

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

Totals For Facility/License Type Adult Day Care

Number of Activities/Facilities licensed:  Number Licensed Units

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
<b>Operating Rooms</b> 3 <b>Procedure Rooms</b> 2 <b>Endoscopy Rooms</b> 0		
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 / 12/31/2009	1
<b>Operating Rooms</b> 1 <b>Procedure Rooms</b> 0 <b>Endoscopy Rooms</b> 0		
PHYSICIAN SURGERY CENTER AT ANMED HEALTH 100 HEALTHY WAY STE 1220 ANDERSON, SC 29621-7916 FAC.#:864-512-4030 MCCLAIN, ANGELA PH#: 864-512-1699 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
<b>Operating Rooms</b> 3 <b>Procedure Rooms</b> 1 <b>Endoscopy Rooms</b> 0		
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
<b>Operating Rooms</b> 0 <b>Procedure Rooms</b> 0 <b>Endoscopy Rooms</b> 2		

## Totals For Facility/License Type Ambulatory Surgery

Number of Activities/Facilities licensed:	4	Number Licensed Units	12
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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
<b>AGGRESSION STUDIOS</b> 3403 S MURRAY AVE ANDERSON, SC 29624-4074 FAC.#:864-296-5300 MCCALL, BRYAN C PH#: 864-296-5300 <b>Facility Email:</b> No Facility Email on Record	Anderson / Sole Proprietorship 3403 S MURRAY AVE ANDERSON, SC 29624-4074 MCCALL, JONES C <b>BP-0182 / 09/30/2008 (Renewal Pending)</b>	1
<b>AGGRESSIVE INK III BODY PIERCING</b> 407 HWY 28 BYP STE B ANDERSON, SC 29624-3044 FAC.#:864-940-6552 RICKETTS, STEVE G PH#: 000-000-0000 <b>Facility Email:</b> AGGRESSIVEINK@GMAIL.COM	Anderson / Sole Proprietorship 407 HWY 28 BYP STE B ANDERSON, SC 29624-3044 RICKETTS, STEVEN G <b>BP-0210 / 07/31/2010</b>	1
<b>ARTISTIC INK PIERCING</b> 97 WELPINE RD PENDLETON, SC 29670-9606 FAC.#:864-226-1704 ROWLAND, TERRY T PH#: 864-226-1704 <b>Facility Email:</b> No Facility Email on Record	Anderson / Sole Proprietorship PO BOX 162 HELEN, GA 30545-0162 ROWLAND, TERRY T <b>BP-0205 / 11/30/2009</b>	1
<b>XPRESSIONS TANNING SALON</b> 112 W SHOCKLEY FERRY RD ANDERSON, SC 29624-3733 FAC.#:864-225-4806 GINN, DONNA PH#: 864-225-4806 <b>Facility Email:</b> No Facility Email on Record	Anderson / Sole Proprietorship 112 W SHOCKLEY FERRY RD ANDERSON, SC 29624-3733 GINN, DONNA <b>BP-0193 / 02/28/2010</b>	1

## Totals For Facility/License Type Body Piercing

Number of Activities/Facilities licensed:	<input type="text" value="4"/>	Number Licensed Units	<input type="text" value="4"/>
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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
<b>ALEXANDER'S RESIDENTIAL HOME</b> 1302 S MCDUFFIE ST ANDERSON, SC 29624-2745 FAC.#:864-225-6901 KELLER, BOBBIE J PH#: 864-225-6901 <b>Facility Email:</b> No Facility Email on Record	Anderson / Sole Proprietorship 1302 S MCDUFFIE ST ANDERSON, SC 29624-2745 ROBBIE J ALEXANDER <b>CRC-0233 / 08/31/2010</b>	10
<b>Certifications:Alzheimer Care</b>		
<b>CONNIE'S RESIDENTIAL CARE #1</b> 303 E HAMPTON ST ANDERSON, SC 29624-2708 FAC.#:864-226-3797 MCLEES, SHANNON CRAFT PH#: 864-226-3797 <b>Facility Email:</b> No Facility Email on Record	Anderson / Sole Proprietorship PO BOX 13744 ANDERSON, SC 29624-0016 SHANNON CRAFT MCLEES <b>CRC-1470 / 10/31/2009 (Renewal Pending)</b>	10
<b>Certifications:None</b>		
<b>CONNIE'S RESIDENTIAL CARE #2</b> 1111 WHITE ST ANDERSON, SC 29624-2417 FAC.#:864-225-9921 MCLEES, SHANNON CRAFT PH#: 864-225-9921 <b>Facility Email:</b> No Facility Email on Record	Anderson / Sole Proprietorship PO BOX 13744 ANDERSON, SC 29624-0016 SHANNON CRAFT MCLEES <b>CRC-1471 / 10/31/2009 (Renewal Pending)</b>	9
<b>Certifications:None</b>		
<b>FAITH HOPE AND CHARITY RETIREMENT</b> 101 COE ST ANDERSON, SC 29624 FAC.#:864-226-0990 TOUCHTON, MARY S PH#: 864-226-0990 <b>Facility Email:</b> No Facility Email on Record	Anderson / Sole Proprietorship PO BOX 13866 ANDERSON, SC 29624-0018 MARY SIMS TOUCHTON <b>CRC-0760 / 04/30/2010</b>	10
<b>Certifications:None</b>		
<b>FITZGERALD'S RESIDENTIAL CARE FACILITY</b> 813 S MCDUFFIE ST ANDERSON, SC 29624-2336 FAC.#:864-225-4711 SMITH, MICHAEL A PH#: 864-225-4711 <b>Facility Email:</b> No Facility Email on Record	Anderson / Sole Proprietorship 813 S MCDUFFIE ST ANDERSON, SC 29624-2336 DORIS FITZGERALD <b>CRC-0338 / 01/31/2010</b>	10
<b>Certifications:None</b>		
<b>GARDEN HOUSE</b> 201 EDGEBROOK DR ANDERSON, SC 29621-2545 FAC.#:864-964-5668 BRADLEY-GUIBAULT, KATHLEEN PH#: 864-964-5668 <b>Facility Email:</b> DWINTERS@PSLGRP.COM	Anderson / Ltd. Liability 201 EDGEBROOK DR ANDERSON, SC 29621-2545 ANDERSON SENIOR LIVING PARTNERS LLC <b>CRC-1437 / 02/28/2010</b>	60
<b>Certifications:Alzheimer Unit, Alzheimers Care</b>		

## 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
<b>Certifications:None</b>		
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 / 05/31/2009 (Renewal Pending)	60
<b>Certifications:Alzheimer Care</b>		
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
<b>Certifications:None</b>		
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 1304 MCLEES RD ANDERSON, SC 29621-3345 MORNINGSIDE OF ANDERSON LP CRC-1093 / 04/30/2010	88
<b>Certifications:None</b>		
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
<b>Certifications:Alzheimer Unit, Alzheimers Care</b>		
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 / 11/30/2009	10
<b>Certifications:None</b>		
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
<b>Certifications:Alzheimer Care</b>		

## 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
<b>SUMMER HOUSE</b> 311 SIMPSON RD ANDERSON, SC 29621-2157 FAC.#:864-261-3875 HUNTER, ANDREA M PH#: 864-261-3875 <b>Facility Email:</b> No Facility Email on Record	Anderson / Corporation 3131 ELLIOTT AVE STE 500 SEATTLE, WA 98121-1031 EMERITUS CORPORATION <b>CRC-1303 / 03/31/2010</b>	40
<b>Certifications:None</b>		
<b>SUMMIT PLACE OF ANDERSON</b> 107 PERPETUAL SQ ANDERSON, SC 29621-1713 FAC.#:864-222-9880 ELLISTON, JOHN M PH#: 864-222-9880 <b>Facility Email:</b> ED@SUMMITOFANDERSON.COM	Anderson / Ltd. Liability 107 PERPETUAL SQ ANDERSON, SC 29621-1713 EDEN GARDENS-ANDERSON <b>CRC-1151 / 03/31/2010</b>	89
<b>Certifications:Alzheimer Unit, Alzheimers Care</b>		
<b>VILLAGE COMMUNITY CARE HOME-UNIT A</b> 1250 SALEM CHURCH RD ANDERSON, SC 29625-1310 FAC.#:864-225-4336 WILLIAMS, PHYLLIS S PH#: 864-225-4336 <b>Facility Email:</b> VILLAGECARE365@GMAIL.COM	Anderson / Corporation PO BOX 5107 ANDERSON, SC 29623-5107 VILLAGE COMMUNITY CARE HOME INC <b>CRC-0563 / 01/31/2010</b>	11
<b>Certifications:None</b>		
<b>VILLAGE COMMUNITY CARE HOME-UNIT B</b> 1250 SALEM CHURCH RD ANDERSON, SC 29625-1310 FAC.#:864-225-4336 WILLIAMS, PHYLLIS S PH#: 864-225-4336 <b>Facility Email:</b> VILLAGECARE365@GMAIL.COM	Anderson / Corporation PO BOX 5107 ANDERSON, SC 29623-5107 VILLAGE COMMUNITY CARE HOME INC <b>CRC-0564 / 01/31/2010</b>	11
<b>Certifications:None</b>		
<b>VILLAGE COMMUNITY CARE HOME-UNIT C</b> 1250 SALEM CHURCH RD ANDERSON, SC 29625-1310 FAC.#:864-225-4336 WILLIAMS, PHYLLIS S PH#: 864-225-4336 <b>Facility Email:</b> VILLAGECARE365@GMAIL.COM	Anderson / Corporation PO BOX 5107 ANDERSON, SC 29623-5107 VILLAGE COMMUNITY CARE HOME INC <b>CRC-0565 / 01/31/2010</b>	11
<b>Certifications:None</b>		
<b>VILLAGE COMMUNITY CARE HOME-UNIT D</b> 1250 SALEM CHURCH RD ANDERSON, SC 29625-1310 FAC.#:864-225-4336 WILLIAMS, PHYLLIS S PH#: 864-225-4336 <b>Facility Email:</b> VILLAGECARE@G.MAIL.COM	Anderson / Corporation PO BOX 5107 ANDERSON, SC 29623-5107 VILLAGE COMMUNITY CARE HOME INC <b>CRC-0566 / 01/31/2010</b>	11
<b>Certifications:None</b>		

County: Anderson

Facility Type: Community Residential Care Facility

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 Community Residential Care Facility	
Number of Activities/Facilities licensed:	18      Number Licensed Units 612

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 / 02/28/2010	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
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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

<b>Totals For Facility/License Type Hospice Facility</b>	
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
<b>AGAPE COMMUNITY HOSPICE OF ANDERSON</b> 300 E GREENVILLE ST UNIT B ANDERSON, SC 29621-5534 FAC.#:864-332-1500 HAM, DEBRA M PH#: 864-332-1500 <b>Facility Email:</b> DHAM@AGAPESENIOR.COM	Anderson / Corporation 300 E GREENVILLE ST UNIT B ANDERSON, SC 29621-5534 CAROLINAS COMMUNITY HOSPICE INC <b>HPC-0118 / 02/28/2010</b>	5
<b>Counties Served Anderson, Greenville, Laurens, Oconee, Pickens</b>		
<b>HALLMARK HOSPICE</b> 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 <b>HPC-0128 / 09/30/2010</b>	15
<b>Facility Email:</b> No Facility Email on Record		
<b>Counties Served Abbeville, Aiken, Anderson, Charleston, Cherokee, Colleton, Greenville, Greenwood, Laurens, McCormick, Oconee, Pickens, Saluda, Spartanburg, Union</b>		
<b>HOSPICE OF THE UPSTATE</b> 1835 ROGERS RD ANDERSON, SC 29621-2278 FAC.#:864-224-3358 MELBOURNE, PAMELA S PH#: 864-224-3358 <b>Facility Email:</b> PMELBOURNE@HOSPICEHOUSE.NET	Anderson / Corporation 1835 ROGERS RD ANDERSON, SC 29621-2278 HOSPICE OF THE UPSTATE INC <b>HPC-0017 / 07/31/2010</b>	5
<b>Counties Served Abbeville, Anderson, Greenville, Oconee, Pickens</b>		

**Totals For Facility/License Type Hospice Program**

Number of Activities/Facilities licensed:	<input type="text" value="3"/>	Number Licensed Units	<input type="text" value="25"/>
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County: Anderson

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	
ANMED HEALTH MEDICAL CENTER	Anderson / Non-Profit Corporation	461
800 N FANT ST	800 N FANT ST	
ANDERSON, SC 29621-5793 FAC.#:864-512-1109	ANDERSON, SC 29621-5793	
MILLER JR, JOHN A PH#: 864-512-1109	ANMED HEALTH	
Facility Email: JERRY.PARRISH@ANMEDHEALTH.ORG	HTL-0044 / 11/30/2009	
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 REHABILITATION HOSPITAL	Anderson / Ltd. Liability	40
1 SPRING BACK WAY	1 SPRING BACK WAY	
ANDERSON, SC 29621-2676 FAC.#:864-716-2600	ANDERSON, SC 29621-2676	
SKRIPPS, MICHELE M PH#: 864-716-2600	ANMED ENTERPRISES INC/HEALTHSOUTH LLC	
Facility Email: MICHELESKRIPPS@HEALTHSOUTH.COM	HTL-0838 / 12/31/2009	
Licensed Beds: General: 0 Psychiatric: 0 Rehab: 40 Substance Abuse: 0		
Other Beds NICU: 0 Neonatal Special Care: 0		

Certifications:JCAHO Accredited

ANMED HEALTH WOMEN'S AND CHILDREN'S HOSPITAL	Anderson / Non-Profit Corporation	72
2000 E GREENVILLE ST, ANMED HEALTH CAMPUS	2000 E GREENVILLE ST, ANMED HEALTH CAMPUS	
ANDERSON, SC 29621-1580 FAC.#:864-512-4800	ANDERSON, SC 29621-1580	
MILLER JR, JOHN A PH#: 864-512-1000	ANMED HEALTH	
Facility Email: DEBORAH.ROEGGE@ANMEDHEALTH.ORG	HTL-0896 / 06/30/2010	
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

PATRICK B HARRIS PSYCHIATRIC HOSPITAL	Anderson / State	200
130 HWY 252	PO BOX 2907	
ANDERSON, SC 29621-5054 FAC.#:864-231-2600	ANDERSON, SC 29622-2907	
FLETCHER, JOHN F PH#: 864-231-2600	SC DEPARTMENT OF MENTAL HEALTH	
Facility Email: No Facility Email on Record	HTL-0503 / 11/30/2009	
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
<b>ANDERSON PLACE</b> 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 311 SIMPSON RD ANDERSON, SC 29621-2157 EMERITUS CORPORATION NCF-0872 / 03/31/2010	44
<b>Licensed Beds Nursing Home 44 Institutional Nursing Home 0</b>		
<b>Certifications:Alzheimer Care</b>		
<b>BROOKSIDE LIVING CENTER</b> 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, ADVANTAGE HEALTH SYSTEMS EASLEY, SC 29640-9088 BROOKSIDE LIVING CENTER LLC NCF-0909 / 09/30/2010	88
<b>Licensed Beds Nursing Home 88 Institutional Nursing Home 0</b>		
<b>Certifications:None</b>		
<b>ELLENBURG NURSING CENTER</b> 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
<b>Licensed Beds Nursing Home 181 Institutional Nursing Home 0</b>		
<b>Certifications:None</b>		
<b>NHC HEALTHCARE ANDERSON</b> 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
<b>Licensed Beds Nursing Home 290 Institutional Nursing Home 0</b>		
<b>Certifications:Alzheimer Care</b>		
<b>RICHARD M CAMPBELL VETERANS NURSING HOME</b> 4605 BELTON HWY ANDERSON, SC 29621-5045 FAC.#:864-261-6734 AUSTIN, RUBERT E 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 / 02/28/2010	220
<b>Licensed Beds Nursing Home 220 Institutional Nursing Home 0</b>		
<b>Certifications:Alzheimer Unit</b>		

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, ADVANTAGE HEALTH SYSTEMS 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, ADVANTAGE HEALTH SYSTEMS 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
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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 / 01/31/2010	1

Certifications:None

ANDERSON OCONEE BEHAVIORAL HEALTH SERVICES 226 MCGEE RD ANDERSON, SC 29625 FAC.#:864-260-4168 BECK, KAREN B PH#: 864-260-4168 Facility Email: No Facility Email on Record	Anderson / County 226 MCGEE RD ANDERSON, SC 29625-2104 ANDERSON OCONEE BEHAVIORAL HEALTH SERVICES OTP-0030 / 09/30/2010	2
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Certifications:None

SOUTHWEST CAROLINA TREATMENT CENTER LLC 341 W BELTLINE BLVD ANDERSON, SC 29625 FAC.#:864-662-1357 JOHNSON, DEBORAH M PH#: 864-222-9798 Facility Email: No Facility Email on Record	Anderson / Ltd. Liability 7 SUNBELT BUSINESS PARK DR STE 5 GREER, SC 29650 SOUTHWEST CAROLINA TREATMENT CENTER L L C OTPN-0049 / 02/28/2010	1
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Certifications:Narcotics Treatment Program, Methodone Treatment Program

Totals For Facility/License Type PSAD Outpatient

Number of Activities/Facilities licensed:	<input type="text" value="3"/>	Number Licensed Units	<input type="text" value="4"/>
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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
<b>FRESENIUS MEDICAL CARE ANDERSON</b> 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
<b>Licensed Stations: Hemodialysis: 47 Peritoneal: 1</b>		
<b>FRESENIUS MEDICAL SERVICES OF BELTON-HONEA PATH</b> 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
<b>Licensed Stations: Hemodialysis: 17 Peritoneal: 0</b>		
<b>FRESENIUS MEDICAL SERVICES OF PENDLETON</b> 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 / 12/31/2009	11
<b>Licensed Stations: Hemodialysis: 11 Peritoneal: 0</b>		
<b>PENDLETON DIALYSIS</b> 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
<b>Licensed Stations: Hemodialysis: 10 Peritoneal: 1</b>		

**Totals For Facility/License Type Renal Dialysis**

Number of Activities/Facilities licensed:	4	Number Licensed Units	86
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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
<b>AGGRESSIVE INK 3</b> 407 HWY 28 BYP STE C ANDERSON, SC 29624-3044 FAC.#:864-226-3793 RICKETTS, STEVE G PH#: 000-000-0000 <b>Facility Email:</b> AGGRESSIVEINK@GMAIL.COM	Anderson / Sole Proprietorship 407 HWY 28 BYP STE C ANDERSON, SC 29624-3044 RICKETTS, STEVE G <b>TF-0073 / 06/30/2010</b>	3
<b>AGGRESSIVE INK II</b> 324 E SHOCKLEY FERRY RD ANDERSON, SC 29624-3824 FAC.#:864-231-9257 RICKETTS, STEVEN G PH#: 864-231-9257 <b>Facility Email:</b> No Facility Email on Record	Anderson / Sole Proprietorship 324 E SHOCKLEY FERRY RD ANDERSON, SC 29624-3824 RICKETTS, STEVEN G <b>TF-0031 / 12/31/2009</b>	3
<b>ARTISTIC INK</b> 99 WELPINE RD PENDLETON, SC 29670-9606 FAC.#:864-226-1703 ROWLAND, TERRY T PH#: 706-498-5811 <b>Facility Email:</b> TERRYROWLAND777@YAHOO.COM	Anderson / Sole Proprietorship PO BOX 162 HELEN, GA 30545-0162 ROWLAND, TERRY T <b>TF-0059 / 10/31/2010</b>	3
<b>HONKY TONK TATTOO</b> 121 VW CT ANDERSON, SC 29624-3000 FAC.#:864-276-1755 FILIPOVIC, MICHAEL W PH#: 864-276-1755 <b>Facility Email:</b> TATTOOZFROMFLIP@YAHOO.COM	Anderson / Sole Proprietorship 121 VW CT ANDERSON, SC 29624-3000 FILIPOVIC, MICHAEL W <b>TF-0084 / 11/30/2009</b>	2
<b>MONSTER INK</b> 3121 HWY 153 STE A PIEDMONT, SC 29673-7722 FAC.#:864-201-0597 LAMB, EDWIN W PH#: 864-325-1307 <b>Facility Email:</b> MONSTERTATTOOSTUDIO@GMAIL.COM	Anderson / Sole Proprietorship 3121 HWY 153 STE A PIEDMONT, SC 29673-7722 LAMB, EDWIN W <b>TF-0066 / 04/30/2010</b>	3
<b>PAINTED PONY TATTOO-ANDERSON</b> 734 WHITEHALL RD ANDERSON, SC 29625-2264 FAC.#:864-226-2500 BRANDT, KAREN L PH#: 864-226-2500 <b>Facility Email:</b> KLBPP@MSN.COM	Anderson / Sole Proprietorship 734 WHITEHALL RD ANDERSON, SC 29625-2264 BRANDT, KAREN L <b>TF-0034 / 02/28/2010</b>	5

## Totals For Facility/License Type Tattoo Facility

Number of Activities/Facilities licensed:	6	Number Licensed Units	19
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Number of Activities/Facilities licensed in county of Anderson	# Lics	59
Number Licensed Units :	2,672	

## Report Total

Total Number of Activities/Facilities licensed	59	Total Number Licensed Units	2,672
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