

County: Clarendon

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
BRANCO ADULT DAYCARE CENTER 238 COMMERCE ST MANNING, SC 29102-2637 FAC.#:803-435-9780 WITHERSPOON, ANGELA D PH#: 803-435-9780 Facility Email: BRANCOAW@YAHOO.COM	Clarendon / Ltd. Liability 238 COMMERCE ST MANNING, SC 29102-2637 BRANCO ADULT DAYCARE CENTER LLC ADC-0253 / 04/30/2010	53
Number of Participants		53

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="53"/>

Division of Health Licensing

County: Clarendon

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
CLARENDON COMMUNITY RESIDENTIAL CARE CENTER 3625 ALEX HARVIN HWY MANNING, SC 29102-6211 FAC.#:803-473-3504 FENNELL JR, CURTIS A PH#: 803-473-3504 Facility Email: ALFENNELL@MSN.COM	Clarendon / Corporation PO BOX 640 MANNING, SC 29102-0640 CLARENDON COMMUNITY RESIDENTIAL CARE CENTER INC CRC-0805 / 02/28/2009 (Renewal Pending)	90

Certifications:None

DORCH COMMUNITY RESIDENTIAL CARE 3955 GREELEYVILLE HWY MANNING, SC 29102-6000 FAC.#:803-473-4681 SCOTT, WILLA MAE PH#: Facility Email: No Facility Email on Record	Clarendon / Partnership PO BOX 122 MANNING, SC 29102-0122 EVELYN DORCH LEWIS AND ANDREW DORCH CRC-1078 / 04/30/2010	13
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Certifications:Alzheimer Care

RAM BAY RESIDENTIAL CARE FACILITY 1380 WILLIAMS ACRES LN MANNING, SC 29102-8222 FAC.#:803-473-2349 WILLIAMS, EARTHA Y PH#: 803-473-2349 Facility Email: No Facility Email on Record	Clarendon / Sole Proprietorship PO BOX 383 MANNING, SC 29102-0383 EARTHA Y WILLIAMS CRC-1284 / 07/31/2008 (Renewal Pending)	5
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Certifications:Alzheimer Care

VANGUARD RESIDENTIAL SERVICES I 100 E HOSPITAL ST MANNING, SC 29102-3158 FAC.#:803-435-2330 RILEY, ROSALYN E PH#: 803-435-2330 Facility Email: CCDSN@YAHOO.COM	Clarendon / Non-Profit Corporation PO BOX 40 MANNING, SC 29102-0040 VANGUARD RESIDENTIAL SERVICES INC CRC-1313 / 06/30/2010	8
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Certifications:None

VANGUARD RESIDENTIAL SERVICES II 512 S CHURCH ST MANNING, SC 29102-3122 FAC.#:803-435-2330 RILEY, ROSALYN E PH#: 803-435-2330 Facility Email: No Facility Email on Record	Clarendon / Non-Profit Corporation PO BOX 40 MANNING, SC 29102-0040 VANGUARD RESIDENTIAL SERVICES INC CRC-1314 / 06/30/2010	8
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Certifications:None

Totals For Facility/License Type Community Residential Care Facility		
Number of Activities/Facilities licensed:	5	Number Licensed Units 124

County: Clarendon

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	
CLARENDON MEMORIAL HOSPITAL	Clarendon / Non-Profit Corporation	56
10 E HOSPITAL ST	PO BOX 550	
MANNING, SC 29102-3153 FAC.#:803-435-8463	MANNING, SC 29102-0550	
FRYE, EDWARD R PH#: 803-435-8463	CLARENDON HOSPITAL DISTRICT	
Facility Email: CLARENDONHEALTH.COM	HTL-0012 / 07/31/2010	
Licensed Beds: General: 56 Psychiatric: 0 Rehab: 0 Substance Abuse 0		
Other Beds NICU: 0 Neonatal Special Care 0		

Certifications:Perinatal Level I, JCAHO Accredited

TURBEVILLE CORRECTIONAL INSTITUTION INFIRMARY	Clarendon / State	8
1578 CLARENCE COKER HWY	PO BOX 252	
TURBEVILLE, SC 29162-9419 FAC.#:803-896-3100	TURBEVILLE, SC 29162-0252	
HUGGINS, TINA BLAKELY PH#: 803-896-3161	SC DEPT OF CORRECTIONS	
Facility Email: No Facility Email on Record	HTL-0901 / 10/31/2009 (Renewal Pending)	
Licensed Beds: General: 8 Psychiatric: 0 Rehab: 0 Substance Abuse 0		
Other Beds NICU: 0 Neonatal Special Care 0		

Certifications:None

Totals For Facility/License Type Hospital or Institutional General Infirmary	
Number of Activities/Facilities licensed:	2
Number Licensed Units	64

County: Clarendon

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
LAKE MARION NURSING FACILITY 1527 URBANA RD SUMMERTON, SC 29148-8929 FAC.#:803-485-2317 MCLEOD, MARY W PH#: 803-485-2317 Facility Email: LMCLEOD@CLARENDONHEALTH.COM	Clarendon / Non-Profit Corporation PO BOX 1159 SUMMERTON, SC 29148-1159 CLARENDON HOSPITAL DISTRICT NCF-0736 / 01/31/2010	88
Licensed Beds Nursing Home 88 Institutional Nursing Home 0		

Certifications:None

WINDSOR MANOR 5583 SUMMERTON HWY MANNING, SC 29102-5217 FAC.#:803-478-2323 MILES, ANETTE C PH#: 803-478-2323 Facility Email: AMILES@CLARENDONHEALTH.COM	Clarendon / Non-Profit Corporation PO BOX 1230 SUMMERTON, SC 29148-1230 CLARENDON HOSPITAL DISTRICT NCF-0737 / 01/31/2010	64
Licensed Beds Nursing Home 64 Institutional Nursing Home 0		

Certifications:None

Totals For Facility/License Type Nursing Home	
Number of Activities/Facilities licensed:	2
Number Licensed Units	152

County: Clarendon

Facility Type: PSAD Outpatient

Facility Name	County/Ownership Typ	Licensed Unit
Location Street	Mailing/Billing Address	
Location City, State	Licensee	
Administrator/Phone	License Nbr/Expiration Date	
CLARENDON BEHAVIORAL HEALTH SERVICES	Clarendon / County	1
14 N CHURCH ST	PO BOX 430	
MANNING, SC 29102 FAC.#:803-435-2121	MANNING, SC 29102-0430	
KIRVEN, ARVILLA A PH#: 803-435-2121	CLARENDON COUNTY COMMISSION ON ADA	
Facility Email: CCCADA@CLARENDONBHS.COM	OTP-0048 / 02/28/2010	

Certifications:None

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

County: Clarendon

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
FMC DIALYSIS SERVICES LAKE MARION 20 BUFF BLVD SUMMERTON, SC 29148-9448 FAC.#:803-485-2341 LEA, SUSAN PH#: 803-485-2341 Facility Email: No Facility Email on Record	Clarendon / Corporation 20 BUFF BLVD SUMMERTON, SC 29148-9448 BIO-MEDICAL APPLICATIONS OF SOUTH CAROLINA INC ERD-0099 / 02/28/2010	13
Licensed Stations: Hemodialysis: 13 Peritoneal: 0		
FRESENIUS MEDICAL CARE MANNING 3107 SUMTER HWY MANNING, SC 29102-9090 FAC.#:803-435-4428 BLACKWELL, CHERYL PH#: 803-435-4428 Facility Email: No Facility Email on Record	Clarendon / Corporation 3107 SUMTER HWY MANNING, SC 29102-9090 BIO-MEDICAL APPLICATIONS OF SOUTH CAROLINA INC ERD-0181 / 06/30/2010	21
Licensed Stations: Hemodialysis: 21 Peritoneal: 0		

Totals For Facility/License Type Renal Dialysis

Number of Activities/Facilities licensed:	2	Number Licensed Units	34
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County: Clarendon

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	
WILLOWGLEN ACADEMY SOUTH CAROLINA	Clarendon / Corporation	40
1399 HARMONY CAMP RD	1399 HARMONY CAMP RD	
GREELEYVILLE, SC 29056-9666 FAC.#:803-473-4656	GREELEYVILLE, SC 29056-9666	
DRAKE RN, MELINDA G PH#: 803-473-4656	WILLOWGLEN ACADEMY SOUTH CAROLINA INC	
Facility Email: MELINDAD@WILLOWLGENSE.COM	RTF-0023 / 03/31/2010	

Totals For Facility/License Type Residential Treatment for Children & Adolescents			
Number of Activities/Facilities licensed:	<input type="text" value="1"/>	Number Licensed Units	<input type="text" value="40"/>

Number of Activities/Facilities licensed in county of	Clarendon	# Lics	15
	Number Licensed Units :	469	

Report Total

Total Number of Activities/Facilities licensed 15 Total Number Licensed Units 469