" value="20"/>

County: Anderson

Facility Type: Hospital or Institutional General Infirmary

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Typ Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Unit
ANMED HEALTH MEDICAL CENTER 800 N FANT ST ANDERSON, SC 29621-5793 FAC.#:864-512-1109 MILLER JR, JOHN A PH#: 864-512-1109 Facility Email: JERRY.PARRISH@ANMEDHEALTH.ORG	Anderson / Non-Profit Corporation 800 N FANT ST ANDERSON, SC 29621-5793 ANMED HEALTH HTL-0044 / 11/30/2010	461
Licensed Beds: General: 423 Psychiatric: 38 Rehab: 0 Substance Abuse 0 Other Beds NICU: 0 Neonatal Special Care 0		

Certifications:Trauma Center Level II, JCAHO Accredited

ANMED HEALTH NORTH CAMPUS 2000 E GREENVILLE ST ANDERSON, SC 29621-1580 FAC.#:864-512-1158 MILLER JR, JOHN A PH#: 864-512-1000 Facility Email: DEBORAH.ROEGGE@ANMEDHEALTH.ORG	Anderson / Non-Profit Corporation 2000 E GREENVILLE ST, ANMED HEALTH CAMPUS ANDERSON, SC 29621-1580 ANMED HEALTH HTL-0896 / 06/30/2010	72
Licensed Beds: General: 72 Psychiatric: 0 Rehab: 0 Substance Abuse 0 Other Beds NICU: 0 Neonatal Special Care 13		

Certifications:Perinatal Level II, JCAHO Accredited

ANMED HEALTH REHABILITATION HOSPITAL 1 SPRING BACK WAY ANDERSON, SC 29621-2676 FAC.#:864-716-2600 SKRIPPS, MICHELE M PH#: 864-716-2600 Facility Email: MICHELESKRIPPS@HEALTHSOUTH.COM	Anderson / Ltd. Liability 1 SPRING BACK WAY ANDERSON, SC 29621-2676 ANMED ENTERPRISES INC/HEALTHSOUTH LLC HTL-0838 / 12/31/2010	40
Licensed Beds: General: 0 Psychiatric: 0 Rehab: 40 Substance Abuse 0 Other Beds NICU: 0 Neonatal Special Care 0		

Certifications:JCAHO Accredited

PATRICK B HARRIS PSYCHIATRIC HOSPITAL 130 HWY 252 ANDERSON, SC 29621-5054 FAC.#:864-231-2600 FLETCHER, JOHN F PH#: 864-231-2600 Facility Email: No Facility Email on Record	Anderson / State PO BOX 2907 ANDERSON, SC 29622-2907 SC DEPARTMENT OF MENTAL HEALTH HTL-0503 / 11/30/2010	200
Licensed Beds: General: 0 Psychiatric: 200 Rehab: 0 Substance Abuse 0 Other Beds NICU: 0 Neonatal Special Care 0		

Certifications:JCAHO Accredited

Totals For Facility/License Type Hospital or Institutional General Infirmary	
Number of Activities/Facilities licensed:	4
Number Licensed Units	773

County: Anderson

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
ANDERSON PLACE 311 SIMPSON RD ANDERSON, SC 29621-2157 FAC.#:864-261-3875 HUNTER, ANDREA M PH#: 864-261-3875 Facility Email: ANDERSONPLACE-ED@EMERITUS.COM	Anderson / Corporation 3131 ELLIOTT AVE STE 500 SEATTLE, WA 98121-1032 EMERICARE INC NCF-0872 / 12/31/2010	44
Licensed Beds Nursing Home 44 Institutional Nursing Home 0		

Certifications:Alzheimer Care

BROOKSIDE LIVING CENTER 208 JAMES ST ANDERSON, SC 29625-2942 FAC.#:864-226-3427 KING, JIMMY PH#: 864-226-3427 Facility Email: JSWIFT@HMR-LTC.COM	Anderson / Limited Liability Company (multiple member) 101 GRACE DR EASLEY, SC 29640-9088 BROOKSIDE LIVING CENTER LLC NCF-0909 / 09/30/2010	88
Licensed Beds Nursing Home 88 Institutional Nursing Home 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 / 03/31/2010	181
Licensed Beds Nursing Home 181 Institutional Nursing Home 0		

Certifications:None

NHC HEALTHCARE ANDERSON 1501 E GREENVILLE ST ANDERSON, SC 29621-2004 FAC.#:864-226-8356 MOORHOUSE, BRADLEY W PH#: 864-226-8356 Facility Email: SNFCARE@NHCANDERSON.COM	Anderson / Ltd. Liability PO BOX 1327 ANDERSON, SC 29622-1327 NHC HEALTHCARE/ANDERSON LLC NCF-0801 / 06/30/2010	290
Licensed Beds Nursing Home 290 Institutional Nursing Home 0		

Certifications:Alzheimer Care

RICHARD M CAMPBELL VETERANS NURSING HOME 4605 BELTON HWY ANDERSON, SC 29621-5045 FAC.#:864-261-6734 OSBORNE, GREG PH#: 864-261-6734 Facility Email: RAUSTIN@HMR-LTC.COM	Anderson / State 4605 BELTON HWY ANDERSON, SC 29621-5045 SC DEPARTMENT OF MENTAL HEALTH NCF-0549 / 02/28/2011	220
Licensed Beds Nursing Home 220 Institutional Nursing Home 0		

Certifications:Alzheimer Unit

County: Anderson

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
RIVERSIDE LIVING CENTER 109 BENTZ RD PIEDMONT, SC 29673-1412 FAC.#:864-845-5177 PARSON, DIANE PH#: 864-845-5177 Facility Email: JSWIFT@HMR-LTC.COM	Anderson / Ltd. Liability 101 GRACE DR EASLEY, SC 29640-9088 RIVERSIDE LIVING CENTER LLC NCF-0907 / 09/30/2010	88
Licensed Beds Nursing Home 88 Institutional Nursing Home 0		

Certifications:None

WILLOW CREEK LIVING CENTER 406 W BROAD ST IVA, SC 29655-9765 FAC.#:864-348-7433 HERITAGE, CARLA PH#: 864-348-7433 Facility Email: JSWIFT@HMR-LTC.COM	Anderson / Ltd. Liability 101 GRACE DR EASLEY, SC 29640-9088 WILLOW CREEK LIVING CENTER LLC NCF-0904 / 09/30/2010	60
Licensed Beds Nursing Home 60 Institutional Nursing Home 0		

Certifications:None

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

County: Anderson

Facility Type: PSAD Inpatient

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Typ Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Unit
HOME WITH A HEART 220 JAMES MATTISON RD LIBERTY, SC 29657-4900 FAC.#:864-843-3058 RICHEY, ALEX PH#: 864-843-3058 Facility Email: ALEX@HOMEWITHAHEART.COM	Anderson / Non-Profit Corporation 220 JAMES MATTISON RD LIBERTY, SC 29657-4900 HOME WITH A HEART INC ITP-0015 / 05/31/2010	20
Licensed Beds Medical Detox 0 Social Detox: 0 Res. Treatment Program 20		

Totals For Facility/License Type PSAD Inpatient	
Number of Activities/Facilities licensed: <input type="text" value="1"/>	Number Licensed Units <input type="text" value="20"/>

County: Anderson

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
ADULT DRUG COURT TREATMENT 201 N MAIN ST STE 101 ANDERSON, SC 29621-5664 FAC.#:864-222-6694 METCALFE, TASHA R PH#: 864-222-6694 Facility Email: TMETCALFE.@SOLI10TH.COM	Anderson / County PO BOX 8002 ANDERSON, SC 29622-8002 ANDERSON COUNTY 10TH CIRCUIT SOLICITOR'S OFFICE OTP-0099 / 01/31/2011	1

Certifications:None

ANDERSON-OCONEE BEHAVIORAL HEALTH SERVICES 226 MCGEE RD ANDERSON, SC 29625-2104 FAC.#:864-260-4168 BECK, KAREN B PH#: 864-260-4168 Facility Email: AOBSTMCBRIDE@BELLSOUTH.NET	Anderson / County 226 MCGEE RD ANDERSON, SC 29625-2104 ANDERSON-OCONEE BEHAVIORAL HEALTH SERVICES-BOARD OTP-0030 / 09/30/2010	2
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Certifications:None

SOUTHWEST CAROLINA TREATMENT CENTER 341 W BELTLINE BLVD ANDERSON, SC 29625-1505 FAC.#:864-222-9798 JOHNSON, DEBORAH M PH#: 864-222-9798 Facility Email: KIRKPARKER@CAROLINATREATMENTCENTERS.COM	Anderson / Limited Liability 7 SUNBELT BUSINESS PARK DR STE 5 GREER, SC 29650-4529 SOUTHWEST CAROLINA TREATMENT CENTER LLC OTPN-0049 / 02/28/2011	1
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Certifications:Narcotics Treatment Program, Methodone Treatment Program

Totals For Facility/License Type PSAD Outpatient	
Number of Activities/Facilities licensed:	3
Number Licensed Units	4

County: Anderson

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
FRESENIUS MEDICAL CARE ANDERSON 416 E CALHOUN ST STE A ANDERSON, SC 29621-5852 FAC.#:864-224-1678 BROCK RN, DEBRA JEAN PH#: 864-224-1678 Facility Email: DEBRABROCK@FMC-NA.COM	Anderson / Corporation 416 E CALHOUN ST STE A ANDERSON, SC 29621-5852 BIO-MEDICAL APPLICATIONS OF SOUTH CAROLINA INC ERD-0105 / 10/31/2010	48
Licensed Stations: Hemodialysis: 47 Peritoneal: 1		
FRESENIUS MEDICAL SERVICES OF BELTON-HONEA PATH 200 CHURCH ST HONEA PATH, SC 29654-2213 FAC.#:864-369-6509 LINDLEY, SHARON PH#: 864-369-6509 Facility Email: SHARON.LINDLEY@FMC-NA.COM	Anderson / Corporation 200 CHURCH ST HONEA PATH, SC 29654-2213 BIO-MEDICAL APPLICATIONS OF SOUTH CAROLINA INC ERD-0146 / 05/31/2010	17
Licensed Stations: Hemodialysis: 17 Peritoneal: 0		
FRESENIUS MEDICAL SERVICES OF PENDLETON 908 S MECHANIC ST PENDLETON, SC 29670-1815 FAC.#:864-646-6607 MOORE, CRYSTAL PH#: 864-646-6607 Facility Email: KIM.BAGWELL@FMC-NA.COM	Anderson / Corporation 908 S MECHANIC ST PENDLETON, SC 29670-1815 BIO-MEDICAL APPLICATIONS OF SOUTH CAROLINA INC ERD-0145 / 12/31/2010	11
Licensed Stations: Hemodialysis: 11 Peritoneal: 0		
PENDLETON DIALYSIS 7703 HWY 76 PENDLETON, SC 29670-1818 FAC.#:864-646-7715 DAVIS RN, AMY T PH#: 864-646-7715 Facility Email: No Facility Email on Record	Anderson / Limited Liability Limited Partnership 5200 VIRGINIA WAY STE 400, DAVITA-LICENSURE & CERTIFICATION BRENTWOOD, TN 37027-7569 RENAL TREATMENT CENTERS-SOUTHEAST LP ERD-0143 / 10/31/2010	10
Licensed Stations: Hemodialysis: 10 Peritoneal: 1		

Totals For Facility/License Type Renal Dialysis	
Number of Activities/Facilities licensed: <input type="text" value="4"/>	Number Licensed Units <input type="text" value="86"/>

County: Anderson

Facility Type: Tattoo Facility

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Typ Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Unit
AGGRESSIVE INK 3 407 HWY 28 BYP STE C ANDERSON, SC 29624-3044 FAC.#:864-226-3793 RICKETTS, STEVE G PH#: 000-000-0000 Facility Email: AGGRESSIVEINK@GMAIL.COM	Anderson / Sole Proprietorship 407 HWY 28 BYP STE C ANDERSON, SC 29624-3044 RICKETTS, STEVE G TF-0073 / 06/30/2010	3
AGGRESSIVE INK II 324 E SHOCKLEY FERRY RD ANDERSON, SC 29624-3824 FAC.#:864-231-9257 RICKETTS, STEVEN G PH#: 864-231-9257 Facility Email: No Facility Email on Record	Anderson / Sole Proprietorship 324 E SHOCKLEY FERRY RD ANDERSON, SC 29624-3824 RICKETTS, STEVEN G TF-0031 / 12/31/2009 (Renewal Pending)	3
ARTISTIC INK 99 WELPINE RD PENDLETON, SC 29670-9606 FAC.#:864-226-1703 ROWLAND, TERRY T PH#: 706-498-5811 Facility Email: TERRYROWLAND777@YAHOO.COM	Anderson / Sole Proprietorship PO BOX 162 HELEN, GA 30545-0162 ROWLAND, TERRY T TF-0059 / 10/31/2010	3
HONKY TONK TATTOO 121 VW CT ANDERSON, SC 29624-3000 FAC.#:864-328-9018 FILIPOVIC, MICHAEL W PH#: 864-276-1755 Facility Email: HONKYTONK08@YAHOO.COM	Anderson / Sole Proprietorship 121 VW CT ANDERSON, SC 29624-3000 FILIPOVIC, MICHAEL W TF-0084 / 11/30/2010	2
MONSTER INK 3121 HWY 153 STE A PIEDMONT, SC 29673-7722 FAC.#:864-201-0597 LAMB, EDWIN W PH#: 864-325-1307 Facility Email: MONSTERTATTOOSTUDIO@GMAIL.COM	Anderson / Sole Proprietorship 3121 HWY 153 STE A PIEDMONT, SC 29673-7722 LAMB, EDWIN W TF-0066 / 04/30/2010	3
PAINTED PONY TATTOO-ANDERSON 734 WHITEHALL RD ANDERSON, SC 29625-2264 FAC.#:864-226-2500 BRANDT, KAREN L PH#: 864-226-2500 Facility Email: KLBPP@MSN.COM	Anderson / Sole Proprietorship 734 WHITEHALL RD ANDERSON, SC 29625-2264 BRANDT, KAREN L TF-0034 / 02/28/2011	5

Totals For Facility/License Type Tattoo Facility		
Number of Activities/Facilities licensed:	6	Number Licensed Units 19

Number of Activities/Facilities licensed in county of Anderson	# Lics	56
	Number Licensed Units :	2,667

Report Total

Total Number of Activities/Facilities licensed 56 Total Number Licensed Units 2,667