

County: Florence

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 |
|---|---|---------------|
| GENESIS I ADULT DAY CARE 411 S BLANDING ST LAKE CITY, SC 29560-3513 FAC.#:843-374-8088 JAMES, EARLINE D PH#: 843-374-8088 Facility Email: GENESISADULTDAYCARE@YAHOO.COM | Florence / Corporation PO BOX 517 LAKE CITY, SC 29560-0517 GENESIS I ADULT DAY CARE INC ADC-0257 / 08/31/2010 | 50 |
| Number of Participants | | 50 |
| LAKE CITY ADULT DAY CARE 122 S ACLINE ST LAKE CITY, SC 29560-2633 FAC.#:843-394-8242 GASKINS, DEVONNE T PH#: 843-394-8242 Facility Email: LCADC 122@FTC-I.NET | Florence / Corporation 122 S ACLINE ST LAKE CITY, SC 29560-2633 LAKE CITY ADULT DAY CARE INC ADC-0197 / 03/31/2010 | 30 |
| Number of Participants | | 30 |
| MELVA'S ADULT AND CHILDREN'S DAY CARE 817 W MAIN ST LAKE CITY, SC 29560-4401 FAC.#:864-374-2198 MYERS, MELVA A PH#: 843-374-2198 Facility Email: No Facility Email on Record | Florence / Corporation 817 W MAIN ST LAKE CITY, SC 29560-4401 MELVA'S DAYCARE INC ADC-0152 / 11/30/2009 | 10 |
| Number of Participants | | 10 |
| NEW GENERATIONS ADULT DAY CENTER 2111 W JODY RD FLORENCE, SC 29501-2031 FAC.#:843-629-0103 BELISSARY, GAIL B PH#: 843-629-0103 Facility Email: GAIL@NEWGENERATIONSHC.COM | Florence / Corporation PO BOX 4929 FLORENCE, SC 29502-4929 NEW GENERATIONS ADULT DAY CENTER OF FLORENCE INC ADC-0274 / 07/31/2010 | 70 |
| Number of Participants | | 70 |
| PEE DEE ACTIVE DAY CENTER 2120 ENTERPRISE DR FLORENCE, SC 29501-1104 FAC.#:843-665-1919 ROTHWELL, CORBETT PH#: 843-665-1919 Facility Email: CROTHWELL@ACTIVEDAY.COM | Florence / Corporation 2120 ENTERPRISE DR FLORENCE, SC 29501-1104 ACTIVE SC ONE INC ADC-0235 / 03/31/2010 | 40 |
| Number of Participants | | 40 |
| SAVANNAH SENIORS 2620 ALLIGATOR RD EFFINGHAM, SC 29541-4313 FAC.#:843-662-7851 CANTY, RALPH W PH#: 843-662-7851 Facility Email: SAVANNAHGROVEBAPTIST@SC.RR.COM | Florence / Corporation 2620 ALLIGATOR RD EFFINGHAM, SC 29541-4313 SAVANNAH SENIORS INC ADC-0219 / 04/30/2010 | 12 |
| Number of Participants | | 12 |

Totals For Facility/License Type Adult Day Care

Number of Activities/Facilities licensed: Number Licensed Units

County: Florence

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 |
|--|---|---------------|
| FLORENCE SURGERY AND LASER CENTER 400 N CASHUA DR FLORENCE, SC 29501-2098 FAC.#:843-664-9398 SELTZER, SAMUEL E PH#: 843-664-9398 Facility Email: LORIB@CCFS2020.COM | Florence / Ltd. Liability 400 N CASHUA DR FLORENCE, SC 29501-2098 FLORENCE SURGERY AND LASER CENTER LLC ASF-0070 / 03/31/2010 | 2 |
| Operating Rooms 2 Procedure Rooms 0 Endoscopy Rooms 0 | | |
| MCLEOD AMBULATORY SURGERY CENTER 604 E CHEVES ST FLORENCE, SC 29506-2627 FAC.#:843-669-3822 SEGARS, MARIE G PH#: 843-669-3822 Facility Email: BALLEEN@MCLEODHEALTH.ORG | Florence / Non-Profit Corporation 604 E CHEVES ST FLORENCE, SC 29506-2627 MCLEOD REGIONAL MEDICAL CENTER OF THE PEE DEE INC ASF-0080 / 09/30/2009 (Renewal Pending) | 2 |
| Operating Rooms 2 Procedure Rooms 0 Endoscopy Rooms 0 | | |
| PHYSICIANS SURGERY CENTER OF FLORENCE 1580 FREEDOM BLVD STE 300 FLORENCE, SC 29505-6074 FAC.#:843-674-2500 O'LOUGHLIN, JAMES F PH#: 843-674-5000 Facility Email: MMETAXAS@CAROLINASHOSPITAL.COM | Florence / Corporation QHG OF SOUTH CAROLINA INC ASF-0107 / 08/31/2010 | 8 |
| Operating Rooms 4 Procedure Rooms 2 Endoscopy Rooms 2 | | |

Totals For Facility/License Type Ambulatory Surgery

Number of Activities/Facilities licensed: Number Licensed Units

County: Florence

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 |
|--|---|---------------|
| HEAT STREET 2421 2ND LOOP RD STE C FLORENCE, SC 29501-6191 FAC.#:843-661-0602 MITCHELL, LLOYD PH#: 843-661-0602 Facility Email: LLOYD@HEATSTREET.COM | Florence / Ltd. Liability 2421 2ND LOOP RD STE C FLORENCE, SC 29501-6191 HEAT STREET LLC BP-0020 / 06/30/2010 | 1 |

| | |
|--|--|
| Totals For Facility/License Type Body Piercing | |
| Number of Activities/Facilities licensed: <input type="text" value="1"/> | Number Licensed Units <input type="text" value="1"/> |

County: Florence

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 |
|--|---|---------------|
| ACLIN PLACE 200 S ACLIN ST LAKE CITY, SC 29560-2635 FAC.#:843-394-5677 UWAGBAI, LINDA G PH#: 843-394-5707 Facility Email: KAGRAHAM@FCDSNORG | Florence / State 1211 E NATIONAL CEMETERY RD FLORENCE, SC 29506-3240 FLORENCE COUNTY DISABILITIES AND SPECIAL NEEDS BOARD CRC-1257 / 01/31/2010 | 8 |
| Certifications:None | | |
| BEARD RESIDENTIAL CARE FACILITY #1 123 N WARREN ST TIMMONSVILLE, SC 29161-1443 FAC.#:843-346-5272 BEARD, CATHERINE H PH#: 843-346-5272 Facility Email: No Facility Email on Record | Florence / Sole Proprietorship 123 N WARREN ST TIMMONSVILLE, SC 29161-1443 CATHERINE H BEARD CRC-0140 / 04/30/2010 | 10 |
| Certifications:None | | |
| BEARD RESIDENTIAL CARE FACILITY #2 301 N ORANGE ST TIMMONSVILLE, SC 29161-1435 FAC.#:843-346-5272 BEARD, CATHERINE H PH#: 843-346-5272 Facility Email: No Facility Email on Record | Florence / Sole Proprietorship 123 N WARREN ST TIMMONSVILLE, SC 29161-1443 CATHERINE H BEARD CRC-0082 / 04/30/2010 | 8 |
| Certifications:None | | |
| BEARD'S RESIDENTIAL CARE FACILITY #3 201 N BROCKINGTON ST TIMMONSVILLE, SC 29161-1503 FAC.#:843-346-5272 BEARD, JAMES PH#: 843-346-5272 Facility Email: No Facility Email on Record | Florence / Sole Proprietorship 201 N BROCKINGTON ST TIMMONSVILLE, SC 29161-1503 CATHERINE H BEARD CRC-0331 / 12/31/2009 | 8 |
| Certifications:None | | |
| BURGESS RESIDENTIAL CARE FACILITY 2591 S BREHENAN DR FLORENCE, SC 29505-6203 FAC.#:843-665-6843 MALDROW, PATRICIA PH#: Facility Email: No Facility Email on Record | Florence / Sole Proprietorship PO BOX 6023 FLORENCE, SC 29502-6023 SANDY BURGESS CRC-0925 / 04/30/2010 | 9 |
| Certifications:None | | |
| CAROLINA PLACE 240 CHARLES ST LAKE CITY, SC 29560-2161 FAC.#:843-667-5007 UWAGBAI, LINDA G PH#: 843-394-5707 Facility Email: KAGRAHAM@FCDSNORG | Florence / State 1211 E NATIONAL CEMETERY RD FLORENCE, SC 29506-3240 FLORENCE COUNTY DISABILITIES AND SPECIAL NEEDS BOARD CRC-1258 / 01/31/2010 | 8 |
| Certifications:None | | |

County: Florence

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 |
|--|---|---------------|
| CAROLINIAN | | |
| 718 S DARGAN ST FLORENCE, SC 29506-2559 FAC.#:843-665-9314 ALMERS, KATHY M PH#: 843-665-9314 Facility Email: KATHY.ALMERS@RHF.ORG | Florence / Corporation 718 S DARGAN ST FLORENCE, SC 29506-2559 FLORENCE RHF HOUSING INC CRC-0468 / 04/30/2010 | 38 |
| Certifications:Alzheimer Care | | |
| CARRIAGE HOUSE OF FLORENCE | | |
| 739 S PARKER DR FLORENCE, SC 29501-6062 FAC.#:843-661-6655 COLLINS, VIRGINIA L PH#: 843-661-6655 Facility Email: CARRIAGEHOUSEOFF@LIVE.COM | Florence / Corporation PO BOX 6079 FLORENCE, SC 29502-6079 CARRIAGE HOUSE OF FLORENCE INC CRC-0996 / 03/31/2010 | 80 |
| Certifications:None | | |
| ELMCROFT OF FLORENCE | | |
| 3006 HOFFMEYER RD FLORENCE, SC 29501-7551 FAC.#:843-292-0012 ADEIMY, GINGER S PH#: 843-292-0012 Facility Email: GADIEMY@SENIORCARE-CORP.COM | Florence / Ltd. Liability 9510 ORMSBY STATION RD STE 101 LOUISVILLE, KY 40223-4082 EC FLORENCE OPERATIONS LLC CRC-1422 / 10/31/2010 | 82 |
| Certifications:Alzheimer Unit, Alzheimers Care | | |
| EVELYN'S RESIDENTIAL CARE FACILITY | | |
| 162 S MCQUEEN ST FLORENCE, SC 29501-4439 FAC.#:843-665-5751 HOWARD, MARGARET P PH#: 843-665-5751 Facility Email: EVELYNCUSAAC@YAHOO.COM | Florence / Sole Proprietorship PO BOX 5846 FLORENCE, SC 29502-5846 EVELYN R CUSAAC CRC-1164 / 05/31/2010 | 9 |
| Certifications:None | | |
| GENE'S RESIDENTIAL CARE #1 | | |
| 607 W SUMTER ST FLORENCE, SC 29501-2458 FAC.#:843-662-2529 SINGLEETARY, MARY J PH#: 843-389-9022 Facility Email: CAREGENE@BELLSOUTH.NET | Florence / Sole Proprietorship PO BOX 15101 FLORENCE, SC 29506-0101 GENE E JONES CRC-0431 / 05/31/2010 | 6 |
| Certifications:None | | |
| GENE'S RESIDENTIAL CARE FACILITY #3 | | |
| 1312 W EVANS ST FLORENCE, SC 29501-3324 FAC.#:843-667-6636 SINGLEETARY, MARY J PH#: 843-389-9022 Facility Email: CAREGENE@BELLSOUTH.NET | Florence / Sole Proprietorship PO BOX 15101 FLORENCE, SC 29506-0101 GENE E JONES CRC-0482 / 02/28/2010 | 9 |
| Certifications:None | | |

County: Florence

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 Care | | |
| HANNAH RESIDENTIAL MANOR 3750 SHEMINALLY RD PAMPLICO, SC 29583-5700 FAC.#:843-493-0001 HART, PATRICIA W PH#: 843-493-2398 Facility Email: PATS4RS@WMCONNECTCOM | Florence / Corporation 3750 SHEMINALLY RD PAMPLICO, SC 29583-5700 HART RETIREMENT MINISTERIES INC CRC-0712 / 05/31/2010 | 48 |
| Certifications:Alzheimer Unit, Alzheimers Care | | |
| LAUREL GARDENS SENIOR LIVING COMMUNITY 1938 MOUNTAIN LAUREL CT FLORENCE, SC 29505-6084 FAC.#:843-665-7978 ATKINSON, KATHRYN J PH#: 843-665-7978 Facility Email: ADMIN@LAURELGARDENSALF.COM | Florence / Ltd. Liability PO BOX 3006 SALEM, OR 97302-0006 FLORENCE SENIOR LIVING LLC CRC-1387 / 04/30/2010 | 90 |
| Certifications:None | | |
| LLOYD AND SONS RESIDENTIAL CARE HOME 751 W EVANS ST FLORENCE, SC 29501-3472 FAC.#:843-661-6966 SMITH, BERNICE S PH#: 843-661-6966 Facility Email: No Facility Email on Record | Florence / Sole Proprietorship PO BOX 15306 FLORENCE, SC 29506-0306 LLOYD L SMITH JR CRC-0835 / 09/30/2010 | 10 |
| Certifications:None | | |
| PADD-WREN HOME 2350 REGIONAL RD FLORENCE, SC 29501-7028 FAC.#:843-643-1005 GAINNEY, KIMBERLY PH#: 843-643-1005 Facility Email: KEARNSR@AOL.COM | Florence / Non-Profit Corporation 2350 REGIONAL RD FLORENCE, SC 29501-7028 PRESBYTERIAN AGENCY FOR THE DEVELOPMENTALLY DISABLED INC CRC-1451 / 07/31/2009 (Renewal Pending) | 6 |
| Certifications:None | | |
| PEE DEE GARDENS 3117 W PALMETTO ST FLORENCE, SC 29505-5937 FAC.#:843-667-6699 BERG, SHANNON J PH#: 843-667-6699 Facility Email: RICHARDSONPDG@YAHOO.COM | Florence / Ltd. Liability 3117 W PALMETTO ST FLORENCE, SC 29505-5937 FLORENCE LANDING LLC CRC-1391 / 05/31/2010 | 68 |
| Certifications:Alzheimer Unit, Alzheimers Care | | |
| PRESBYTERIAN HOME OF SOUTH CAROLINA-FLORENCE 2350 W LUCAS ST FLORENCE, SC 29501-1201 FAC.#:843-665-2222 HICKMAN III, WALTER E PH#: 843-665-2222 Facility Email: WHICKMAN@PRESHOMESC.ORG | Florence / Non-Profit Corporation 2350 W LUCAS ST FLORENCE, SC 29501-1201 PRESBYTERIAN HOME OF SOUTH CAROLINA INC CRC-0242 / 09/30/2010 | 34 |
| Certifications:None | | |

County: Florence

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 |
|--|--|---------------|
| SUNCREST RESIDENTIAL CARE HOME 2385 PAMPLICO HWY FLORENCE, SC 29505-7515 FAC.#:843-407-4580 HOWARD, MARGARET P PH#: 843-665-5751 Facility Email: EEROL@SCDMH.ORG | Florence / Sole Proprietorship PO BOX 465 FLORENCE, SC 29503-0465 ROBERTS, ED CRC-1479 / 07/31/2010 | 47 |

Certifications:None

| | | |
|---|---|---|
| VICTORIAN HOME 313 WARLEY ST FLORENCE, SC 29501-4730 FAC.#:843-664-3090 MINGUS, KATHY L PH#: 843-664-3090 Facility Email: No Facility Email on Record | Florence / Sole Proprietorship 1160 BERKLEY AVE FLORENCE, SC 29505-3006 ADA O NWANKUDU CRC-1487 / 03/31/2010 | 5 |
|---|---|---|

Certifications:None

| | | |
|--|--|----|
| WESLEYAN SUITES 2100 TWIN CHURCH RD FLORENCE, SC 29501-8200 FAC.#:843-664-0700 JACKSON, WILLIAM F PH#: 843-664-0700 Facility Email: FJACKSON@METHODIST-MANOR.COM | Florence / Non-Profit Corporation 2100 TWIN CHURCH RD FLORENCE, SC 29501-8200 WESLEYAN SUITES INC CRC-0662 / 12/31/2009 | 95 |
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Certifications:Alzheimer Unit, Alzheimers Care

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| WOODARD'S COMMUNITY CARE HOME I 615 W EVANS ST FLORENCE, SC 29501-3409 FAC.#:843-665-4940 EADDY, MARCOLA C PH#: 843-665-4940 Facility Email: No Facility Email on Record | Florence / Sole Proprietorship PO BOX 255 FLORENCE, SC 29503-0255 MARCOLA EADDY CRC-0301 / 08/31/2010 | 9 |
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Certifications:None**Totals For Facility/License Type Community Residential Care Facility**

| | | | |
|--|-----------|------------------------------|------------|
| Number of Activities/Facilities licensed: | 22 | Number Licensed Units | 687 |
|--|-----------|------------------------------|------------|

County: Florence

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 |
|--|--|---------------|
| CEDARS 203 HYMAN RD PAMPLICO, SC 29583 FAC.#:843-667-5007 UWAGBAI, LINDA G PH#: 843-493-0050 Facility Email: KAGRAHAM@FCDSNORG | Florence / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0127 / 08/31/2010 | 8 |
| FLORENCE COMMUNITY RESIDENCE 511 CLYDE ST FLORENCE, SC 29506-3011 FAC.#:843-667-5007 GADSON, ROSMARIAN M PH#: 843-665-6600 Facility Email: KAGRAHAM@FCDSNORG | Florence / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0025 / 03/31/2010 | 8 |
| JOHNSONVILLE HAMPTON PLACE COMMUNITY RESIDENCE 333 S HAMPTON AVE JOHNSONVILLE, SC 29555 FAC.#:843-386-4008 WILCOX, KATHRYN PH#: 843-386-4008 Facility Email: KAGRAHAM@FCDSNORG | Florence / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0161 / 11/30/2009 | 8 |
| MAGNOLIA PLACE 517 E MAIN ST OLANTA, SC 29114 FAC.#:843-396-4551 BOBO, MELVIN PH#: 843-396-4551 Facility Email: KAGRAHAM@FCDSN.ORG | Florence / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0126 / 07/31/2010 | 8 |
| OAKS 108 N PINCKNEY ST TIMMONSVILLE, SC 29161 FAC.#:843-346-5160 HANNA, MARCIA G PH#: 843-346-5160 Facility Email: RGADSON@FCDSN.ORG | Florence / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0128 / 09/30/2009 (Renewal Pending) | 8 |

Totals For Facility/License Type Habilitation R15

| | | | |
|---|---|-----------------------|----|
| Number of Activities/Facilities licensed: | 5 | Number Licensed Units | 40 |
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County: Florence

Facility Type: Habilitation R16

| Facility Name Location Street Location City, State Administrator/Phone | County/Ownership Typ Mailing/Billing Address Licensee License Nbr/Expiration Date | Licensed Unit |
|--|--|---------------|
| MULBERRY PARK UNITS 301-306 714 E NATIONAL CEMETERY RD FLORENCE, SC 29506-3230 FAC.#:843-664-2600 OWENS, LEON PH#: 843-664-2600 Facility Email: LOWENS@DDSGOV | Florence / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR16-0141 / 11/30/2009 | 85 |
| PECAN LANE BUILDINGS 201-205 714 E NATIONAL CEMETERY RD FLORENCE, SC 29506-3230 FAC.#:843-664-2600 ALLEN, KATHRYN C PH#: 843-664-2600 Facility Email: KALLEN@DDSN.SC.GOV | Florence / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR16-0119 / 08/31/2010 | 120 |

Totals For Facility/License Type Habilitation R16

| | | | |
|---|---|-----------------------|-----|
| Number of Activities/Facilities licensed: | 2 | Number Licensed Units | 205 |
|---|---|-----------------------|-----|

County: Florence

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 |
|--|---|---------------|
| CAROLINAS HOME HEALTH 121 E CEDAR ST FLORENCE, SC 29506-2576 FAC.#:843-629-6811 POSTON, JOE PH#: 843-629-6800 Facility Email: JPOSTON@CAROLINASHOSPITAL.COM | Florence / Limited Liability 121 E CEDAR ST FLORENCE, SC 29506-2576 FLORENCE HOME CARE SERVICES LLC HHA-0109 / 12/31/2009 | 4 |
| Counties Served Darlington, Dillon, Florence, Marlboro | | |
| 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: | | |
| DHEC REGION 4 HOME HEALTH SERVICES 1705 W EVANS ST FLORENCE, SC 29501-3331 FAC.#:843-661-4762 VANN, LINDA G PH#: 843-661-4762 Facility Email: VANNLG@DHEC.SC.GOV | Florence / State 1705 W EVANS ST FLORENCE, SC 29501-3331 SC DEPT OF HEALTH & ENVIRONMENTAL CONTROL HHA-0009 / 09/30/2010 | 10 |
| Counties Served Chesterfield, Clarendon, Darlington, Dillon, Florence, Kershaw, Lee, Marion, Marlboro, Sumter | | |
| 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: DIETICIAN/NUTRITIONIST | | |
| FLORENCE VISITING NURSES SERVICE 1605 W PALMETTO ST STE C FLORENCE, SC 29501-4198 FAC.#:843-667-1515 STEPHENSON, LINDA K PH#: 843-667-1515 Facility Email: No Facility Email on Record | Florence / Corporation PO BOX 4598 FLORENCE, SC 29502-4598 FLORENCE VISITING NURSES SERVICES INC HHA-0064 / 01/31/2010 | 4 |
| Counties Served Dillon, Florence, Lee, Marion | | |
| License Restrictions | | |
| Physical Therapy Y Speech Therapy: N Occupational Therapy N Med. Social Services N Home Health Aid: Y Medical Supplies/Appliances/Durable Medical Equipment N | | |
| Other: | | |
| MCLEOD HOME HEALTH 300 S DARGAN ST FLORENCE, SC 29506-2537 FAC.#:843-669-3050 STEPHENSON, SANDRA PH#: 843-669-3050 Facility Email: SSTEPHENSON@MCLEADHEALTH.ORG | Florence / Non-Profit Corporation 300 S DARGAN ST FLORENCE, SC 29506-2537 MCLEOD REGIONAL MEDICAL CENTER OF THE PEE DEE INC HHA-0085 / 05/31/2010 | 5 |
| Counties Served Darlington, Dillon, Florence, Lee, Marion | | |
| 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: | | |

County: Florence

Facility Type: Home Health

| | | |
|----------------------|-----------------------------|---------------|
| 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 Home Health | |
| Number of Activities/Facilities licensed: | 4 |
| Number Licensed Units | 23 |

County: Florence

Facility Type: Hospice Facility

| Facility Name | County/Ownership Typ | Licensed Unit |
|--|---|---------------|
| Location Street | Mailing/Billing Address | |
| Location City, State | Licensee | |
| Administrator/Phone | License Nbr/Expiration Date | |
| MCLEOD HOSPICE HOUSE | Florence / Non-Profit Corporation | 12 |
| 1203 E CHEVES ST | PO BOX 100551 | |
| FLORENCE, SC 29506-2711 FAC.#:843-777-2564 | FLORENCE, SC 29502-0551 | |
| HARRISON-PAVY, JOAN PH#: 843-777-2564 | MCLEOD REGIONAL MEDICAL CENTER OF THE PEE DEE INC | |
| Facility Email: JPAVY@MCLEODHEALTH.ORG | HPF-0003 / 09/30/2010 | |

Totals For Facility/License Type Hospice Facility

| | | | |
|---|---|-----------------------|----|
| Number of Activities/Facilities licensed: | 1 | Number Licensed Units | 12 |
|---|---|-----------------------|----|

County: Florence

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 |
|--|---|---------------|
| CAROLINAS HOSPICE 121 E CEDAR ST FLORENCE, SC 29506-2576 FAC.#:843-629-6811 POSTON, JOE PH#: 843-629-6800 Facility Email: JPOSTON@CAROLINASHOSPITAL.COM | Florence / Limited Liability PO BOX 100550 FLORENCE, SC 29502-0550 FLORENCE HOME CARE SERVICES LLC HPC-0040 / 12/31/2009 | 10 |
| Counties Served Chesterfield, Darlington, Dillon, Florence, Georgetown, Lee, Marion, Marlboro, Sumter, Williamsburg | | |
| MCLEOD HOSPICE OF THE PEE DEE MCLEOD REGIONAL MEDICAL CENTER 1203 E CHEVES ST FLORENCE, SC 29506-2711 FAC.#:843-777-2564 HARRISON-PAVY, JOAN PH#: 843-777-2564 Facility Email: JPAVY@MCLEODHEALTH.ORG | Florence / Non-Profit Corporation PO BOX 100551 FLORENCE, SC 29502-0551 MCLEOD REGIONAL MEDICAL CENTER OF THE PEE DEE INC HPC-0014 / 09/30/2010 | 5 |
| Counties Served Darlington, Dillon, Florence, Lee, Marion | | |
| SOUTHERNCARE-FLORENCE 217 DOZIER BLVD STE 201 FLORENCE, SC 29501-4090 FAC.#:843-664-9889 GRIER, VICKIE D PH#: 803-751-7567 Facility Email: No Facility Email on Record | Florence / Corporation 217 DOZIER BLVD STE 201 FLORENCE, SC 29501-4090 SOUTHERNCARE INC HPC-0078 / 03/31/2010 | 13 |
| Counties Served Chesterfield, Clarendon, Darlington, Dillon, Florence, Georgetown, Horry, Kershaw, Lee, Marion, Marlboro, Sumter, Williamsburg | | |
| UNITED HOSPICE OF THE PEE DEE 609 S COIT ST FLORENCE, SC 29501-5222 FAC.#:843-662-8633 WEST, SHANNON PH#: 843-662-8633 Facility Email: ASULLIVAN@UHS-PRUITT.COM | Florence / Corporation 609 S COIT ST FLORENCE, SC 29501-5222 UNITED HOSPICE INC HPC-0092 / 01/31/2010 | 14 |
| Counties Served Chesterfield, Clarendon, Darlington, Dillon, Fairfield, Florence, Georgetown, Horry, Kershaw, Lee, Marion, Marlboro, Sumter, Williamsburg | | |
| WINYAH COMMUNITY HOSPICE CARE AN AMEDISYS COMPANY 217 DOZIER BLVD STE 200 FLORENCE, SC 29501-4090 FAC.#:843-656-0820 POSTON, JENNIFER PH#: 843-656-0820 Facility Email: 2227@AMEDISYS.COM | Florence / Limited Liability 217 DOZIER BLVD STE 200 FLORENCE, SC 29501-4090 AMEDISYS HOSPICE LLC HPC-0091 / 07/31/2010 | 46 |
| Counties Served Abbeville, Aiken, Allendale, Anderson, Bamberg, Barnwell, Beaufort, Berkeley, Calhoun, Charleston, Cherokee, Chester, Chesterfield, Clarendon, Colleton, Darlington, Dillon, Dorchester, Edgefield, Fairfield, Florence, Georgetown, Greenville, Greenwood, Hampton, Horry, Jasper, Kershaw, Lancaster, Laurens, Lee, Lexington, Marion, Marlboro, McCormick, Newberry, Oconee, Orangeburg, Pickens, Richland, Saluda, Spartanburg, Sumter, Union, Williamsburg, York | | |

Totals For Facility/License Type Hospice Program

Number of Activities/Facilities licensed: Number Licensed Units

County: Florence

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 | |
| CAROLINAS HOSPITAL SYSTEM | Florence / Corporation | 310 |
| 805 PAMPLICO HWY | | |
| FLORENCE, SC 29505-6050 FAC.#:843-674-2500 | | |
| O'LOUGHLIN, JAMES F PH#: 843-674-5000 | QHG OF SOUTH CAROLINA INC | |
| Facility Email: RHARDWICK@CAROLINASHOSPITAL.COM | HTL-0761 / 11/30/2009 | |
| Licensed Beds: General: 310 Psychiatric: 0 Rehab: 0 Substance Abuse 0 | | |
| Other Beds NICU: 0 Neonatal Special Care 0 | | |

Certifications:Trauma Center Level III, JCAHO Accredited

| | | |
|--|---------------------------|----|
| CAROLINAS HOSPITAL SYSTEM CEDAR TOWER | Florence / Corporation | 66 |
| 121 E CEDAR ST | | |
| FLORENCE, SC 29506-2576 FAC.#:843-674-2500 | | |
| O'LOUGHLIN, JAMES F PH#: 843-674-5000 | QHG OF SOUTH CAROLINA INC | |
| Facility Email: RHARDWICK@CAROLINASHOSPITAL.COM | HTL-0782 / 11/30/2009 | |
| Licensed Beds: General: 0 Psychiatric: 12 Rehab: 42 Substance Abuse 12 | | |
| Other Beds NICU: 0 Neonatal Special Care 0 | | |

Certifications:JCAHO Accredited

| | | |
|--|---------------------------------------|----|
| HEALTHSOUTH REHABILITATION HOSPITAL OF FLORENCE | Florence / Corporation | 88 |
| 900 E CHEVES ST | 900 E CHEVES ST | |
| FLORENCE, SC 29506-2704 FAC.#:843-679-9000 | FLORENCE, SC 29506-2704 | |
| BOWMAN, PETE PH#: | HEALTHSOUTH REHABILITATION CENTER INC | |
| Facility Email: No Facility Email on Record | HTL-0587 / 06/30/2010 | |
| Licensed Beds: General: 0 Psychiatric: 0 Rehab: 88 Substance Abuse 0 | | |
| Other Beds NICU: 0 Neonatal Special Care 0 | | |

Certifications:JCAHO Accredited

| | | |
|--|---|----|
| LAKE CITY COMMUNITY HOSPITAL | Florence / District | 48 |
| 258 N RON MCNAIR BLVD | PO BOX 1479 | |
| LAKE CITY, SC 29560-2462 FAC.#:843-374-2036 | LAKE CITY, SC 29560-1479 | |
| MCCUTCHEON, BUTCH PH#: 843-374-6120 | LOWER FLORENCE COUNTY HOSPITAL DISTRICT | |
| Facility Email: No Facility Email on Record | HTL-0897 / 05/31/2010 | |
| Licensed Beds: General: 48 Psychiatric: 0 Rehab: 0 Substance Abuse 0 | | |
| Other Beds NICU: 0 Neonatal Special Care 0 | | |

Certifications:Swing Bed Unit(s), JCAHO Accredited

County: Florence

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 |
|--|---|---------------|
| MCLEOD REGIONAL MEDICAL CENTER OF THE PEE DEE 555 E CHEVES ST FLORENCE, SC 29506-2617 FAC.#:843-777-2849 SEGARS, MARIE G PH#: 843-777-2849 Facility Email: MSEGARS@MCLEODHEALTH.ORG | Florence / Non-Profit Corporation PO BOX 100551 FLORENCE, SC 29502-0551 MCLEOD REGIONAL MEDICAL CENTER OF THE PEE DEE INC HTL-0384 / 05/31/2010 | 453 |
| Licensed Beds: General: 453 Psychiatric: 0 Rehab: 0 Substance Abuse 0 Other Beds NICU: 12 Neonatal Special Care 28 | | |
| Certifications:Abortions, Trauma Center Level III, Perinatal Level III Regional, JCAHO Accredited | | |
| REGENCY HOSPITAL OF SOUTH CAROLINA 121 E CEDAR ST FL 4 FLORENCE, SC 29506-2576 FAC.#:843-661-3499 PH#: Facility Email: JSPELL@REGENCYHOSPITAL.COM | Florence / Ltd. Liability 121 E CEDAR ST FL 4 FLORENCE, SC 29506-2576 REGENCY HOSPITAL OF SOUTH CAROLINA LLC HTL-0824 / 09/30/2010 | 40 |
| Licensed Beds: General: 40 Psychiatric: 0 Rehab: 0 Substance Abuse 0 Other Beds NICU: 0 Neonatal Special Care 0 | | |
| Certifications:JCAHO Accredited | | |
| WOMEN'S CENTER OF CAROLINAS HOSPITAL SYSTEM 1590 FREEDOM BLVD FLORENCE, SC 29505-6042 FAC.#:843-674-2600 O'LOUGHLIN, JAMES F PH#: 843-674-5000 Facility Email: No Facility Email on Record | Florence / Corporation QHG OF SOUTH CAROLINA INC HTL-0674 / 12/31/2009 | 20 |
| Licensed Beds: General: 20 Psychiatric: 0 Rehab: 0 Substance Abuse 0 Other Beds NICU: 0 Neonatal Special Care 11 | | |
| Certifications:Perinatal Level II, JCAHO Accredited | | |

Totals For Facility/License Type Hospital or Institutional General Infirmary

Number of Activities/Facilities licensed: Number Licensed Units

County: Florence**Facility Type: Nursing Home**

| Facility Name | County/Ownership Typ | Licensed Unit |
|----------------------|-----------------------------|---------------|
| Location Street | Mailing/Billing Address | |
| Location City, State | Licensee | |
| Administrator/Phone | License Nbr/Expiration Date | |

| | | |
|---|------------------------------|----|
| CAROLINAS HOSPITAL SYSTEM TRANSITIONAL CARE UNIT | Florence / Corporation | 24 |
| 121 E CEDAR ST | PO BOX 100550 | |
| FLORENCE, SC 29506-2576 FAC.#:843-661-3200 | FLORENCE, SC 29502-0550 | |
| SYLVESTER, JANET PH#: 843-674-5000 | QHG OF SOUTH CAROLINA INC | |
| Facility Email: JOLOUGHLIN@CAROLINASHOSPITAL.COM | NCF-0673 / 10/31/2010 | |

Licensed Beds Nursing Home 24 Institutional Nursing Home 0

Certifications:None

| | | |
|--|--------------------------------------|-----|
| COMMANDER NURSING CENTER | Florence / Corporation | 163 |
| 4438 PAMPLICO HWY | 4438 PAMPLICO HWY | |
| FLORENCE, SC 29505-8502 FAC.#:843-669-3502 | FLORENCE, SC 29505-8502 | |
| COMMANDER III, JOE M PH#: 843-669-3502 | COMMANDER HEALTH CARE FACILITIES INC | |
| Facility Email: No Facility Email on Record | NCF-0233 / 07/31/2010 | |

Licensed Beds Nursing Home 163 Institutional Nursing Home 0

Certifications:Alzheimer Care

| | | |
|--|----------------------------------|----|
| COOKE ASSOCIATES OF FLORENCE | Florence / Corporation | 88 |
| 133 W CLARKE RD | 133 W CLARKE RD | |
| FLORENCE, SC 29501-0722 FAC.#:843-669-4374 | FLORENCE, SC 29501-0722 | |
| HAMMOND, NANCY R PH#: 843-669-4374 | COOKE ASSOCIATES OF FLORENCE INC | |
| Facility Email: No Facility Email on Record | NCF-0935 / 12/31/2009 | |

Licensed Beds Nursing Home 88 Institutional Nursing Home 0

Certifications:None

| | | |
|---|------------------------------|----|
| DR RONALD E MCNAIR NURSING AND REHABILITATION CENTER | Florence / Corporation | 88 |
| 56 GENESIS DR | PO BOX 1598 | |
| LAKE CITY, SC 29560-5531 FAC.#:843-389-3685 | LAKE CITY, SC 29560-1598 | |
| FRIERSON, SARAH L PH#: 843-389-3685 | HEALTHCARE PANASCOPE INC | |
| Facility Email: MCNAIRNSGCTR@FTC-I.NET | NCF-0918 / 11/30/2009 | |

Licensed Beds Nursing Home 88 Institutional Nursing Home 0

Certifications:None

| | | |
|--|------------------------------|-----|
| FAITH HEALTHCARE CENTER | Florence / Ltd. Liability | 104 |
| 617 W MARION ST | 617 W MARION ST | |
| FLORENCE, SC 29501-2470 FAC.#:843-669-9958 | FLORENCE, SC 29501-2470 | |
| SWINTON-MICKENS, EVELYN PH#: 843-669-9958 | PALMETTO FAITH OPERATING LLC | |
| Facility Email: ADMINFA.SC@PALMETTOLTTC.COM | NCF-0927 / 09/30/2010 | |

Licensed Beds Nursing Home 104 Institutional Nursing Home 0

Certifications:None

County: Florence

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 |
|--|---|---------------|
| HERITAGE HOME OF FLORENCE 515 WARLEY ST FLORENCE, SC 29501-5199 FAC.#:843-662-4573 SKINNER SR, JEFFREY V PH#: 843-662-4573 Facility Email: No Facility Email on Record | Florence / Corporation 515 WARLEY ST FLORENCE, SC 29501-5199 HERITAGE HOME OF FLORENCE INC NCF-0450 / 02/28/2010 | 132 |
| Licensed Beds Nursing Home 132 Institutional Nursing Home 0 | | |
| Certifications:Alzheimer Care | | |
| HONORAGE NURSING CENTER 1207 N CASHUA RD FLORENCE, SC 29501-6969 FAC.#:843-665-6172 CLARKE, HOWARD W PH#: 843-665-6172 Facility Email: No Facility Email on Record | Florence / Corporation 1207 N CASHUA RD FLORENCE, SC 29501-6969 HONORAGE NURSING HOME OF FLORENCE SC INC NCF-0329 / 12/31/2009 | 88 |
| Licensed Beds Nursing Home 88 Institutional Nursing Home 0 | | |
| Certifications:Alzheimer Care | | |
| LAKE CITY-SCRANTON HEALTHCARE CENTER 1940 BOYD RD SCRANTON, SC 29591-5835 FAC.#:843-389-9201 KNEELAND, ROBERT E PH#: 803-817-1733 Facility Email: ADMIN.LACI@PALMETTOLTC.COM | Florence / Ltd. Liability 1940 BOYD RD SCRANTON, SC 29591-5835 PALMETTO LAKE CITY OPERATING LLC NCF-0928 / 09/30/2010 | 88 |
| Licensed Beds Nursing Home 88 Institutional Nursing Home 0 | | |
| Certifications:None | | |
| METHODIST MANOR HEALTHCARE CENTER 2100 TWIN CHURCH RD FLORENCE, SC 29501-8200 FAC.#:843-664-0700 JACKSON, WILLIAM F PH#: 843-664-0700 Facility Email: FJACKSON@METHODIST-MANOR.COM | Florence / Corporation 2100 TWIN CHURCH RD FLORENCE, SC 29501-8200 UNITED METHODIST MANOR OF THE PEE DEE INC NCF-0579 / 09/30/2010 | 32 |
| Licensed Beds Nursing Home 0 Institutional Nursing Home 32 | | |
| Certifications:Alzheimer Unit, Alzheimers Care | | |
| PRESBYTERIAN HOME OF SOUTH CAROLINA-FLORENCE 2350 W LUCAS ST FLORENCE, SC 29501-1201 FAC.#:843-665-2222 HICKMAN III, WALTER E PH#: 843-665-2222 Facility Email: WHICKMAN@PRESHOMESC.ORG | Florence / Non-Profit Corporation 2350 W LUCAS ST FLORENCE, SC 29501-1201 PRESBYTERIAN HOME OF SOUTH CAROLINA INC NCF-0420 / 09/30/2010 | 44 |
| Licensed Beds Nursing Home 0 Institutional Nursing Home 44 | | |
| Certifications:Alzheimer Care | | |

County: Florence

Facility Type: Nursing Home

| Facility Name | County/Ownership Typ | Licensed Unit |
|---|--------------------------------------|---------------|
| Location Street | Mailing/Billing Address | |
| Location City, State | Licensee | |
| Administrator/Phone | License Nbr/Expiration Date | |
| SOUTHLAND HEALTH CARE CENTER | Florence / Corporation | 88 |
| 722 S DARGAN ST | 722 S DARGAN ST | |
| FLORENCE, SC 29506-2562 FAC.#:843-669-4403 | FLORENCE, SC 29506-2562 | |
| COMMANDER, CHARLES S PH#: 843-669-4403 | COMMANDER HEALTH CARE FACILITIES INC | |
| Facility Email: No Facility Email on Record | NCF-0599 / 12/31/2009 | |
| Licensed Beds Nursing Home 88 | Institutional Nursing Home 0 | |

Certifications:None

Totals For Facility/License Type Nursing Home

| | | | |
|---|----|-----------------------|-----|
| Number of Activities/Facilities licensed: | 11 | Number Licensed Units | 939 |
|---|----|-----------------------|-----|

County: Florence

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 |
|--|--|---------------|
| CHRYSLIS CENTER 1430 S CASHUA DR FLORENCE, SC 29505 FAC.#:843-673-0660 ALEXANDER, THELMA W PH#: 843-673-0660 Facility Email: TALEXANDER@CIRCLEPARK.COM | Florence / County PO BOX 6196 FLORENCE, SC 29502-6196 FLORENCE COUNTY COMMISSION ON ALCOHOL AND DRUG ABUSE ITP-0026 / 10/31/2010 | 16 |
| Licensed Beds Medical Detox 0 Social Detox: 0 Res. Treatment Program | | 16 |

| | |
|--|---|
| Totals For Facility/License Type PSAD Inpatient | |
| Number of Activities/Facilities licensed: <input type="text" value="1"/> | Number Licensed Units <input type="text" value="16"/> |

County: Florence

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 |
|---|---|---------------|
| ALSTON WILKES SOCIETY 441 W CHEVES ST FLORENCE, SC 29501-4446 FAC.#:843-292-0388 ANDREWS, HEATHER H PH#: 843-292-0388 Facility Email: HANDEWS@ALSTONWILKESSOCIETY.ORG | Florence / Non-Profit Corporation 3519 MEDICAL DR COLUMBIA, SC 29203-6504 ALSTON WILKES SOCIETY (INC) OTP-0082 / 01/31/2010 | 1 |

Certifications:None

| | | |
|---|--|---|
| CIRCLE PARK FAMILY COUNSELING & ADDICTION CENTER 601 GREGG AVE STE B FLORENCE, SC 29501-4316 FAC.#:843-665-9349 JAMES, JENNIE PH#: 843-665-9349 Facility Email: JJAMES@CIRCLEPARK.COM | Florence / County PO BOX 6196 FLORENCE, SC 29502-6196 FLORENCE COUNTY COMMISSION ON ALCOHOL AND DRUG ABUSE OTP-0009 / 07/31/2010 | 3 |
|---|--|---|

Certifications:None

| | | |
|---|--|---|
| STARTING POINT OF FLORENCE 797 N CASHUA DR FLORENCE, SC 29501-6983 FAC.#:843-673-9320 QUENAULT, HEATHER PH#: 843-673-9320 Facility Email: HQUENAULT@HOTMAIL.COM | Florence / Corporation 797 N CASHUA DR FLORENCE, SC 29501-6983 STARTING POINT OF FLORENCE INC OTPN-0079 / 07/31/2010 | 1 |
|---|--|---|

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="5"/> |
|---|--------------------------------|-----------------------|--------------------------------|

County: Florence

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 |
|--|--|---------------|
| CHURCH STREET DIALYSIS 406 S CHURCH ST FLORENCE, SC 29506-3000 FAC.#:843-679-5945 PORTER RN, DEBRA E PH#: 000-000-0000 Facility Email: No Facility Email on Record | Florence / Corporation 406 S CHURCH ST FLORENCE, SC 29506-3000 BIO-MEDICAL APPLICATIONS OF SOUTH CAROLINA INC ERD-0178 / 12/31/2009 | 21 |
| Licensed Stations: Hemodialysis: 21 Peritoneal: 0 | | |
| FMC DIALYSIS SERVICES-PEE DEE DIALYSIS 331 ELIZABETH ANNE CT LAKE CITY, SC 29560-2488 FAC.#:843-394-3944 PARKER, SANDRA L PH#: 843-394-3944 Facility Email: No Facility Email on Record | Florence / Corporation 331 ELIZABETH ANNE CT LAKE CITY, SC 29560-2488 BIO-MEDICAL APPLICATIONS OF SOUTH CAROLINA INC ERD-0103 / 05/31/2010 | 30 |
| Licensed Stations: Hemodialysis: 30 Peritoneal: 0 | | |
| FMC JOHNSONVILLE DIALYSIS 200 STUCKEY ST JOHNSONVILLE, SC 29555-6449 FAC.#:843-380-1581 WENGER, ASHLEY M PH#: 843-380-1581 Facility Email: No Facility Email on Record | Florence / Corporation 200 STUCKEY ST JOHNSONVILLE, SC 29555-6449 BIO-MEDICAL APPLICATIONS OF SOUTH CAROLINA INC ERD-0180 / 01/31/2010 | 11 |
| Licensed Stations: Hemodialysis: 11 Peritoneal: 0 | | |
| FRESENIUS MEDICAL CARE FLORENCE 435 N CASHUA DR FLORENCE, SC 29501-2097 FAC.#:843-669-0825 GRAHAM RN, SHIRLEY B PH#: 843-394-0355 Facility Email: No Facility Email on Record | Florence / Corporation 435 N CASHUA DR FLORENCE, SC 29501-2097 BIO-MEDICAL APPLICATIONS OF SOUTH CAROLINA INC ERD-0141 / 07/31/2010 | 31 |
| Licensed Stations: Hemodialysis: 31 Peritoneal: 0 | | |
| FRESENIUS MEDICAL CARE FREEDOM 1520 FREEDOM BLVD FLORENCE, SC 29505-6040 FAC.#:843-667-0654 BRIGMAN, MONIKA MARIA PH#: Facility Email: No Facility Email on Record | Florence / Corporation 1520 FREEDOM BLVD FLORENCE, SC 29505-6040 BIO-MEDICAL APPLICATIONS OF SOUTH CAROLINA INC ERD-0142 / 07/31/2010 | 28 |
| Licensed Stations: Hemodialysis: 26 Peritoneal: 0 | | |

Totals For Facility/License Type Renal Dialysis

| | | | |
|---|---|-----------------------|-----|
| Number of Activities/Facilities licensed: | 5 | Number Licensed Units | 121 |
|---|---|-----------------------|-----|

County: Florence

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 PEE DEE RESIDENTIAL TREATMENT CENTER | Florence / Ltd. Liability | 59 |
| 601 GREGG AVE STE B | 601 GREGG AVE STE B | |
| FLORENCE, SC 29501-4316 FAC.#:843-667-0644 | FLORENCE, SC 29501-4316 | |
| HAMILTON, PATRICIA PH#: 843-667-0644 | PALMETTO PEE DEE BEHAVIORAL HEALTH LLC | |
| Facility Email: TRICIA.HAMILTON@PSYSOLUTIONS.COM | RTF-0014 / 09/30/2010 | |

| Totals For Facility/License Type Residential Treatment for Children & Adolescents | |
|---|----|
| Number of Activities/Facilities licensed: | 1 |
| Number Licensed Units | 59 |

County: Florence

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 |
|--|---|---------------|
| ELITE INK TATTOOS OF FLORENCE 3027 E PALMETTO ST STE A FLORENCE, SC 29506-3827 FAC.#:843-665-4504 LANZ, ROBERT L PH#: 843-446-6299 Facility Email: FLORENCETATTOOS@YAHOO.COM | Florence / Partnership 3027 E PALMETTO ST STE A FLORENCE, SC 29506-3827 ROBERT LANZ AND ERIC SCHMITT TF-0097 / 07/31/2010 | 5 |
| FREEDOM TATTOO 1356 JAMES JONES AVE FLORENCE, SC 29505-2760 FAC.#:843-662-4009 WHITE, RONALD P PH#: 843-661-5325 Facility Email: FREEDOMTATTOO@ATT.NET | Florence / Ltd. Liability 1356 JAMES JONES AVE FLORENCE, SC 29505-2760 FREEDOM TATTOO LLC TF-0063 / 04/30/2010 | 4 |
| IMPERIAL INK TATTOO 2025 W EVANS ST FLORENCE, SC 29501-3356 FAC.#:843-676-0808 MITCHELL, LLOYD PH#: 843-676-0808 Facility Email: LLOYD@HEATSTREET.COM | Florence / Ltd. Liability 2025 W EVANS ST FLORENCE, SC 29501-3356 IMPERIAL INK TATTOO LLC TF-0028 / 10/31/2009 (Renewal Pending) | 3 |

| | | |
|---|--------------------------------|---|
| 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 | Florence | # Lics | 80 |
| | Number Licensed Units : | 3,457 | |

Report Total

Total Number of Activities/Facilities licensed 80 Total Number Licensed Units 3,457