

County: Cherokee

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
BETHEL SENIOR DAY CARE CENTER 218 E DR LM ROSEMOND LN GAFFNEY, SC 29340-3144 FAC.#:864-489-7552 SANDERS JR, JAMES W PH#: 864-489-7552 Facility Email: BSDC2008@LIVE.COM	Cherokee / Corporation PO BOX 44 GAFFNEY, SC 29342-0044 BETHEL SENIOR DAY CENTER INC ADC-0153 / 11/30/2009	30
Number of Participants		30

Totals For Facility/License Type Adult Day Care	
Number of Activities/Facilities licensed: <input type="text" value="1"/>	Number Licensed Units <input type="text" value="30"/>

County: Cherokee

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
CHEROKEE COUNTY COMMUNITY RESIDENTIAL CARE FACILITY 1434 N LIMESTONE ST GAFFNEY, SC 29340-4798 FAC.#:864-487-2717 MATTHEWS, CINDY F PH#: 864-487-2717 Facility Email: CINDYMATTHEWSPTC@BELLSOUTH.NET	Cherokee / County 1434 N LIMESTONE ST GAFFNEY, SC 29340-4798 CHEROKEE COUNTY COUNCIL CRC-0729 / 09/30/2010	28

Certifications:Alzheimer Care

IVY GROVE RESIDENTIAL CARE CENTER 483 LOCKHART LN GAFFNEY, SC 29341-2841 FAC.#:864-487-0869 MELEKWE, OBIAJULU PH#: 864-487-0869 Facility Email: OSKARMANI@AOL.COM	Cherokee / Ltd. Liability 483 LOCKHART LN GAFFNEY, SC 29341-2841 HARMONY RESIDENTIAL CARE CENTER LLC CRC-1458 / 10/31/2010	62
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Certifications:Alzheimer Care

MAGNOLIAS OF GAFFNEY ASSISTED LIVING COMMUNITY 223 TIFFANY PARK GAFFNEY, SC 29341-1266 FAC.#:864-206-0006 WISE, BONITA D PH#: 864-206-0006 Facility Email: BWISE@MAGNOLIASGAFFNEY.COM	Cherokee / Ltd. Liability 223 TIFFANY PARK GAFFNEY, SC 29341-1266 GAFFNEY RETIREMENT LLC CRC-1281 / 06/30/2010	90
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Certifications:Alzheimer Unit, Alzheimers Care

Totals For Facility/License Type Community Residential Care Facility	
Number of Activities/Facilities licensed:	3
Number Licensed Units	180

County: Cherokee

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
J CLAUDE FORT COMMUNITY RESIDENCE BUILDING I 816 W MONTGOMERY ST GAFFNEY, SC 29341-1753 FAC.#:864-487-4786 THOMAS, MARY H PH#: 864-487-4786 Facility Email: MTHOMAS@CHEROKEEDSNB.ORG	Cherokee / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0091 / 11/30/2009	8
J CLAUDE FORT COMMUNITY RESIDENCE BUILDING II 818 W MONTGOMERY ST GAFFNEY, SC 29341 FAC.#:864-487-4787 THOMAS, MARY H PH#: 864-487-4787 Facility Email: MTHOMAS@CHEROKEEDSNB.ORG	Cherokee / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0092 / 11/30/2009	8

Totals For Facility/License Type Habilitation R15

Number of Activities/Facilities licensed:	2	Number Licensed Units	16
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County: Cherokee

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
TOTAL CARE OF NORTH CAROLINA-ROCK HILL 517 CHESNEE HWY STE C & D GAFFNEY, SC 29341-2709 FAC.#:864-488-0898 JOHNSON, BARBARA B PH#: 864-488-0898	Cherokee / Corporation 517 CHESNEE HWY STE C & D GAFFNEY, SC 29341-2709 TOTAL CARE HOME HEALTH OF NORTH CAROLINA INC HHA-0178 / 11/30/2010	4
Facility Email: No Facility Email on Record Counties Served Cherokee, Chester, Union, York 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:	<input style="width: 50px; text-align: center;" type="text" value="1"/>
Number Licensed Units	<input style="width: 50px; text-align: center;" type="text" value="4"/>

County: Cherokee

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	
UPSTATE CAROLINA MEDICAL CENTER	Cherokee / Limited Liability	125
1530 N LIMESTONE ST	1530 N LIMESTONE ST	
GAFFNEY, SC 29340-4738 FAC.#:864-487-1500	GAFFNEY, SC 29340-4738	
HOWELL, JOE D PH#: 864-487-1500	GAFFNEY HMA LLC	
Facility Email: No Facility Email on Record	HTL-0476 / 05/31/2010	
Licensed Beds: General: 125 Psychiatric: 0 Rehab: 0 Substance Abuse: 0		
Other Beds NICU: 0 Neonatal Special Care: 0		
Certifications: Perinatal Level I, JCAHO Accredited		

Totals For Facility/License Type Hospital or Institutional General Infirmary	
Number of Activities/Facilities licensed:	Number Licensed Units
<input style="width: 100px;" type="text" value="1"/>	<input style="width: 100px;" type="text" value="125"/>

County: Cherokee

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
BROOKVIEW HEALTHCARE CENTER 510 THOMPSON ST GAFFNEY, SC 29340-3620 FAC.#:864-489-3101 SAIN, SUSAN H PH#: 864-489-3101 Facility Email: ADMIN.BRGA.SC@PALMETTOLTC.COM	Cherokee / Ltd. Liability 510 THOMPSON ST GAFFNEY, SC 29340-3620 PALMETTO BROOKVIEW OPERATING LLC NCF-0931 / 09/30/2010	132
Licensed Beds Nursing Home 132 Institutional Nursing Home 0		

Certifications:None

CHEROKEE COUNTY LONG TERM CARE FACILITY 1434 N LIMESTONE ST GAFFNEY, SC 29340-4798 FAC.#:864-487-2717 MATTHEWS, CINDY PH#: 864-487-2717 Facility Email: No Facility Email on Record	Cherokee / County 1434 N LIMESTONE ST GAFFNEY, SC 29340-4798 CHEROKEE COUNTY NCF-0323 / 11/30/2009	111
Licensed Beds Nursing Home 111 Institutional Nursing Home 0		

Certifications:None

Totals For Facility/License Type Nursing Home	
Number of Activities/Facilities licensed:	2
Number Licensed Units	243

County: Cherokee

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
CHEROKEE COUNTY COMMISSION ON ALCOHOL AND DRUG ABUSE 201 W MONTGOMERY ST GAFFNEY, SC 29341-1773 FAC.#:864-487-2721 POWELL, MELINDA PH#: 864-487-2721 Facility Email: CCCADABP@BELLSOUTH.NET	Cherokee / Non-Profit Corporation 201 W MONTGOMERY ST GAFFNEY, SC 29341-1773 CHEROKEE COUNTY COMMISSION ON ALCOHOL AND DRUG ABUSE-BOARD OTP-0022 / 08/31/2010	1

Certifications:None

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

County: Cherokee

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 GAFFNEY 405 TIFFANY PARK GAFFNEY, SC 29341-1262 FAC.#:864-487-1727 BOLTON RN, LAURA A PH#: Facility Email: No Facility Email on Record	Cherokee / Corporation 405 TIFFANY PARK GAFFNEY, SC 29341-1262 DIALYSIS CLINIC INC ERD-0052 / 09/30/2010	28
Licensed Stations: Hemodialysis: 28 Peritoneal: 0		

Totals For Facility/License Type Renal Dialysis	
Number of Activities/Facilities licensed: <input type="text" value="1"/>	Number Licensed Units <input type="text" value="28"/>

Number of Activities/Facilities licensed in county of Cherokee	# Lics	12
	Number Licensed Units :	627

Report Total

Total Number of Activities/Facilities licensed	12	Total Number Licensed Units	627
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