

County: Charleston

Facility Type: Abortion Clinic

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Typ Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Unit
CHARLESTON WOMEN'S MEDICAL CENTER 1312 ASHLEY RIVER RD CHARLESTON, SC 29407-5365 FAC.#:843-571-5161 BOYLE, LEISA PH#: 843-571-5161 Facility Email: No Facility Email on Record	Charleston / Ltd. Liability 1312 ASHLEY RIVER RD CHARLESTON, SC 29407-5365 SC WOMEN'S CLINIC PA AB-0005 / 07/31/2010	1

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

County: Charleston

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
ACTIVE DAY OF CHARLESTON 915 FOLLY RD STE A1 CHARLESTON, SC 29412-3907 FAC.#:843-766-9020 DORN, BETTY PH#: 843-766-9020 Facility Email: BDORN@ACTIVEDAY.COM	Charleston / Corporation 915 FOLLY RD STE A1 CHARLESTON, SC 29412-3907 ACTIVE SC ONE INC ADC-0130 / 10/31/2010	66
Number of Participants		66
EAST COOPER SENIOR DAY CARE 999 LAKE HUNTER CIR STE C MOUNT PLEASANT, SC 29464-5427 FAC.#:843-216-1070 JENKINS, MARTHA E PH#: 843-216-1070 Facility Email: MARTHAJENKINS77@YAHOO.COM	Charleston / Ltd. Liability 447 HATTIE ST MOUNT PLEASANT, SC 29464-9254 MARTHA E AND JOSIE JENKINS JR LLC ADC-0280 / 12/31/2009	24
Number of Participants		24
EBENEZER SENIOR DAY CARE CENTER 44 NASSAU ST CHARLESTON, SC 29403-5511 FAC.#:843-723-0065 WILLIAMS-MOSELEY, TARSHA L PH#: 843-723-0065 Facility Email: TIMOSELEY110@C.SCOM	Charleston / Non-Profit Corporation 44 NASSAU ST CHARLESTON, SC 29403-5511 EBENEZER SOCIAL ACTION AND COMMUNITY DEVELOPMENT ENTERPRISE ADC-0179 / 02/28/2010	40
Number of Participants		40
MIDLAND PARK ADULT DAY CARE 2712 MIDLAND PARK RD CHARLESTON, SC 29406-4551 FAC.#:843-569-0025 SINGIAN, ROGELIO C PH#: 843-569-0025 Facility Email: RVBALAGTASSC@AOL.COM	Charleston / Corporation 2712 MIDLAND PARK RD CHARLESTON, SC 29406-4551 MIDLAND PARK RESIDENTIAL HOME CARE INC ADC-0106 / 01/31/2010	12
Number of Participants		12
SEA ISLAND ADULT DAY CENTER 3627 MAYBANK HWY JOHNS ISLAND, SC 29455-4836 FAC.#:843-559-4137 BENNETT, GWENDOLYN G PH#: 843-559-5505 Facility Email: SIADULTDAYCARE@AOL.COM	Charleston / Non-Profit Corporation PO BOX 689 JOHNS ISLAND, SC 29455 SEA ISLAND COMPREHENSIVE HEALTH CARE CORPORATION ADC-0286 / 11/30/2009	31
Number of Participants		31
TRUCARE ADULT DAY CENTER 9225 UNIVERSITY BLVD STE E1A NORTH CHARLESTON, SC 29406-9149 FAC.#:843-569-7200 YOUNG, VALERIE D PH#: 843-569-7200 Facility Email: TRUCAREADULTDAYC@BELLSOUTH.NET	Charleston / Corporation PO BOX 325 LADSON, SC 29456-0325 TRUCARE HEALTH SERVICES INC ADC-0225 / 07/31/2010	35
Number of Participants		35

Totals For Facility/License Type Adult Day Care

Number of Activities/Facilities licensed: Number Licensed Units

County: Charleston

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
CHARLESTON ENDOSCOPY CENTER 1962 CHARLIE HALL BLVD CHARLESTON, SC 29414-5837 FAC.#:843-722-8000 PUNTENY, WANDA M PH#: 843-722-8000 Facility Email: No Facility Email on Record	Charleston / Limited Liability 1962 CHARLIE HALL BLVD CHARLESTON, SC 29414-5837 CHARLESTON ENDOSCOPY CENTER LLC ASF-0079 / 01/31/2010	4
Operating Rooms 0 Procedure Rooms 0 Endoscopy Rooms 4		
CHARLESTON SURGERY CENTER 2690 LAKE PARK DR NORTH CHARLESTON, SC 29406-9108 FAC.#:843-764-0992 MEDLEY, HELENE PH#: 843-764-0992 Facility Email: HELEN.MEDLEY@SCASURGERY.COM	Charleston / Limited Liability Partnership 2690 LAKE PARK DR NORTH CHARLESTON, SC 29406-9108 CHARLESTON SURGERY CENTER LP ASF-0011 / 03/31/2010	6
Operating Rooms 4 Procedure Rooms 1 Endoscopy Rooms 1		
ELMS ENDOSCOPY CENTER 2671 ELMS PLANTATION BLVD NORTH CHARLESTON, SC 29406-9165 FAC.#:843-797-6800 HARLAN, DAVID A PH#: 843-797-6800 Facility Email: DHARLAND@ELMDIGESTIVESC.COM	Charleston / Ltd. Liability 2671 ELMS PLANTATION BLVD NORTH CHARLESTON, SC 29406-9165 ELMS ENDOSCOPY CENTER LLC ASF-0098 / 03/31/2010	3
Operating Rooms 0 Procedure Rooms 0 Endoscopy Rooms 3		
PALMETTO ENDOSCOPY CENTER 2073 CHARLIE HALL BLVD CHARLESTON, SC 29414-5834 FAC.#:843-571-0643 RUFF, CYNTHIA A PH#: 843-571-0643 Facility Email: No Facility Email on Record	Charleston / Limited Liability 2073 CHARLIE HALL BLVD CHARLESTON, SC 29414-5834 PALMETTO ENDOSCOPY CENTER LLC ASF-0084 / 02/28/2010	2
Operating Rooms 0 Procedure Rooms 0 Endoscopy Rooms 2		
PHYSICIANS' EYE SURGERY CENTER 2060 CHARLIE HALL BLVD STE 301 CHARLESTON, SC 29414-6066 FAC.#:843-571-4800 ROBINSON, REBECCA C PH#: 843-571-4800 Facility Email: ROBINSONB@EYESURGERYCENTEROFCHARLESTON.C	Charleston / Limited Liability 2060 CHARLIE HALL BLVD STE 301 CHARLESTON, SC 29414-6066 PHYSICIANS' EYE SURGERY CENTER LLC ASF-0097 / 12/31/2009	2
Operating Rooms 2 Procedure Rooms 0 Endoscopy Rooms 0		
ROPER WEST ASHLEY SURGERY CENTER 18 FARMFIELD AVE CHARLESTON, SC 29407-7704 FAC.#:843-763-3763 SAMPLE, MARIA I PH#: 843-763-3763 Facility Email: MARIA.SAMPLE@RSFH.COM	Charleston / Corporation 18 FARMFIELD AVE CHARLESTON, SC 29407-7704 ROPER HOSPITAL INC ASF-0049 / 06/30/2010	4
Operating Rooms 3 Procedure Rooms 1 Endoscopy Rooms 0		

County: Charleston

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
RSFH JAMES ISLAND SURGERY CENTER 325 FOLLY RD STE 200 CHARLESTON, SC 29412-2507 FAC.#:843-789-1550 SAMPLE, MARIA I PH#: 843-789-1550 Facility Email: MARIA.SAMPLE@RSFH.COM	Charleston / Limited Liability 325 FOLLY RD STE 200 CHARLESTON, SC 29412-2507 RSFH JAMES ISLAND SURGERY CENTER LLC ASF-0114 / 09/30/2010	6
Operating Rooms 4 Procedure Rooms 2 Endoscopy Rooms 0		
SOUTHEASTERN SPINE INSTITUTE AMBULATORY SURGERY CENTER 1106 CHUCK DAWLEY BLVD STE 100 MOUNT PLEASANT, SC 29464-4195 FAC.#:843-849-1551 FISCHER, JOSEPH O PH#: 843-849-1551 Facility Email: JOEY.FISCHER@SOUTHEASTERNSPINE.COM	Charleston / Limited Liability 1106 CHUCK DAWLEY BLVD STE 100 MOUNT PLEASANT, SC 29464-4195 SOUTHEASTERN SPINE INSTITUTE AMBULATORY SURGERY CENTER LLC ASF-0112 / 11/30/2009	3
Operating Rooms 2 Procedure Rooms 1 Endoscopy Rooms 0		
SURGERY CENTER OF CHARLESTON 1849 SAVAGE RD CHARLESTON, SC 29407-4726 FAC.#:843-576-2607 TRUSLOW, DAWN G PH#: 843-576-2607 Facility Email: DTRUSLOW@CHARLESTONENT.COM	Charleston / Limited Liability 1849 SAVAGE RD CHARLESTON, SC 29407-4726 CHARLESTON ENT ASSOCIATES LLC ASF-0072 / 12/31/2009	2
Operating Rooms 1 Procedure Rooms 0 Endoscopy Rooms 1		
TRIDENT EYE SURGERY CENTER 9297 MEDICAL PLAZA DR STE C CHARLESTON, SC 29406-9136 FAC.#:843-824-5024 SMITH, LOUISE MICHELLE PH#: 843-258-8905 Facility Email: MARGARET.CHAPPELL@HCAHEALTHCARE.COM	Charleston / Limited Liability Limited Partnership 9297 MEDICAL PLAZA DR STE C CHARLESTON, SC 29406-9136 TRIDENT EYE SURGERY CENTER LP ASF-0039 / 04/30/2010	2
Operating Rooms 2 Procedure Rooms 0 Endoscopy Rooms 0		
TRIDENT SURGERY CENTER 9313 MEDICAL PLAZA DR STE 102 CHARLESTON, SC 29406-9153 FAC.#:843-797-8992 CHAPPELL, MARGARET K PH#: 843-797-8992 Facility Email: MARGARET.CHAPPELL@HCAHEALTHCARE.COM	Charleston / Limited Liability Limited Partnership 9313 MEDICAL PLAZA DR STE 102 CHARLESTON, SC 29406-9153 TRIDENT AMBULATORY SURGERY CENTER LP ASF-0024 / 05/31/2010	4
Operating Rooms 4 Procedure Rooms 0 Endoscopy Rooms 0		

Totals For Facility/License Type Ambulatory Surgery

Number of Activities/Facilities licensed: Number Licensed Units

County: Charleston

Facility Type: Birthing Center

Facility Name	County/Ownership Typ	Licensed Unit
Location Street	Mailing/Billing Address	
Location City, State	Licensee	
Administrator/Phone	License Nbr/Expiration Date	
CHARLESTON BIRTH PLACE	Charleston / Corporation	2
9133 TIMBER ST STE 101	9133 TIMBER ST STE 101	
NORTH CHARLESTON, SC 29406-9075 FAC.#:843-818-1123	NORTH CHARLESTON, SC 29406-9075	
RATHBUN, LESLEY PH#: 843-818-1123	CHARLESTON BIRTH PLACE INC	
Facility Email: LESLEY@CHARLESTONBIRTHPLACE.COM	BC-0007 / 01/31/2010	

Totals For Facility/License Type Birthing Center	
Number of Activities/Facilities licensed: <input type="text" value="1"/>	Number Licensed Units <input type="text" value="2"/>

County: Charleston

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
AMERICAN STANDARD PIERCING 976 ORLEANS RD CHARLESTON, SC 29407-4920 FAC.#:843-573-2433 GAMBLIN, HOLLY A PH#: 843-573-2433 Facility Email: CGAMBLIN@SC.RR.COM	Charleston / Sole Proprietorship 105 SYLVAN TER SUMMERVILLE, SC 29485-5422 GAMBLIN, HOLLY ANN BP-0168 / 05/31/2010	1
EXOTIC IMPRESSIONS 8780 RIVERS AVE STE 316 NORTH CHARLESTON, SC 29406-9283 FAC.#:843-797-2280 FINCH, MATTHEW D PH#: 843-797-2280 Facility Email: EXOTICIMPRESSION@BELLSOUTH.NET	Charleston / Ltd. Liability 8780 RIVERS AVE STE 316 NORTH CHARLESTON, SC 29406-9283 EXOTIC IMPRESSIONS LLC BP-0194 / 02/28/2010	1
FACTOR FIVE-MEETING STREET 283 MEETING ST CHARLESTON, SC 29401-1514 FAC.#:843-696-3838 GRAF, JOAN B PH#: 843-965-5559 Facility Email: No Facility Email on Record	Charleston / Sole Proprietorship 5128 RIVERS AVE NORTH CHARLESTON, SC 29406-6339 GRAF, JOAN B BP-0167 / 05/31/2010	1
FACTOR FIVE-RIVERS AVENUE 5527 RIVERS AVE NORTH CHARLESTON, SC 29406-6130 FAC.#:843-745-0688 GRAF, JOAN PH#: 843-747-0608 Facility Email: FACTOR5@EARTHLINK.NET	Charleston / Sole Proprietorship 5128 RIVERS AVE NORTH CHARLESTON, SC 29406-6339 GRAF, JOAN B BP-0010 / 05/31/2010	1
MUSEUM OF LIVING ARTS 1734 SAVANNAH HWY CHARLESTON, SC 29407-6255 FAC.#:843-225-7127 DAVIS, LAURA M PH#: 843-225-7127 Facility Email: LAURA-DAVISII@YAHOO.COM	Charleston / Limited Liability 1734 SAVANNAH HWY CHARLESTON, SC 29407-6255 MUSEUM OF LIVING ARTS LLC BP-0192 / 04/30/2010	1
PIERCING PERFECTION 1557 MEETING STREET RD NORTH CHARLESTON, SC 29405-9301 FAC.#:843-297-8577 DUNN III, NIM B PH#: 843-270-2148 Facility Email: PIERCINGPERFECTION@COMCAST.NET	Charleston / Limited Liability 1557 MEETING STREET RD NORTH CHARLESTON, SC 29405-9301 PIERCING PERFECTION LLC BP-0211 / 07/31/2010	1

Totals For Facility/License Type Body Piercing

Number of Activities/Facilities licensed:

6

Number Licensed Units

6

County: Charleston

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
ASHLEY RIVER PLANTATION 2333 ASHLEY RIVER RD CHARLESTON, SC 29414-4755 FAC.#:843-766-9898 LEMMONS, PAULEE F PH#: 843-766-9898 Facility Email: No Facility Email on Record	Charleston / Ltd. Liability 2333 ASHLEY RIVER RD CHARLESTON, SC 29414-4755 OAK HAVEN SENIOR LIVING LLC CRC-1376 / 03/31/2010	123
Certifications:Alzheimer Care		
BELL'S PROFESSIONAL RESIDENTIAL HOME CARE 1910 DALTON ST CHARLESTON, SC 29406-3961 FAC.#:843-744-1765 BELL, FRANCE A PH#: 843-744-1765 Facility Email: No Facility Email on Record	Charleston / Ltd. Liability 1155 MARQUIS RD NORTH CHARLESTON, SC 29405-4353 BELL'S PROFESSIONAL RESIDENTIAL HOME CARE LLC CRC-1209 / 05/31/2010	20
Certifications:None		
BISHOP GADSDEN EPISCOPAL COMMUNITY 1 BISHOP GADSDEN WAY CHARLESTON, SC 29412-3501 FAC.#:843-762-3300 TRAWICK, C WILLIAM PH#: 843-762-3300 Facility Email: SARAH.TIPTON@BISHOPGADSDENORG	Charleston / Non-Profit Corporation 1 BISHOP GADSDEN WAY CHARLESTON, SC 29412-3501 EPISCOPAL CHURCH HOME CRC-0451 / 11/30/2009	112
Certifications:Alzheimer Unit, Alzheimers Care		
BOWLES COMMUNITY CARE HOME 9270 N HWY 17 MC CLELLANVILLE, SC 29458-9422 FAC.#:843-887-4180 BOWLES, BENJAMIN PH#: 843-887-4180 Facility Email: BBOWCARE@AOL.COM	Charleston / Sole Proprietorship 9270 N HWY 17 MC CLELLANVILLE, SC 29458-9422 BENJAMIN, BOWLES CRC-0090 / 09/30/2010	16
Certifications:None		
BRIDGE ASSISTED LIVING AT LIFE CARE CENTER OF CHARLESTON 2590 ELMS PLANTATION BLVD NORTH CHARLESTON, SC 29406-8105 FAC.#:843-553-6342 HITCHMAN, MARTINA E PH#: 843-553-6342 Facility Email: MHITCHMAN@CENTRYPA.COM	Charleston / Ltd. Liability 3570 KEITH ST NW CLEVELAND, TN 37312-4309 CHARLESTON RETIREMENT INVESTORS LLC CRC-1064 / 10/31/2010	100
Certifications:None		
CABADING HOMES #1 3431 RIVERS AVE NORTH CHARLESTON, SC 29405-7760 FAC.#:843-747-3050 CABADING, LOLITA B PH#: 843-745-9182 Facility Email: No Facility Email on Record	Charleston / Corporation 3431 RIVERS AVE NORTH CHARLESTON, SC 29405-7760 CABADING HOMES INC CRC-0394 / 07/31/2010	18
Certifications:None		

Division of Health Licensing

County: Charleston

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
CABADING HOMES #2 3435 RIVERS AVE NORTH CHARLESTON, SC 29405-7760 FAC.#:843-745-9182 CABADING, LOLITA B PH#: 843-745-9182 Facility Email: No Facility Email on Record	Charleston / Corporation 2149 DORCHESTER RD NORTH CHARLESTON, SC 29405-7763 CABADING HOMES INC CRC-0571 / 02/28/2010	15
Certifications:None		
CABADING HOMES #3 2149 DORCHESTER RD NORTH CHARLESTON, SC 29405-7763 FAC.#:843-745-9182 CABADING, ALLAN M PH#: 843-745-9182 Facility Email: No Facility Email on Record	Charleston / Corporation 2149 DORCHESTER RD NORTH CHARLESTON, SC 29405-7763 CABADING HOMES INC CRC-0825 / 07/31/2010	25
Certifications:None		
CAMP COMMUNITY RESIDENCE 1251 CAMP RD JAMES ISLAND, SC 29412-9212 FAC.#:843-805-5820 GREEN, NATALIE PH#: 843-762-4625 Facility Email: No Facility Email on Record	Charleston / State PO BOX 22708, DISABILITIES BOARD OF CHARLESTON COUNTY CHARLESTON, SC 29413-2708 DISABILITIES BOARD OF CHARLESTON COUNTY CRC-1371 / 01/31/2010	8
Certifications:None		
CARTER-MAY HOME 1660 INGRAM RD CHARLESTON, SC 29407-4242 FAC.#:843-556-8314 BAUDER, JANINE N PH#: 843-556-8314 Facility Email: JANINE@CATHOLIC-DOC.ORG	Charleston / Corporation 1660 INGRAM RD CHARLESTON, SC 29407-4242 CATHOLIC CHARITIES OF THE DIOCESE OF CHARLESTON INC CRC-0064 / 04/30/2010	25
Certifications:Alzheimer Care		
CHARDON PLACE 3455 BOHICKET RD JOHNS ISLAND, SC 29455-7222 FAC.#:843-768-4948 KULSICAVAGE, ANNA MARIE PH#: 843-768-4948 Facility Email: AMKULSICAVGE@CHARDONPLACE.COM	Charleston / Ltd. Liability 3455 BOHICKET RD JOHNS ISLAND, SC 29455-7222 CHARDON PROPERTY LLC CRC-1462 / 01/31/2010	16
Certifications:Alzheimer Care		
COOPER HALL AT THE PALMS OF MT PLEASANT 937 BOWMAN RD MOUNT PLEASANT, SC 29464-3246 FAC.#:843-388-2030 DEFOOR, KENNETH E PH#: 843-388-2030 Facility Email: No Facility Email on Record	Charleston / Ltd. Liability 300 N GREENE ST STE 1000 GREENSBORO, NC 27401-2173 COOPER HALL SENIOR LIVING LLC CRC-1432 / 12/31/2009	44
Certifications:None		

County: Charleston

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
Certifications:None		
CUMMINGS COMMUNITY RESIDENTIAL CARE HOME 2606 STARK LN NORTH CHARLESTON, SC 29405-5537 FAC.#:843-747-7088 CUMMINGS, OLYMPIA W PH#: 843-747-7088 Facility Email: OCUMMINGSO3@COMCAST.NET	Charleston / Sole Proprietorship PO BOX 7 GOOSE CREEK, SC 29445-0007 OLYMPIA W CUMMINGS CRC-0891 / 10/31/2009 (Renewal Pending)	8
Certifications:None		
CURAMENG RESIDENTIAL HOME CARE 2021 COSGROVE AVE NORTH CHARLESTON, SC 29405-7710 FAC.#:843-566-1266 REYES, MILAGROS L PH#: 843-566-1266 Facility Email: CURAMEFT@YAHOO.COM	Charleston / Corporation 2021 COSGROVE AVE NORTH CHARLESTON, SC 29405-7710 JFJ INC CRC-1187 / 11/30/2009	8
Certifications:None		
DAYSPRING ASSISTED LIVING 5146 TOWLES RD HOLLYWOOD, SC 29449-6119 FAC.#:843-889-9757 MARSHALL, YASSAMIN B PH#: 843-889-9757 Facility Email: DAYSPRINGSC@YAHOO.COM	Charleston / Ltd. Liability 5146 TOWLES RD HOLLYWOOD, SC 29449-6119 DAYSPRING ASSISTED LIVING LLC CRC-1385 / 04/30/2010	16
Certifications:Alzheimer Care		
DORCAS RESIDENTIAL CARE I 1131 BEXLEY ST NORTH CHARLESTON, SC 29405-4726 FAC.#:843-746-9800 RELLORA, JESUS N PH#: 843-746-9800 Facility Email: JNAVEARELLORA@NETZERO.NET	Charleston / Partnership PO BOX 61870 NORTH CHARLESTON, SC 29419-1870 JESUS N AND WILHELMINA C RELLORA CRC-1251 / 11/30/2009	5
Certifications:None		
DORCAS RESIDENTIAL CARE II 1133 BEXLEY ST NORTH CHARLESTON, SC 29405-4726 FAC.#:843-747-4800 RELLORA, JESUS N PH#: 843-747-4800 Facility Email: JNAVEARELLORA@NETZERO.NET	Charleston / Partnership PO BOX 61870 NORTH CHARLESTON, SC 29419-1870 JESUS N AND WILHELMINA C RELLORA CRC-1252 / 11/30/2009	5
Certifications:None		
EVERGREEN RESIDENTIAL CARE INC ANNEX II 1819 NORWOOD ST NORTH CHARLESTON, SC 29405-8005 FAC.#:843-744-1249 LESESNE, CLARA PH#: 803-747-0110 Facility Email: EVERGREEN1818@MSN.COM	Charleston / Corporation PO BOX 31774 CHARLESTON, SC 29417-1774 EVERGREEN RESIDENTIAL CARE INC CRC-0818 / 04/30/2010	5
Certifications:None		

County: Charleston

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
EVERGREEN RESIDENTIAL CARE INC I 1612 EVERGREEN ST CHARLESTON, SC 29407-6263 FAC.#:843-744-1249 GADSDEN, LUCILLE PH#: 843-744-1249 Facility Email: EVERGREEN1818@MSN.COM	Charleston / Corporation PO BOX 31774 CHARLESTON, SC 29417-1774 EVERGREEN RESIDENTIAL CARE INC CRC-0026 / 03/31/2010	8
Certifications:None		
EVERGREEN RESIDENTIAL CARE INC II 1818 NORWOOD ST NORTH CHARLESTON, SC 29405-8006 FAC.#:843-744-1249 LESESNE, CLARA PH#: 803-747-0110 Facility Email: EVERGREEN1818@MSN.COM	Charleston / Corporation PO BOX 31774 CHARLESTON, SC 29417-1774 EVERGREEN RESIDENTIAL CARE INC CRC-0470 / 04/30/2010	51
Certifications:None		
FAIR HAVENS MANOR 1917 COSGROVE AVE NORTH CHARLESTON, SC 29405-5701 FAC.#:843-747-2593 MAGWOOD, ANDREA J PH#: 843-747-2593 Facility Email: ANDREAJMAGWOOD@BELLSOUTH.NET	Charleston / Sole Proprietorship PO BOX 70028 NORTH CHARLESTON, SC 29415-0028 ANDREA J MAGWOOD CRC-0101 / 04/30/2010	20
Certifications:None		
FAITH SWEET HOME 2151 DORCHESTER RD NORTH CHARLESTON, SC 29405-7992 FAC.#:843-552-7954 ENCARNACION, FELICITAS B PH#: 843-552-7954 Facility Email: ITASGANDA@NETZERO.NET	Charleston / Sole Proprietorship 4704 LANDERWOOD CT NORTH CHARLESTON, SC 29420-7002 FELICITAS B ENCARNACION CRC-1464 / 12/31/2009	4
Certifications:Alzheimer Care		
FARMINGTON COMMUNITY RESIDENCE 1269 CAMP RD JAMES ISLAND, SC 29412-9212 FAC.#:843-805-5820 SIMMONS, CYNTHIA Y PH#: 843-762-9827 Facility Email: DGOLDMINTZ@DSNCC.COM	Charleston / State PO BOX 22708, DISABILITIES BOARD OF CHARLESTON COUNTY CHARLESTON, SC 29413-2708 DISABILITIES BOARD OF CHARLESTON COUNTY CRC-1370 / 01/31/2010	8
Certifications:None		
FIRST CHOICE HOME CARE FACILITY 2003 COSGROVE AVE NORTH CHARLESTON, SC 29405-5702 FAC.#:843-225-0637 MABROUK, ABDELBAKI B PH#: 843-569-0025 Facility Email: AMABROUK23@COMCAST.NET	Charleston / Partnership 2003 COSGROVE AVE NORTH CHARLESTON, SC 29405-5702 DQR CAMBA/NM CAMBA/GT MARTINEZ/P MARTINEZ/P PAJOTA CRC-0742 / 10/31/2010	8
Certifications:None		

County: Charleston

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
FRANKE HOME 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 CRC-1082 / 09/30/2010	86

Certifications:Alzheimer Unit, Alzheimers Care

GUARDIAN ANGELS RESIDENTIAL CARE 2126 SUCCESS ST NORTH CHARLESTON, SC 29405-7992 FAC.#:843-744-0448 JANKE, BONIFACIA E PH#: 843-744-0448 Facility Email: BARRY.JANKE@YAHOO.COM	Charleston / Corporation 2126 SUCCESS ST NORTH CHARLESTON, SC 29405-7992 GUARDIAN ANGELS ASSISTED LIVING INC CRC-1049 / 11/30/2009	18
--	---	----

Certifications:None

HORIZON BAY ASSISTED LIVING & MEMORY CARE AT CHARLESTON 2030 CHARLIE HALL BLVD CHARLESTON, SC 29414-5830 FAC.#:843-763-4055 NARAIN, ROBYN T PH#: 000-000-0000 Facility Email: CHARLESTONEB.ED@SUNRISESENIORLIVING.COM	Charleston / Limited Liability Company (multiple member) 2030 CHARLIE HALL BLVD CHARLESTON, SC 29414-5830 HBP LEASECO LLC CRC-1291 / 09/30/2010	100
---	---	-----

Certifications:Alzheimer Unit

IVORY'S LOVING CARE RESIDENTIAL FACILITY 2827 SPRUILL AVE NORTH CHARLESTON, SC 29405-8050 FAC.#:843-745-2339 SANDERS, JUANITA PH#: 843-270-0787 Facility Email: SISTERSANDERS@BELLSOUTH.NET	Charleston / Partnership 2827 SPRUILL AVE NORTH CHARLESTON, SC 29405-8050 JUANITA SANDERS & GENEVA NELSON CRC-1383 / 04/30/2010	7
---	--	---

Certifications:None

JADE COMMUNITY RESIDENTIAL CARE 3 CUNNINGTON AVE, 3 & 5 NORTH CHARLESTON, SC 29405-9312 FAC.#:843-853-0299 VELASCO, JULIA M PH#: 843-853-0299 Facility Email: No Facility Email on Record	Charleston / Ltd. Liability PO BOX 612 UNION, SC 29379-0612 JADE COMMUNITY RESIDENTIAL CARE LLC CRC-1123 / 10/31/2010	10
---	--	----

Certifications:None

JADE COMMUNITY RESIDENTIAL CARE II 7 CUNNINGTON AVE, 7A & 7B NORTH CHARLESTON, SC 29405-9312 FAC.#:843-853-0299 WASHINGTON, ALFREDA PH#: 843-853-0299 Facility Email: No Facility Email on Record	Charleston / Ltd. Liability PO BOX 612 UNION, SC 29379-0612 JADE COMMUNITY RESIDENTIAL CARE LLC CRC-1124 / 10/31/2010	10
---	--	----

Certifications:None

County: Charleston

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
JADE COMMUNITY RESIDENTIAL CARE III 9 CUNNINGTON AVE NORTH CHARLESTON, SC 29405-9312 FAC.#:843-853-0299 WASHINGTON, ALFREDA PH#: 843-853-0299 Facility Email: No Facility Email on Record	Charleston / Ltd. Liability PO BOX 612 UNION, SC 29379-0612 JADE COMMUNITY RESIDENTIAL CARE LLC CRC-1125 / 10/31/2010	12
Certifications:None		
L SIMMONS RESIDENTIAL HOME 458 RACE ST CHARLESTON, SC 29403-4633 FAC.#:843-853-3179 SIMMONS, LOUISE V PH#: 843-853-3179 Facility Email: No Facility Email on Record	Charleston / Sole Proprietorship 458 RACE ST CHARLESTON, SC 29403-4633 LOUISE V SIMMONS CRC-0928 / 04/30/2010	5
Certifications:None		
LADSON'S RESIDENTIAL HOME CARE 1116 CAMP RD CHARLESTON, SC 29412-8831 FAC.#:843-406-0775 LADSON, PAULINE M PH#: 843-406-0775 Facility Email: PAULINELADSON@BELLSOUTH.NET	Charleston / Sole Proprietorship 1116 CAMP RD CHARLESTON, SC 29412-8831 PAULINE LADSON CRC-1256 / 09/30/2010	5
Certifications:None		
LAMBS ROAD COMMUNITY RESIDENCE 4788 LAMBS RD NORTH CHARLESTON, SC 29418-3521 FAC.#:843-767-1066 JOHNSTON, GLORIA J PH#: 843-767-1066 Facility Email: DGOLDMINTZ@DSNCC.COM	Charleston / State PO BOX 22708, DISABILITIES BOARD OF CHARLESTON COUNTY CHARLESTON, SC 29413-2708 DISABILITIES BOARD OF CHARLESTON COUNTY CRC-0690 / 09/30/2010	8
Certifications:None		
LANGIT'S ASSISTED LIVING FACILITY 1273 REMOUNT RD NORTH CHARLESTON, SC 29406-3439 FAC.#:843-554-1671 LANGIT, CRESENCIA B PH#: 843-554-1671 Facility Email: LANGITSASSISTEDLIVING@COMCAST.NET	Charleston / Corporation 1273 REMOUNT RD NORTH CHARLESTON, SC 29406-3439 LANGIT'S RESIDENTIAL HOME CARE INC CRC-0861 / 03/31/2010	70
Certifications:None		
LENEVAR COMMUNITY RESIDENCE 1435 W LENEVAR DR CHARLESTON, SC 29407-5118 FAC.#:843-766-3061 JOHNSTON, GLORIA J PH#: 843-766-3061 Facility Email: DGOLDMINTZ@DSNCC.COM	Charleston / State PO BOX 22708, DISABILITIES BOARD OF CHARLESTON COUNTY CHARLESTON, SC 29413-2708 DISABILITIES BOARD OF CHARLESTON COUNTY CRC-0943 / 07/31/2010	8
Certifications:None		

Division of Health Licensing

County: Charleston

Facility Type: Community Residential Care Facility

Facility Name	County/Ownership Typ	Licensed Unit
Location Street	Mailing/Billing Address	
Location City, State	Licensee	
Administrator/Phone	License Nbr/Expiration Date	
MARIA'S PRIORITY CARE RESIDENTIAL HOME I	Charleston / Partnership	7
3117 MEETING STREET RD	3117 MEETING STREET RD	
NORTH CHARLESTON, SC 29405-7980 FAC.#:843-554-8890	NORTH CHARLESTON, SC 29405-7980	
PARANAL, ROGERIA R PH#: 843-554-0064	ROGELIO ROBIANES PARANAL AND ROGERIA RELLORA PARANAL	
Facility Email: RRRPARANAL@GMAIL.COM	CRC-0937 / 07/31/2010	

Certifications:None

MARIA'S PRIORITY CARE RESIDENTIAL HOME II-B	Charleston / Partnership	7
4583 DURANT AVE, B	PO BOX 70037	
NORTH CHARLESTON, SC 29405-5212 FAC.#:843-566-9864	CHARLESTON, SC 29415-0037	
RELLORA, WILHELMINA C PH#: 843-566-9864	JESUS N AND WILHELMINA C RELLORA	
Facility Email: No Facility Email on Record	CRC-0772 / 06/30/2010	

Certifications:None

MARIA'S PRIORITY CARE RESIDENTIAL HOME II-E	Charleston / Partnership	6
4583 DURANT AVE, E	PO BOX 70037	
NORTH CHARLESTON, SC 29405-5212 FAC.#:843-566-0460	CHARLESTON, SC 29415-0037	
RELLORA, WILHEMINA C PH#: 843-566-0460	JESUS N AND WILHELMINA C RELLORA	
Facility Email: No Facility Email on Record	CRC-0773 / 06/30/2010	

Certifications:None

MARIA'S PRIORITY CARE RESIDENTIAL HOME II-F	Charleston / Partnership	5
4583 DURANT AVE, F	PO BOX 70037	
NORTH CHARLESTON, SC 29405-5212 FAC.#:843-566-0154	CHARLESTON, SC 29415-0037	
RELLORA, WILHELMINA C PH#: 843-556-1524	JESUS N AND WILHELMINA C RELLORA	
Facility Email: No Facility Email on Record	CRC-0774 / 06/30/2010	

Certifications:None

MARIA'S PRIORITY CARE RESIDENTIAL HOME III	Charleston / Partnership	7
3115 MEETING STREET RD	3115 MEETING STREET RD	
NORTH CHARLESTON, SC 29405-7980 FAC.#:843-554-0064	NORTH CHARLESTON, SC 29405-7980	
PARANAL, ROGERIA R PH#: 843-554-0064	ROGELIO ROBIANES PARANAL AND ROGERIA RELLORA PARANAL	
Facility Email: No Facility Email on Record	CRC-0938 / 07/31/2010	

Certifications:None

MARJORIE'S COMMUNITY CARE HOME	Charleston / Partnership	8
207 W POPLAR ST	207 W POPLAR ST	
CHARLESTON, SC 29403-3320 FAC.#:843-722-4792	CHARLESTON, SC 29403-3320	
WOFFORD, EMILY N PH#: 843-722-4792	MARJORIE G OREE AND EMILY N WOFFORD	
Facility Email: EENEWTON@AOL.COM	CRC-0022 / 01/31/2010	

Certifications:None

Division of Health Licensing

County: Charleston

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
MCLEOD MANOR 1707 MCLEOD AVE CHARLESTON, SC 29412-2922 FAC.#:843-795-8780 ALSTON, MARTHA S PH#: 843-795-8780 Facility Email: No Facility Email on Record	Charleston / Corporation 1707 MCLEOD AVE CHARLESTON, SC 29412-2922 MCLEOD MANOR INC CRC-0425 / 03/31/2010	16
Certifications:None		
MIDLAND PARK RESIDENTIAL HOME CARE 2712 MIDLAND PARK RD CHARLESTON, SC 29406-4551 FAC.#:843-569-0025 SINGIAN, ROGELIO C PH#: 843-569-0025 Facility Email: RVBALAGTASSC@AOL.COM	Charleston / Corporation 2712 MIDLAND PARK RD CHARLESTON, SC 29406-4551 MIDLAND PARK RESIDENTIAL HOME CARE INC CRC-0905 / 01/31/2010	52
Certifications:None		
MY FATHER'S HOUSE 22 LARNES ST CHARLESTON, SC 29403-2636 FAC.#:843-723-7889 STENT, JOSEPHINE I PH#: 843-723-7889 Facility Email: No Facility Email on Record	Charleston / Partnership PO BOX 1647 CHARLESTON, SC 29402-1647 JOSEPHINE STENT AND ELOISE CHESTNUT CRC-0459 / 02/28/2010	10
Certifications:None		
NICHOLS RESIDENTIAL CARE FACILITY 702 E RAILROAD AVE SUMMERVILLE, SC 29485-7228 FAC.#:843-821-9608 NICHOLS, LAVERNE PH#: 843-821-9608 Facility Email: NICHOLSRESIDENT@AOL.COM	Charleston / Partnership 702 E RAILROAD AVE SUMMERVILLE, SC 29485-7228 ALONZO NICHOLS AND LAVERNE NICHOLS CRC-0973 / 12/31/2009	5
Certifications:None		
NORTH HAVEN RESIDENTIAL CARE HOME 4326 LESLIE ST NORTH CHARLESTON, SC 29418-5441 FAC.#:843-767-2541 LANGIT, LEONORA D PH#: 843-767-2541 Facility Email: No Facility Email on Record	Charleston / Corporation 4326 LESLIE ST NORTH CHARLESTON, SC 29418-5441 NORTH HAVEN RESIDENTIAL CARE HOME INC CRC-0877 / 08/31/2010	16
Certifications:Alzheimer Care		
PALMETTO RESIDENTIAL CARE OF NORTH CHARLESTON 2834 SPRUILL AVE NORTH CHARLESTON, SC 29405-8051 FAC.#:843-744-8849 SMITH, ALPHA R PH#: 843-572-8765 Facility Email: EVERGREEN1818@MSNCOM	Charleston / Corporation PO BOX 31774 CHARLESTON, SC 29417-1774 EVERGREEN RESIDENTIAL CARE INC CRC-1322 / 08/31/2010	12
Certifications:None		

County: Charleston

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
Certifications:Alzheimer Unit, Alzheimers Care		
PALMETTOS OF CHARLESTON 1900 ASHLEY CROSSING DR CHARLESTON, SC 29414-5751 FAC.#:843-852-0505 MARTIN, MEGAN W PH#: 843-852-0505 Facility Email: No Facility Email on Record	Charleston / Limited Liability 1900 ASHLEY CROSSING DR CHARLESTON, SC 29414-5751 NHC PLACE-CHARLESTON LLC CRC-1263 / 07/31/2010	60
Certifications:None		
PETTIS ANGELS RESIDENTIAL CARE 2614 MADDEN DR NORTH CHARLESTON, SC 29405-5529 FAC.#:843-308-9413 PETTIS, ETHEL S PH#: 843-308-9413 Facility Email: No Facility Email on Record	Charleston / Sole Proprietorship 3879 WALNUT ST CHARLESTON, SC 29405-7050 ETHEL S PETTIS CRC-0850 / 01/01/2010	5
Certifications:None		
SANDPIPER COURT YARD 1047 ANNA KNAPP BLVD MOUNT PLEASANT, SC 29464-3133 FAC.#:843-884-7977 JANSE, SHEENA M PH#: 843-884-7977 Facility Email: SJANSE@SANDPIPERCENTER.COM	Charleston / Ltd. Liability 1047 ANNA KNAPP BLVD MOUNT PLEASANT, SC 29464-3133 SANDPIPER INDEPENDENT & ASSISTED LIVING LLC CRC-1325 / 09/30/2009 (Renewal Pending)	64
Certifications:Alzheimer Care		
SAVANNAH HALL ASSISTED LIVING 1010 LAKE HUNTER CIR MOUNT PLEASANT, SC 29464-5417 FAC.#:843-971-5480 DEFOOR, KENNETH E PH#: 843-388-2030 Facility Email: No Facility Email on Record	Charleston / Corporation 300 N GREENE ST STE 1000 GREENSBORO, NC 27401-2173 SAVANNAH GRACE HALLS LP CRC-1431 / 12/31/2009	32
Certifications:Alzheimer Unit, Alzheimers Care		
SAVANNAH HOUSE 1501 SECESSIONVILLE RD CHARLESTON, SC 29412-8236 FAC.#:843-762-1396 LEVASSEUR, SARAH R PH#: 843-762-1396 Facility Email: SAVANNAHHOUSE@ALCCO.COM	Charleston / Corporation 1501 SECESSIONVILLE RD CHARLESTON, SC 29412-8236 ASSISTED LIVING CONCEPTS INC CRC-1410 / 11/30/2009	44
Certifications:None		
SECESSIONVILLE COMMUNITY RESIDENCE 1217 SECESSIONVILLE RD CHARLESTON, SC 29412-9749 FAC.#:843-762-2134 SIMMONS, CYNTHIA Y PH#: 843-762-2134 Facility Email: DGOLDMINTZ@DSNCC.COM	Charleston / State PO BOX 22708, DISABILITIES BOARD OF CHARLESTON COUNTY CHARLESTON, SC 29413-2708 DISABILITIES BOARD OF CHARLESTON COUNTY CRC-1287 / 12/31/2009	8
Certifications:None		

County: Charleston

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
Certifications:None		
SERENITY MANOR 4018 S RHETT AVE NORTH CHARLESTON, SC 29405-7163 FAC.#:843-554-0733 FIELDS, HATTIE B PH#: 843-425-4422 Facility Email: HBFIELDS@BELLSOUTH.NET	Charleston / Sole Proprietorship PO BOX 623 JOHNS ISLAND, SC 29457-0623 FIELDS, HATTIE B CRC-1472 / 02/28/2010	10
Certifications:None		
SOMERBY OF MOUNT PLEASANT 3100 TRADITION CIR MOUNT PLEASANT, SC 29466-7153 FAC.#:843-849-3096 GILLESPIE, CRIS J PH#: 843-849-3096 Facility Email: CGILLESPIE@SOMERBYLIVING.COM	Charleston / Ltd. Liability 2700 CORPORATE DR STE 125 BIRMINGHAM, AL 35242-2740 DOMINION SENIOR LIVING OF MT PLEASANT LLC CRC-1481 / 09/30/2010	118
Certifications:Alzheimer Unit, Alzheimers Care		
SWEETGRASS COURT SENIOR LIVING COMMUNITY 1010 ANNA KNAPP BLVD MOUNT PLEASANT, SC 29464-5400 FAC.#:843-971-7756 SCOTT, SHERRI R PH#: 843-971-7756 Facility Email: SSCOTT1@5SQC.COM	Charleston / Limited Liability Company (multiple member) 1010 ANNA KNAPP BLVD MOUNT PLEASANT, SC 29464-5400 FIVE STAR QUALITY CARE-OBX OPERATOR LLC CRC-1428 / 12/31/2009	38
Certifications:Alzheimer Unit, Alzheimers Care		
SWEETGRASS VILLAGE ASSISTED LIVING COMMUNITY 601 MATHIS FERRY RD MOUNT PLEASANT, SC 29464-2623 FAC.#:843-881-9809 SENYK, PHYLLIS G PH#: 843-881-9809 Facility Email: No Facility Email on Record	Charleston / Limited Liability Company (multiple member) 601 MATHIS FERRY RD MOUNT PLEASANT, SC 29464-2623 FIVE STAR QUALITY CARE-OBX OPERATOR LLC CRC-1427 / 12/31/2009	85
Certifications:None		
TALL PINES ASSISTED LIVING 1771 ELM RD CHARLESTON, SC 29414-6343 FAC.#:843-763-8134 GADSDEN, ADA R PH#: 843-763-8134 Facility Email: CGADSDEN@COMCASTNET	Charleston / Sole Proprietorship 1771 ELM RD CHARLESTON, SC 29414-6343 ADA R GADSDEN CRC-0531 / 08/31/2010	5
Certifications:None		
TWIN OAKS VILLA 4550 GREAT OAK DR NORTH CHARLESTON, SC 29418-5001 FAC.#:843-760-0831 ODOM, GRADY C PH#: 843-760-0831 Facility Email: GRAD08@BELLSOUTH.NET	Charleston / Ltd. Liability 4550 GREAT OAK DR NORTH CHARLESTON, SC 29418-5001 TWIN OAKS VILLA LLC CRC-1288 / 02/28/2010	80
Certifications:None		

County: Charleston

Facility Type: Community Residential Care Facility

Facility Name	County/Ownership Typ	Licensed Unit
Location Street	Mailing/Billing Address	
Location City, State	Licensee	
Administrator/Phone	License Nbr/Expiration Date	
VANWYEVEER RESIDENTIAL CARE FACILITY	Charleston / Sole Proprietorship	10
2009 COSGROVE AVE	PO BOX 71184	
NORTH CHARLESTON, SC 29405-5702 FAC.#:843-744-6065	NORTH CHARLESTON, SC 29415-1184	
FULTON, RHODELLE W PH#: 843-744-6065	RHODELLE W FULTON	
Facility Email: VANWYEVEER1@AOL.COM	CRC-0638 / 06/30/2010	

Certifications:None

Totals For Facility/License Type Community Residential Care Facility	
Number of Activities/Facilities licensed:	61
Number Licensed Units	1,717

County: Charleston

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
DILLS BLUFF COMMUNITY RESIDENCE 936 DILLS BLUFF RD CHARLESTON, SC 29412 FAC.#:843-762-2374 GOLDMINTZ, DAVID PH#: 843-762-2374 Facility Email: DGOLDMINTZ@DSNCC.COM	Charleston / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0131 / 10/31/2010	8

Totals For Facility/License Type Habilitation R15	
Number of Activities/Facilities licensed: <input type="text" value="1"/>	Number Licensed Units <input type="text" value="8"/>

County: Charleston

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
AMEDISYS HOME HEALTH OF CHARLESTON 2675 LAKE PARK DR NORTH CHARLESTON, SC 29406-9100 FAC.#:843-553-1263 SLAUGHTER RN, JENNY M PH#: 843-553-1263 Facility Email: 2203@AMEDISYS.COM Counties Served Berkeley, Charleston, Dorchester 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:	Charleston / Corporation 2675 LAKE PARK DR NORTH CHARLESTON, SC 29406-9100 AMEDISYS HOME HEALTH INC OF SOUTH CAROLINA HHA-0172 / 09/30/2010	3
AMEDISYS HOME HEALTH OF CHARLESTON EAST 1027 PHYSICIANS DR STE 210 CHARLESTON, SC 29414-5352 FAC.#:843-556-0200 DOUBLE, ANNE E PH#: 843-797-2942 Facility Email: 2207@AMEDISYS.COM Counties Served Berkeley, Charleston, Colleton, Dorchester, Hampton 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:	Charleston / Ltd. Liability 1027 PHYSICIANS DR STE 210 CHARLESTON, SC 29414-5352 AMEDISYS SC LLC HHA-0191 / 01/31/2010	5
CAROLINA HOME HEALTH CARE-CHARLESTON 4975 LACROSS RD STE 101 CHARLESTON, SC 29406-6531 FAC.#:843-744-1191 ANDERSON, PATRICIA J PH#: 843-766-2929 Facility Email: No Facility Email on Record Counties Served Berkeley, Charleston, Dorchester 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:	Charleston / Corporation 12900 FOSTER ST STE 400 OVERLAND PARK, KS 66213-2696 GENTIVA CERTIFIED HEALTHCARE CORPORATION HHA-0051 / 08/31/2010	3
DHEC REGION 7 HOME HEALTH SERVICES 4050 BRIDGE VIEW DR STE 600 NORTH CHARLESTON, SC 29405-8415 FAC.#:843-953-2450 DEITZ, CANSAS A PH#: 843-724-5850 Facility Email: DEITZCA@DHEC.SC.GOV Counties Served Berkeley, Charleston, Dorchester License Restrictions Physical Therapy Y Speech Therapy: Y Occupational Therapy Y Med. Social Services N Home Health Aid: Y Medical Supplies/Appliances/Durable Medical Equipment N Other:	Charleston / State 4050 BRIDGE VIEW DR STE 600 NORTH CHARLESTON, SC 29405-8415 SC DEPT OF HEALTH & ENVIRONMENTAL CONTROL HHA-0011 / 07/31/2010	3

County: Charleston

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
FRANKLIN C FETTER HOME HEALTH AGENCY 51 NASSAU ST CHARLESTON, SC 29403-5500 FAC.#:843-722-4112 RAVENELL, RONALD A PH#: 843-722-4112 Facility Email: HOMEHEALTH@FCFETTER.COM	Charleston / Corporation 51 NASSAU ST CHARLESTON, SC 29403-5500 FRANKLIN C FETTER FAMILY HEALTH CENTER INC HHA-0018 / 12/31/2009	1
Counties Served Charleston License Restrictions Physical Therapy Y Speech Therapy: N Occupational Therapy Y Med. Social Services Y Home Health Aid: Y Medical Supplies/Appliances/Durable Medical Equipment N Other:		
INTREPID USA HEALTHCARE SERVICES 9241 UNIVERSITY BLVD STE A NORTH CHARLESTON, SC 29406-9349 FAC.#:843-766-2929 RUPLE, WILLIAM B PH#: 843-766-2929 Facility Email: BROOKS.RUPLE@INTREPIDUSA.COM	Charleston / Corporation 4055 VALLEY VIEW LN STE 500 DALLAS, TX 75244-5048 FC OF SOUTH CAROLINA INC HHA-0180 / 06/30/2010	6
Counties Served Allendale, Berkeley, Charleston, Colleton, Dorchester, Georgetown 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:		
PHC HOME HEALTH 408 FOLLY RD CHARLESTON, SC 29412-2625 FAC.#:843-762-3601 DURRENCE, HUGH D PH#: 843-762-3601 Facility Email: LORIWOOD@PHCHEALTH.COM	Charleston / Corporation 1923-D MAYBANK HWY CHARLESTON, SC 29412 HEDGEMARK BRENTWOOD MEDICAL SERVICES INC HHA-0084 / 04/30/2010	1
Counties Served Charleston 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:		
ROPER-ST FRANCIS HOME HEALTH CARE 1483 TOBIAS GADSON BLVD STE 208 CHARLESTON, SC 29407-4796 FAC.#:843-402-7000 MELLO, BONNIE C PH#: 843-402-7000 Facility Email: ROPERSAINTFRANCIS.COM	Charleston / Corporation 1483 TOBIAS GADSON BLVD STE 208 CHARLESTON, SC 29407-4796 ROPER HOSPITAL INC HHA-0062 / 12/31/2009	3
Counties Served Berkeley, Charleston, Dorchester 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: CERTIFIED WOUND CARE NURSE; REGISTERED DIETITIAN/CDE		

County: Charleston

Facility Type: Home Health

Facility Name	County/Ownership Typ	Licensed Unit
Location Street	Mailing/Billing Address	
Location City, State	Licensee	
Administrator/Phone	License Nbr/Expiration Date	
SEA ISLAND HOME HEALTH	Charleston / Non-Profit Corporation	2
3627 MAYBANK HWY	3627 MAYBANK HWY	
JOHNS ISLAND, SC 29455-4836 FAC.#:843-559-4137	JOHNS ISLAND, SC 29455	
RICHARDSON, DAVID B PH#: 843-661-1150	SEA ISLAND COMPREHENSIVE HEALTH CARE CORPORATION	
Facility Email: SIHH123@AOL.COM	HHA-0025 / 04/30/2010	
Counties Served Charleston, Colleton		
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:		

Totals For Facility/License Type Home Health

Number of Activities/Facilities licensed:	9	Number Licensed Units	27
---	---	-----------------------	----

County: Charleston

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
HOSPICE CENTER OF HOSPICE OF CHARLESTON 676 WANDO PARK BLVD MOUNT PLEASANT, SC 29464-7936 FAC.#:843-529-3100 FEAGIN, ROSINA PH#: 800-677-2244 Facility Email: PANDEPERSON@HOSPICEOFCHARLESTON.ORG	Charleston / Ltd. Liability 12900 FOSTER ST STE 400 OVERLAND PARK, KS 66213-2696 WIREGRASS HOSPICE OF SOUTH CAROLINA LLC HPF-0005 / 08/31/2010	20

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

County: Charleston

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
A CARING HEART HOSPICE 6296 RIVERS AVE STE 307 NORTH CHARLESTON, SC 29406-4973 FAC.#:843-225-2300 SMITH, GEORGIA L PH#: 843-225-2300 Facility Email: CARE@ACARINGHEART.ORG	Charleston / Ltd. Liability 6296 RIVERS AVE STE 307 NORTH CHARLESTON, SC 29406-4973 A CARING HEART LLC HPC-0123 / 04/30/2010	13
Counties Served Beaufort, Berkeley, Charleston, Clarendon, Colleton, Dorchester, Georgetown, Hampton, Horry, Jasper, Marion, Orangeburg, Williamsburg		
BEACON HOSPICE 1224 VILLAGE CREEK LN APT H2 MOUNT PLEASANT, SC 29464-3160 FAC.#:843-972-0500 TYSON, GARY M PH#: 843-884-7977 Facility Email: INFO@BEACONHOSPICE.ORG	Charleston / Limited Liability 1224 VILLAGE CREEK LN APT A3 MOUNT PLEASANT, SC 29464-3159 BEACON HOSPICE LLC HPC-0113 / 03/31/2010	3
Counties Served Berkeley, Charleston, Dorchester		
CAROLINA HOSPICE CARE 410 MILL ST STE 104 MOUNT PLEASANT, SC 29464-4300 FAC.#:843-849-5910 ZEPP, DELORES ANN PH#: Facility Email: INFO@CAROLINAHOSPICECARE.COM	Charleston / Corporation 410 MILL ST STE 104 MOUNT PLEASANT, SC 29464-4300 CAROLINA HOSPICE CARE INC HPC-0052 / 05/31/2010	8
Counties Served Beaufort, Berkeley, Charleston, Colleton, Dorchester, Georgetown, Hampton, Jasper		
HEARTLAND HOSPICE SERVICES-CHARLESTON 1064 GARDNER RD STE 204 CHARLESTON, SC 29407-5712 FAC.#:843-766-7646 JOHNSON, TIM PH#: 843-766-7646 Facility Email: 4662ADMIN@HCR-MANORCARE.COM	Charleston / Limited Liability 1064 GARDNER RD STE 204 CHARLESTON, SC 29407-5712 HEARTLAND HOSPICE SERVICES LLC HPC-0136 / 12/31/2009	12
Counties Served Bamberg, Beaufort, Berkeley, Charleston, Clarendon, Colleton, Dorchester, Georgetown, Hampton, Jasper, Orangeburg, Williamsburg		
HOSPICE OF CHARLESTON 3870 LEEDS AVE STE 101 NORTH CHARLESTON, SC 29405-7493 FAC.#:843-529-3100 FEAGIN, ROSINA PH#: 800-677-2244 Facility Email: No Facility Email on Record	Charleston / Ltd. Liability 12900 FOSTER ST STE 400 OVERLAND PARK, KS 66213-2696 WIREGRASS HOSPICE OF SOUTH CAROLINA LLC HPC-0007 / 08/31/2010	3
Counties Served Berkeley, Charleston, Dorchester		
ODYSSEY HEALTHCARE OF CHARLESTON 5965 CORE AVE STE 603 NORTH CHARLESTON, SC 29406-6087 FAC.#:843-554-4048 DURANT, ANNE O PH#: 843-554-4048 Facility Email: CHARLESTON_MANAGEMENT@ODSYHEALTH.COM	Charleston / Limited Liability Limited Partnership 5965 CORE AVE STE 603 NORTH CHARLESTON, SC 29406-6087 ODYSSEY HEALTHCARE OPERATING B LP HPC-0071 / 06/30/2010	4
Counties Served Berkeley, Charleston, Colleton, Dorchester		

County: Charleston

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
SOUTHERNCARE-CHARLESTON 9294 MEDICAL PLAZA DR CHARLESTON, SC 29406-9125 FAC.#:843-569-0870 HOWARD, PENNY PH#:	Charleston / Corporation 9294 MEDICAL PLAZA DR CHARLESTON, SC 29406-9125 SOUTHERNCARE INC HPC-0080 / 02/28/2010	8
Facility Email: No Facility Email on Record Counties Served Bamberg, Berkeley, Charleston, Colleton, Dorchester, Georgetown, Hampton, Orangeburg		

Totals For Facility/License Type Hospice Program		
Number of Activities/Facilities licensed:	<input type="text" value="7"/>	Number Licensed Units <input type="text" value="51"/>

County: Charleston

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
BON SECOURS-ST FRANCIS XAVIER HOSPITAL 2095 HENRY TECKLENBURG DR CHARLESTON, SC 29414-5734 FAC.#:843-402-1000 CARROLL, ALLEN P PH#: 843-402-1006 Facility Email: ALLEN.CARROLL@RSFH.COM	Charleston / Non-Profit Corporation 2095 HENRY TECKLENBURG DR CHARLESTON, SC 29414-5734 BON SECOURS-ST FRANCIS XAVIER HOSPITAL INC HTL-0750 / 07/31/2010	204
Licensed Beds: General: 204 Psychiatric: 0 Rehab: 0 Substance Abuse 0 Other Beds NICU: 0 Neonatal Special Care 11		
Certifications:Trauma Center Level III, Perinatal Level II, JCAHO Accredited		
CITADEL INFIRMARY 171 MOULTRIE ST, CITADEL INFIRMARY CHARLESTON, SC 29409-0001 FAC.#:843-953-6847 CAPELL, CAREY M PH#: 843-953-6847 Facility Email: No Facility Email on Record	Charleston / State 171 MOULTRIE ST, CITADEL INFIRMARY CHARLESTON, SC 29409-0001 BOARD OF VISITORS THE CITADEL HTL-0035 / 05/31/2010	38
Licensed Beds: General: 38 Psychiatric: 0 Rehab: 0 Substance Abuse 0 Other Beds NICU: 0 Neonatal Special Care 0		
Certifications:None		
EAST COOPER REGIONAL MEDICAL CENTER 1200 JOHNNIE DODDS BLVD MOUNT PLEASANT, SC 29464-3294 FAC.#:843-881-4311 SINACORE-JABORG, JANIE PH#: 843-881-4311 Facility Email: No Facility Email on Record	Charleston / Corporation 1200 JOHNNIE DODDS BLVD MOUNT PLEASANT, SC 29464-3294 EAST COOPER COMMUNITY HOSPITAL INC HTL-0447 / 12/31/2009	100
Licensed Beds: General: 100 Psychiatric: 0 Rehab: 0 Substance Abuse 0 Other Beds NICU: 0 Neonatal Special Care 6		
Certifications:Abortions, Trauma Center Level III, Perinatal Level II, JCAHO Accredited		
HEALTHSOUTH REHABILITATION HOSPITAL OF CHARLESTON 9181 MEDCOM ST NORTH CHARLESTON, SC 29406-9184 FAC.#:843-820-7777 POWELL, TROY G PH#: 843-820-7777 Facility Email: TROY.POWELL@HEALTHSOUTH.COM	Charleston / Corporation 9181 MEDCOM ST NORTH CHARLESTON, SC 29406-9184 TRIDENT NEUROSCIENCES CENTER INC HTL-0648 / 01/31/2010	46
Licensed Beds: General: 0 Psychiatric: 0 Rehab: 46 Substance Abuse 0 Other Beds NICU: 0 Neonatal Special Care 0		
Certifications:JCAHO Accredited		
KINDRED HOSPITAL-CHARLESTON 326 CALHOUN ST FL 3 CHARLESTON, SC 29401-1124 FAC.#:843-876-8340 SHEETS RN, JENNIFER FRYE PH#: 843-876-8340 Facility Email: SAM.KURZ@KINDREDHEALTHCARE.COM	Charleston / Corporation 326 CALHOUN ST FL 3 CHARLESTON, SC 29401-1124 SPECIALTY HOSPITAL OF SOUTH CAROLINA INC HTL-0764 / 12/31/2009	59
Licensed Beds: General: 59 Psychiatric: 0 Rehab: 0 Substance Abuse 0 Other Beds NICU: 0 Neonatal Special Care 0		
Certifications:JCAHO Accredited		

County: Charleston

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
MUSC MEDICAL CENTER 169 ASHLEY AVE CHARLESTON, SC 29425-8905 FAC.#:843-792-3232 SMITH, W STUART PH#: 843-792-3232 Facility Email: SMITHSTU@MUSC.EDU	Charleston / District 169 ASHLEY AVE CHARLESTON, SC 29425-8905 MEDICAL UNIVERSITY HOSPITAL AUTHORITY HTL-0811 / 11/30/2009	689
Licensed Beds: General: 584 Psychiatric: 82 Rehab: 0 Substance Abuse 23 Other Beds NICU: 16 Neonatal Special Care 50		

Certifications:Abortions, Trauma Center Level I, Perinatal Level III Regional, JCAHO Accredited

PALMETTO LOWCOUNTRY BEHAVIORAL HEALTH 2777 SPEISSEGGER DR NORTH CHARLESTON, SC 29405-8229 FAC.#:843-747-5830 TOLLEY, CHERIE D PH#: 843-747-5830 Facility Email: FRANCES.SANTIAGO@PSYSOLUTIONS.COM	Charleston / Ltd. Liability 2777 SPEISSEGGER DR NORTH CHARLESTON, SC 29405-8229 PALMETTO LOWCOUNTRY BEHAVIORAL HEALTH LLC HTL-0729 / 08/31/2010	80
Licensed Beds: General: 0 Psychiatric: 70 Rehab: 0 Substance Abuse 10 Other Beds NICU: 0 Neonatal Special Care 0		

Certifications:JCAHO Accredited

ROPER HOSPITAL 316 CALHOUN ST CHARLESTON, SC 29401-1125 FAC.#:843-724-2901 SEVERANCE, MATHEW J PH#: 843-724-2901 Facility Email: MATT.SEVERANCE@RSFH.COM	Charleston / Corporation 316 CALHOUN ST CHARLESTON, SC 29401-1125 ROPER HOSPITAL INC HTL-0063 / 10/31/2009 (Renewal Pending)	440
Licensed Beds: General: 401 Psychiatric: 0 Rehab: 39 Substance Abuse 0 Other Beds NICU: 0 Neonatal Special Care 5		

Certifications:Trauma Center Level III, Perinatal Level II, JCAHO Accredited

TRIDENT MEDICAL CENTER 9330 MEDICAL PLAZA DR CHARLESTON, SC 29406-9195 FAC.#:843-847-4100 GALATI, TODD PH#: 843-797-7000 Facility Email: MARK.ROBINSON.HCAHEALTHCARE.COM	Charleston / Ltd. Liability 9330 MEDICAL PLAZA DR CHARLESTON, SC 29406-9195 TRIDENT MEDICAL CENTER LLC HTL-0777 / 04/30/2010	296
Licensed Beds: General: 296 Psychiatric: 0 Rehab: 0 Substance Abuse 0 Other Beds NICU: 0 Neonatal Special Care 10		

Certifications:Abortions, Trauma Center Level III, Perinatal Level II, JCAHO Accredited

Totals For Facility/License Type Hospital or Institutional General Infirmary	
Number of Activities/Facilities licensed:	9
Number Licensed Units	1,952

County: Charleston

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
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: BILL.TRAWICK@BISHOPGADSDEN.ORG	Charleston / Non-Profit Corporation 1 BISHOP GADSDEN WAY CHARLESTON, SC 29412-3501 EPISCOPAL CHURCH HOME NCF-0577 / 04/30/2010	50
Licensed Beds Nursing Home 41 Institutional Nursing Home 9		
Certifications:None		
DRIFTWOOD REHABILITATION AND NURSING CENTER 2375 BAKER HOSPITAL BLVD NORTH CHARLESTON, SC 29405-8291 FAC.#:843-744-2750 THOMAS, JAMES G PH#: 843-744-2750 Facility Email: JIM.THOMAS@THICARECOM	Charleston / Ltd. Liability 2375 BAKER HOSPITAL BLVD NORTH CHARLESTON, SC 29405-8291 THI OF SOUTH CAROLINA AT CHARLESTON LLC NCF-0870 / 08/31/2010	160
Licensed Beds Nursing Home 160 Institutional Nursing Home 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 NCF-0800 / 07/31/2010	44
Licensed Beds Nursing Home 24 Institutional Nursing Home 20		
Certifications:None		
GRACE HALL REHABILITATION 1010 LAKE HUNTER CIR MOUNT PLEASANT, SC 29464-5417 FAC.#:843-388-2030 DEFOOR, KENNETH E PH#: 843-388-2030 Facility Email: KDEFOOR@SDBELL.COM	Charleston / Corporation 1010 LAKE HUNTER CIR MOUNT PLEASANT, SC 29464-5417 SAVANNAH GRACE HALLS LP NCF-0926 / 12/31/2009	42
Licensed Beds Nursing Home 42 Institutional Nursing Home 0		
Certifications:None		
HEARTLAND OF WEST ASHLEY REHABILITATION AND NURSING CENTER 1137 SAM RITTENBERG BLVD CHARLESTON, SC 29407-3370 FAC.#:843-763-0233 MCDANIEL, WILLIAM J PH#: 843-763-0233 Facility Email: 531ADMIN@HCR-MANORCARECOM	Charleston / Limited Liability 1137 SAM RITTENBERG BLVD CHARLESTON, SC 29407-3370 WEST ASHLEY REHABILITATION AND NURSING CENTER - CHARLESTON SC LLC NCF-0413 / 12/31/2009	99
Licensed Beds Nursing Home 99 Institutional Nursing Home 0		
Certifications:None		

County: Charleston

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
ISLAND OAKS LIVING CENTER 3647 MAYBANK HWY JOHNS ISLAND, SC 29455-4825 FAC.#:843-559-5888 BYRUM, DENA BYRD PH#: 864-269-3725 Facility Email: JSWIFT@HMR-LTC.COM	Charleston / Ltd. Liability 101 GRACE DR, ADVANTAGE HEALTH SYSTEMS EASLEY, SC 29640-9088 ISLAND OAKS LIVING CENTER LLC NCF-0911 / 09/30/2010	132
Licensed Beds Nursing Home 132 Institutional Nursing Home 0		

Certifications:None

LIFE CARE CENTER OF CHARLESTON 2600 ELMS PLANTATION BLVD NORTH CHARLESTON, SC 29406-9180 FAC.#:843-764-3500 CLIETT, BETH A PH#: 843-764-3500 Facility Email: No Facility Email on Record	Charleston / Ltd. Liability 2600 ELMS PLANTATION BLVD NORTH CHARLESTON, SC 29406-9180 CHARLESTON MEDICAL INVESTORS LLC NCF-0878 / 11/30/2009	148
Licensed Beds Nursing Home 148 Institutional Nursing Home 0		

Certifications:Alzheimer Unit, Alzheimers Care

MOUNT PLEASANT MANOR 921 BOWMAN RD MOUNT PLEASANT, SC 29464-3234 FAC.#:843-884-8903 WHITE, BRUCE L PH#: 843-884-8903 Facility Email: BWHITE@MOUNTPLEASANTMANOR.COM	Charleston / Ltd. Liability 921 BOWMAN RD MOUNT PLEASANT, SC 29464-3234 MOUNT PLEASANT MANOR LLC NCF-0896 / 05/31/2010	132
Licensed Beds Nursing Home 132 Institutional Nursing Home 0		

Certifications:None

NHC HEALTHCARE CHARLESTON 2230 ASHLEY CROSSING DR CHARLESTON, SC 29414-5700 FAC.#:843-766-5228 ATKINSON, ANGELA PH#: 843-766-5228 Facility Email: ANGATK@GMAIL.COM	Charleston / Limited Liability 2230 ASHLEY CROSSING DR CHARLESTON, SC 29414-5700 NHC HEALTHCARE-CHARLESTON LLC NCF-0871 / 09/30/2010	132
Licensed Beds Nursing Home 132 Institutional Nursing Home 0		

Certifications:None

SANDPIPER REHAB & NURSING 1049 ANNA KNAPP BLVD MOUNT PLEASANT, SC 29464-3133 FAC.#:843-881-3210 HADLEY, ERIC T PH#: 843-884-5735 Facility Email: EHADLEY@PREMIERSL.COM	Charleston / Corporation 1049 ANNA KNAPP BLVD MOUNT PLEASANT, SC 29464-3133 SANDPIPER REHAB & NURSING LLC NCF-0876 / 08/31/2010	176
Licensed Beds Nursing Home 176 Institutional Nursing Home 0		

Certifications:None

County: Charleston

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
WHITE OAK MANOR-CHARLESTON 9319 MEDICAL PLAZA DR CHARLESTON, SC 29406-9194 FAC.#:843-797-8282 WALKER, RUTH P PH#: 843-797-8282	Charleston / Corporation 9285 MEDICAL PLAZA DR CHARLESTON, SC 29406-9126 WHITE OAK MANOR-CHARLESTON INC NCF-0892 / 12/31/2009	176
Facility Email: No Facility Email on Record		
Licensed Beds Nursing Home 176	Institutional Nursing Home 0	

Certifications:None

Totals For Facility/License Type Nursing Home

Number of Activities/Facilities licensed:	11	Number Licensed Units	1,291
---	----	-----------------------	-------

County: Charleston

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
CHARLESTON CENTER NEW LIFE PROGRAM	Charleston / County	16
5 CHARLESTON CENTER DR CHARLESTON, SC 29401-0000 FAC.#:843-958-3480 OLIVER, RICHARD H PH#: 843-958-3480 Facility Email: ROLIVER@CHARLESTONCOUNTY.ORG	5 CHARLESTON CENTER DR CHARLESTON, SC 29401-1162 CHARLESTON COUNTY COUNCIL ITP-0020 / 05/31/2010	
Licensed Beds Medical Detox 0 Social Detox: 0 Res. Treatment Program 16		
CHARLESTON CENTER SUBACUTE DETOXIFICATION PROGRAM	Charleston / County	16
5 CHARLESTON CENTER DR CHARLESTON, SC 29401-0000 FAC.#:843-958-3480 OLIVER, RICHARD H PH#: 843-958-3480 Facility Email: ROLIVER@CHARLESTONCOUNTY.ORG	5 CHARLESTON CENTER DR CHARLESTON, SC 29401-1162 CHARLESTON COUNTY COUNCIL ITP-0018 / 05/31/2010	
Licensed Beds Medical Detox 16 Social Detox: 0 Res. Treatment Program 0		
CHARLESTON CENTER TRANSITIONAL CARE UNIT	Charleston / County	12
5 CHARLESTON CENTER DR CHARLESTON, SC 29401-0000 FAC.#:843-958-3480 OLIVER, RICHARD H PH#: 843-958-3480 Facility Email: ROLIVER@CHARLESTONCOUNTY.ORG	5 CHARLESTON CENTER DR CHARLESTON, SC 29401-1162 CHARLESTON COUNTY COUNCIL ITP-0019 / 05/31/2010	
Licensed Beds Medical Detox 0 Social Detox: 0 Res. Treatment Program 12		

Totals For Facility/License Type PSAD Inpatient

Number of Activities/Facilities licensed: Number Licensed Units

County: Charleston

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
ALTERNATIVES LIFE IMPROVEMENT CENTER INC 2114 COSGROVE AVE NORTH CHARLESTON, SC 29405 FAC.#:843-767-4477 HARRINGTON, HEATHER A PH#: 843-767-4477 Facility Email: No Facility Email on Record	Charleston / Corporation 2114 COSGROVE AVE CHARLESTON, SC 29405-7755 ALTERNATIVES LIFE IMPROVEMENT CENTER INC OTP-0098 / 11/30/2009	1
Certifications:None		
CENTER FOR BEHAVIORAL HEALTH SOUTH CAROLINA INC 2301 COSGROVE AVE STE F NORTH CHARLESTON, SC 29405-7663 FAC.#:843-529-0700 MARTIN, CHRISTINE PH#: Facility Email: No Facility Email on Record	Charleston / Corporation 2301 COSGROVE AVE STE F CHARLESTON, SC 29405-7663 CENTER FOR BEHAVIORAL HEALTH SOUTH CAROLINA INC OTPN-0054 / 04/30/2010	1
Certifications:Narcotics Treatment Program, Methodone Treatment Program		
CENTER FOR BEHAVIORAL HEALTH SPECIAL SERVICES 2301 COSGROVE AVE STE F NORTH CHARLESTON, SC 29405-7663 FAC.#:843-529-0700 MARTIN, CHRISTINE PH#: Facility Email: BRANT.MASSMAN@CENTERFORBEHAVIORALHEALTH.	Charleston / Corporation 2301 COSGROVE AVE STE F CHARLESTON, SC 29405-7663 CENTER FOR BEHAVIORAL HEALTH SOUTH CAROLINA INC OTP-0069 / 02/28/2010	1
Certifications:None		
CHARLESTON CENTER 5 CHARLESTON CENTER DR CHARLESTON, SC 29401-0000 FAC.#:843-958-3300 OLIVER, RICHARD H PH#: 843-958-3480 Facility Email: ROLIVER@CHARLESTONCOUNTY.ORG	Charleston / County 5 CHARLESTON CENTER DR CHARLESTON, SC 29401-1162 CHARLESTON COUNTY COUNCIL OTPN-0047 / 02/28/2010	1
Certifications:Narcotics Treatment Program, Methodone Treatment Program		
CLINICAL SOLUTIONS OF CHARLESTON PA 1954 ASHLEY RIVER RD, STES H I & J CHARLESTON, SC 29407 FAC.#:843-763-0880 MCDANIEL, DONALD N PH#: 843-763-0880 Facility Email: CHARLESTC@BELLSOUTH.NET	Charleston / Corporation PO BOX 80247 CHARLESTON, SC 29416 CLINICAL SOLUTIONS OF CHARLESTON PA OTP-0059 / 07/31/2010	1
Certifications:None		
PALMETTO LOWCOUNTRY BEHAVIORAL HEALTH (OTP) 2900 EVATT LN STE 106 NORTH CHARLESTON, SC 29405-8700 FAC.#:843-747-5830 TOLLEY, CHERIE D PH#: 843-745-5153 Facility Email: No Facility Email on Record	Charleston / Ltd. Liability 2900 EVATT LN STE 106 NORTH CHARLESTON, SC 29405-8700 PALMETTO LOWCOUNTRY BEHAVIORAL HEALTH LLC OTP-0086 / 03/31/2009 (Renewal Pending)	1
Certifications:None		

County: Charleston

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
PHOENIX COUNSELING CENTER 1064 GARDNER RD STE 306 CHARLESTON, SC 29407-5746 FAC.#:843-769-6611 BIR, NANCY N PH#: 843-553-9900 Facility Email: No Facility Email on Record	Charleston / Limited Liability 1064 GARDNER RD STE 306 CHARLESTON, SC 29407-5746 PHOENIX COUNSELING CENTER LLC OTP-0058 / 05/31/2010	1

Certifications:None

POSITIVE FEEDBACK PROFESSIONAL COUNSELING ASSOCIATES 5000 RIVERS AVE NORTH CHARLESTON, SC 29405 FAC.#:843-744-1447 CHALK, STAUNTON G PH#: 843-744-1447 Facility Email: CHALKME@BELLSOUTH.NET	Charleston / Ltd. Liability 5000 RIVERS AVE CHARLESTON, SC 29406-6304 POSITIVE FEEDBACK PROFESSIONAL COUNSELING ASSOCIATES LLC OTP-0063 / 08/31/2010	1
--	---	---

Certifications:None

Totals For Facility/License Type PSAD Outpatient

Number of Activities/Facilities licensed:	<input type="text" value="8"/>	Number Licensed Units	<input type="text" value="8"/>
---	--------------------------------	-----------------------	--------------------------------

County: Charleston

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
DCI AZALEA PLACE 2270 TECHNICAL PKWY NORTH CHARLESTON, SC 29406-4930 FAC.#:843-863-8974 MASSAROTTO RN, LORETTA NANCY PH#: 843-863-8974 Facility Email: No Facility Email on Record	Charleston / Corporation 1411 KING ST CHARLESTON, SC 29403-3008 DIALYSIS CLINIC INC ERD-0006 / 08/31/2010	20
Licensed Stations: Hemodialysis: 20 Peritoneal: 0		
DCI EAST OF THE COOPER 1088 JOHNNIE DODDS BLVD MOUNT PLEASANT, SC 29464-3142 FAC.#:843-881-8344 PERFIDO RN, INNA PH#: 843-723-7227 Facility Email: SUSAN.WATTS@DCIINC.ORG	Charleston / Corporation 1411 KING ST CHARLESTON, SC 29403-3008 DIALYSIS CLINIC INC ERD-0043 / 07/31/2010	16
Licensed Stations: Hemodialysis: 16 Peritoneal: 0		
DCI JAMES ISLAND 959 FOLLY RD CHARLESTON, SC 29412-3919 FAC.#:843-795-8386 MELLING RN, ESPERANZA PH#: 843-795-8386 Facility Email: SUSANWATTS@DCLINIC.ORG	Charleston / Corporation 1411 KING ST CHARLESTON, SC 29403-3008 DIALYSIS CLINIC INC ERD-0094 / 02/28/2010	16
Licensed Stations: Hemodialysis: 16 Peritoneal: 0		
DCI MAGNOLIA COURT 1427 KING ST CHARLESTON, SC 29403-3008 FAC.#:843-853-3399 BATTEN, DEBORAH E PH#: 843-853-3399 Facility Email: SUSANWATTS@DCIINC.ORG	Charleston / Corporation 1411 KING ST CHARLESTON, SC 29403-3008 DIALYSIS CLINIC INC ERD-0074 / 11/30/2009	17
Licensed Stations: Hemodialysis: 16 Peritoneal: 0		
DCI WEST OF THE ASHLEY 46 MARKFIELD DR STE B CHARLESTON, SC 29407-6982 FAC.#:843-766-2317 ROOT RN, MICHELLE ELIZABETH PH#: 843-766-2317 Facility Email: SUSAN.WATTS@DCIINC.ORG	Charleston / Corporation 1411 KING ST CHARLESTON, SC 29403-3008 DIALYSIS CLINIC INC ERD-0008 / 08/31/2010	23
Licensed Stations: Hemodialysis: 23 Peritoneal: 0		
FABER PLACE DIALYSIS 3801 FABER PL DR NORTH CHARLESTON, SC 29405-8533 FAC.#:704-968-7682 THOMAS, JENNIFER P PH#: 859-661-3301 Facility Email: No Facility Email on Record	Charleston / Corporation 5200 VIRGINIA WAY STE 400, DAVITA-LICENSURE & CERTIFICATION BRENTWOOD, TN 37027-7569 TOTAL RENAL CARE INC ERD-0166 / 09/30/2010	17
Licensed Stations: Hemodialysis: 17 Peritoneal: 0		

County: Charleston

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
HOLLYWOOD-RAVENEL DIALYSIS CLINIC 5953 JACOBS POINT BLVD RAVENEL, SC 29470-5643 FAC.#:843-571-4599 RICHARDS, STEPHANIE L PH#: 843-571-4599 Facility Email: BEN-DELP@RENALADANTAGECOM	Charleston / Limited Liability 115 EASTPARK DR STE 300, RENAL ADVANTAGE-LEGAL DEPT BRENTWOOD, TN 37027-2311 NRA-HOLLYWOOD SOUTH CAROLINA LLC ERD-0157 / 03/31/2010	16
Licensed Stations: Hemodialysis: 16 Peritoneal: 1		
MOUNT PLEASANT DIALYSIS CLINIC 1028 EWALL ST MOUNT PLEASANT, SC 29464-3046 FAC.#:843-884-3115 HARRIS, LEQUISHA A PH#: 843-572-1660 Facility Email: BEN.DELP@RENALADVANTAGE.COM	Charleston / Limited Liability 115 EASTPARK DR STE 300, RENAL ADVANTAGE-LEGAL DEPT BRENTWOOD, TN 37027-2311 NRA-MT PLEASANT SOUTH CAROLINA LLC ERD-0148 / 08/31/2010	16
Licensed Stations: Hemodialysis: 16 Peritoneal: 1		
NORTH CHARLESTON DIALYSIS 5900 RIVERS AVE UNIT E NORTH CHARLESTON, SC 29406-6082 FAC.#:843-767-8208 EDMONDS RN, JOANNE PH#: 000-000-0000 Facility Email: No Facility Email on Record	Charleston / Corporation 5200 VIRGINIA WAY STE 400, DAVITA-LICENSURE & CERTIFICATION BRENTWOOD, TN 37027-7569 TOTAL RENAL CARE INC ERD-0165 / 08/31/2010	17
Licensed Stations: Hemodialysis: 17 Peritoneal: 2		
RAI-CHARLIE HALL-CHARLESTON 2080 CHARLIE HALL BLVD CHARLESTON, SC 29414-5830 FAC.#:843-766-4655 MERSAL RN, DONNA S PH#: 843-766-4655 Facility Email: BEN.DELP@RENALADVANTAGE.COM	Charleston / Limited Liability 115 EASTPARK DR STE 300, RENAL ADVANTAGE-LEGAL DEPT BRENTWOOD, TN 37027-2311 RAI CARE CENTERS OF SOUTH CAROLINA I LLC ERD-0155 / 09/30/2010	27
Licensed Stations: Hemodialysis: 26 Peritoneal: 3		
RAI-MEDICAL PLAZA-NORTH CHARLESTON 9305 MEDICAL PLAZA DR CHARLESTON, SC 29406-9103 FAC.#:843-572-1660 HARRIS, LEQUISHA A PH#: 843-572-1660 Facility Email: BEN.DELP@RENALADVANTAGE.COM	Charleston / Limited Liability 115 EASTPARK DR STE 300, RENAL ADVANTAGE-LEGAL DEPT BRENTWOOD, TN 37027-2311 RAI CARE CENTERS OF SOUTH CAROLINA I LLC ERD-0154 / 09/30/2010	20
Licensed Stations: Hemodialysis: 20 Peritoneal: 0		

Totals For Facility/License Type Renal Dialysis

Number of Activities/Facilities licensed: Number Licensed Units

County: Charleston

Facility Type: Residential Treatment for Children & Adolescents

Facility Name	County/Ownership Typ	Licensed Unit
Location Street	Mailing/Billing Address	
Location City, State	Licensee	
Administrator/Phone	License Nbr/Expiration Date	
PALMETTO LOWCOUNTRY BEHAVIORAL HEALTH (RTF)	Charleston / Ltd. Liability	32
2777 SPEISSEGGER DR	2777 SPEISSEGGER DR	
NORTH CHARLESTON, SC 29405-8229 FAC.#:843-747-5830	NORTH CHARLESTON, SC 29405-8229	
TOLLEY, CHERIE D PH#: 843-747-5830	PALMETTO LOWCOUNTRY BEHAVIORAL HEALTH LLC	
Facility Email: FRANCES.SANTIAGO@PSYSOLUTIONS.COM	RTF-0011 / 08/31/2010	

Totals For Facility/License Type Residential Treatment for Children & Adolescents	
Number of Activities/Facilities licensed:	Number Licensed Units
1	32

County: Charleston

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
BLU GORILLA TATTOO 1436 MEETING STREET RD NORTH CHARLESTON, SC 29405-9342 FAC.#:843-805-8071 DENNIS, TIMOTHY A PH#: 843-805-8071 Facility Email: TATZ@NETZERO.COM	Charleston / Corporation 1436 MEETING STREET RD NORTH CHARLESTON, SC 29405-9342 BLU GORILLA TATTOO INC TF-0033 / 01/31/2010	4
HOLY CITY TATTOO 1409 KING ST CHARLESTON, SC 29403-3008 FAC.#:843-805-8000 EISENBERG, JASON R PH#: 843-805-8000 Facility Email: HOLLYCITYTAT2@YAHOO.COM	Charleston / Limited Liability 1409 KING ST CHARLESTON, SC 29403-3008 HOLY CITY TATTOO LLC TF-0046 / 08/31/2010	4
LUCKY 7'S TATTOO STUDIO 1856 BELGRADE AVE UNIT B4 CHARLESTON, SC 29407-5798 FAC.#:843-225-2777 MARCOTTE, DAVID S PH#: 843-225-2777 Facility Email: No Facility Email on Record	Charleston / Ltd. Liability 1856 BELGRADE AVE UNIT B4 CHARLESTON, SC 29407-5798 LUCKY 7'S TATTOO STUDIO LLC TF-0035 / 02/28/2010	4

Totals For Facility/License Type Tattoo Facility		
Number of Activities/Facilities licensed:	<input type="text" value="3"/>	Number Licensed Units <input type="text" value="12"/>

Number of Activities/Facilities licensed in county of	Charleston	# Lics	150
	Number Licensed Units :	5,622	

Report Total

Total Number of Activities/Facilities licensed 150 Total Number Licensed Units 5,622