

County: Georgetown

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
BASKERVILL ADULT PROGRAMS AND SERVICES 257 BASKERVILL DR PAWLEYS ISLAND, SC 29585-6013 FAC.#:843-237-1100 DUFFY, EDITH A PH#: 843-237-1100 Facility Email: ESMITHDUFFY@GMAIL.COM	Georgetown / Corporation 257 BASKERVILL DR PAWLEYS ISLAND, SC 29585-6013 BASKERVILL OUTREACH INC ADC-0221 / 04/30/2010	16
Number of Participants		16
GEORGETOWN ACTIVE DAY CENTER AT HIGHMARKET STREET 2902 HIGHMARKET ST GEORGETOWN, SC 29440-2918 FAC.#:843-546-2055 FLORENCE, ROBIN PH#: 843-546-2055 Facility Email: RFLORENCE@ACTIVEDAY.COM	Georgetown / Corporation 2902 HIGHMARKET ST GEORGETOWN, SC 29440-2918 ACTIVE SC TWO INC ADC-0208 / 07/31/2010	64
Number of Participants		64
OASIS ADULT DAY CARE CENTER 2317 PRINCE ST GEORGETOWN, SC 29440-2925 FAC.#:843-527-4848 GRAHAM, MAZIE E PH#: 843-527-4848 Facility Email: OASISINC2001@YAHOO.COM	Georgetown / Corporation 2317 PRINCE ST GEORGETOWN, SC 29440-2925 OASIS II-SPECIAL POPULATIONS INC ADC-0207 / 08/31/2010	12
Number of Participants		12

Totals For Facility/License Type Adult Day Care

Number of Activities/Facilities licensed: Number Licensed Units

County: Georgetown

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
ATLANTIC SURGERY CENTER 3911 HWY 17 UNIT B MURRELLS INLET, SC 29576-5014 FAC.#:843-651-8211 PLY, JONATHAN PH#: 843-651-8211 Facility Email: No Facility Email on Record	Georgetown / Limited Liability 3911 HWY 17 UNIT B MURRELLS INLET, SC 29576-5014 ATLANTIC SURGERY CENTER LLC ASF-0085 / 07/31/2010	2
<p style="text-align: center;">Operating Rooms 1 Procedure Rooms 1 Endoscopy Rooms 0</p>		
BAY MICROSURGICAL UNIT 1200 HIGHMARKET ST GEORGETOWN, SC 29440-3227 FAC.#:843-546-8421 SPRING, JANET PH#: 843-777-8480 Facility Email: JSRING@COASTALEYEGROUP.COM	Georgetown / Corporation PO BOX 2900 GEORGETOWN, SC 29442-2900 BAY MICROSURGICAL UNIT INC ASF-0090 / 11/30/2009	1
<p style="text-align: center;">Operating Rooms 1 Procedure Rooms 0 Endoscopy Rooms 0</p>		
WACCAMAW ENDOSCOPY CENTER 2361 N FRASER ST GEORGETOWN, SC 29440-6410 FAC.#:843-527-3428 TANNER, ARLENE PH#: 843-436-1000 Facility Email: A.TANNER@GIENDOCENTER.COM	Georgetown / Limited Liability 2361 N FRASER ST GEORGETOWN, SC 29440-6410 WACCAMAW ENDOSCOPY CENTER LLC ASF-0106 / 08/31/2010	1
<p style="text-align: center;">Operating Rooms 0 Procedure Rooms 0 Endoscopy Rooms 1</p>		

Totals For Facility/License Type Ambulatory Surgery	
Number of Activities/Facilities licensed: <input type="text" value="3"/>	Number Licensed Units <input type="text" value="4"/>

County: Georgetown

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		
JESSAMINE COMMUNITY RESIDENCE 143 JESSAMINE AVE GEORGETOWN, SC 29440-5837 FAC.#:843-546-8228 BAKER, DAVID B PH#: 843-527-1390 Facility Email: EKRAUSS@GCBDSNCOM	Georgetown / County PO BOX 1471 GEORGETOWN, SC 29442-1471 GEORGETOWN COUNTY BOARD OF DISABILITIES AND SPECIAL NEEDS CRC-1445 / 06/30/2010	8
Certifications:None		
LAKES AT LITCHFIELD ASSISTED LIVING 120 LAKES AT LITCHFIELD DR PAWLEYS ISLAND, SC 29585-5515 FAC.#:843-235-9393 RICHARDSON, JACQUE PH#: 843-235-9393 Facility Email: NMCKINSTRY@LAKES-LITCHFIELD.COM	Georgetown / Ltd. Liability 38 LAKES AT LITCHFIELD DR PAWLEYS ISLAND, SC 29585-5768 LITCHFIELD RETIREMENT LLC CRC-1116 / 08/31/2010	79
Certifications:Alzheimer Unit, Alzheimers Care		
MARYVILLE COMMUNITY RESIDENCE 2602 OLD CHARLESTON RD GEORGETOWN, SC 29440-1471 FAC.#:843-546-7238 BAKER, DAVID B PH#: 843-546-8228 Facility Email: EKRAUSS@GCBDSNCOM	Georgetown / County PO BOX 1471 GEORGETOWN, SC 29442-1471 GEORGETOWN COUNTY BOARD OF DISABILITIES AND SPECIAL NEEDS CRC-1446 / 06/30/2010	8
Certifications:None		
MORNINGSIDE OF GEORGETOWN 2628 N FRASER ST GEORGETOWN, SC 29440-6946 FAC.#:843-520-0319 WEAVER, ANITA N PH#: 843-520-0319 Facility Email: AWEAVER@5SQC.COM	Georgetown / Limited Liability Limited Partnership 2628 N FRASER ST GEORGETOWN, SC 29440-6946 MORNINGSIDE OF SOUTH CAROLINA LP CRC-1102 / 05/31/2010	59
Certifications:Alzheimer Care		
OASIS RESIDENTIAL HOME 2317 PRINCE ST GEORGETOWN, SC 29440-2925 FAC.#:843-527-4848 GRAHAM, MAZIE E PH#: 843-527-4848 Facility Email: OASISINC2001@YAHOO.COM	Georgetown / Corporation 2317 PRINCE ST GEORGETOWN, SC 29440-2925 OASIS RESIDENTIAL HOME INC CRC-1219 / 08/31/2010	22
Certifications:Alzheimer Care		
SOUTH ISLAND ASSISTED LIVING 2902 S ISLAND RD GEORGETOWN, SC 29440-4420 FAC.#:843-545-5427 GILES, MAXINE J PH#: 843-545-5427 Facility Email: MAXINE@SCCC.TV	Georgetown / Corporation 2902 S ISLAND RD GEORGETOWN, SC 29440-4420 OAK POND MANOR INC CRC-1272 / 02/28/2010	32
Certifications:Alzheimer Care		

County: Georgetown

Facility Type: Community Residential Care Facility

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

Totals For Facility/License Type Community Residential Care Facility	
Number of Activities/Facilities licensed:	6 Number Licensed Units 208

County: Georgetown

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 GEORGETOWN 1105 CHURCH ST GEORGETOWN, SC 29440-3201 FAC.#:843-546-1730 DAWSON, KATHLEEN H PH#: 843-546-1730 Facility Email: 2205@AMEDISYS.COM Counties Served Georgetown, Williamsburg 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:	Georgetown / Ltd. Liability 1105 CHURCH ST GEORGETOWN, SC 29440-3201 AMEDISYS SC LLC HHA-0192 / 01/31/2010	2
AMEDISYS HOME HEALTH OF GEORGETOWN EAST 1105 CHURCH ST UNIT C GEORGETOWN, SC 29440-3201 FAC.#:843-546-2009 DAWSON, KATHLEEN H PH#: 843-546-1730 Facility Email: 2221@AMEDISYS.COM Counties Served Georgetown, Williamsburg 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:	Georgetown / Ltd. Liability 1105 CHURCH ST UNIT C GEORGETOWN, SC 29440-3201 AMEDISYS SC LLC HHA-0188 / 01/31/2010	2
LAKES AT LITCHFIELD HOME HEALTH AGENCY 120 LAKES AT LITCHFIELD DR PAWLEYS ISLAND, SC 29585-5515 FAC.#:843-235-9393 MCKINSTRY, NANCY W PH#: 843-235-9393 Facility Email: NMCKINSTRY@LAKES-LITCHFIELD.COM Counties Served Georgetown, Special Note - SERVING CAMPUS RESIDENTS ONLY License Restrictions SERVING CAMPUS RESIDENTS ONLY 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:	Georgetown / Ltd. Liability 120 LAKES AT LITCHFIELD DR PAWLEYS ISLAND, SC 29585-5515 LITCHFIELD RETIREMENT LLC HHA-0204 / 05/31/2010	1

Totals For Facility/License Type Home Health

Number of Activities/Facilities licensed:	3	Number Licensed Units	5
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County: Georgetown

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	
TIDELANDS COMMUNITY HOSPICE HOUSE	Georgetown / Non-Profit Corporation	12
2591 N FRASER ST	2591 N FRASER ST	
GEORGETOWN, SC 29440-6411 FAC.#:843-546-3410	GEORGETOWN, SC 29440-6411	
HAYES, MARSHA A PH#: 843-546-3410	TIDELANDS COMMUNITY HOSPICE INC	
Facility Email: MARSHA.HAYES@TIDELANDSHOSPICE.ORG	HPF-0008 / 01/31/2010	

Totals For Facility/License Type Hospice Facility	
Number of Activities/Facilities licensed:	Number Licensed Units
1	12

County: Georgetown

Facility Type: Hospice Program

Facility Name	County/Ownership Typ	Licensed Unit
Location Street	Mailing/Billing Address	
Location City, State	Licensee	
Administrator/Phone	License Nbr/Expiration Date	
TIDELANDS COMMUNITY HOSPICE	Georgetown / Non-Profit Corporation	3
2591 N FRASER ST	2591 N FRASER ST	
GEORGETOWN, SC 29440-6411 FAC.#:843-546-3410	GEORGETOWN, SC 29440-6411	
HAYES, MARSHA A PH#: 843-546-3410	TIDELANDS COMMUNITY HOSPICE INC	
Facility Email: No Facility Email on Record	HPC-0009 / 02/28/2010	
Counties Served Georgetown, Horry, Williamsburg		

Totals For Facility/License Type Hospice Program	
Number of Activities/Facilities licensed: <input type="text" value="1"/>	Number Licensed Units <input type="text" value="3"/>

County: Georgetown

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	
GEORGETOWN MEMORIAL HOSPITAL	Georgetown / Non-Profit Corporation	131
606 BLACK RIVER RD	PO BOX 421718	
GEORGETOWN, SC 29440-3368 FAC.#:843-527-7000	GEORGETOWN, SC 29442-4203	
BAILEY, BRUCE P PH#: 843-527-7000	GEORGETOWN MEMORIAL HOSPITAL INC	
Facility Email: TKISER@GEORGETOWNHOSPITALSYSTEM.ORG	HTL-0007 / 08/31/2010	
Licensed Beds: General: 131 Psychiatric: 0 Rehab: 0 Substance Abuse: 0		
Other Beds NICU: 0 Neonatal Special Care: 5		

Certifications: Perinatal Level II, JCAHO Accredited

WACCAMAW COMMUNITY HOSPITAL	Georgetown / Non-Profit Corporation	167
4070 HWY 17	4070 HWY 17	
MURRELLS INLET, SC 29576-5033 FAC.#:843-652-1001	MURRELLS INLET, SC 29576-5033	
RESETAR, GAYLE L PH#: 843-652-1000	WACCAMAW COMMUNITY HOSPITAL INC	
Facility Email: GRESETAR@GEORGETOWNHOSPITALSYSTEM.ORG	HTL-0834 / 10/31/2010	
Licensed Beds: General: 124 Psychiatric: 0 Rehab: 43 Substance Abuse: 0		
Other Beds NICU: 0 Neonatal Special Care: 2		

Certifications: Perinatal Level II, JCAHO Accredited

Totals For Facility/License Type Hospital or Institutional General Infirmary	
Number of Activities/Facilities licensed:	2
Number Licensed Units	298

County: Georgetown

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	

GEORGETOWN HEALTHCARE & REHAB	Georgetown / Corporation	84
2715 S ISLAND RD	2715 S ISLAND RD	
GEORGETOWN, SC 29440-4415 FAC.#:843-546-4123	GEORGETOWN, SC 29440-4415	
RABY, SHEILA W PH#: 843-546-4123	GEORGETOWN HEALTHCARE & REHAB INC	
Facility Email: ADMIN@GEORGETOWNHEALTHCARE.NET	NCF-0633 / 03/31/2010	

Licensed Beds Nursing Home 84 Institutional Nursing Home 0

Certifications:None

LAKES AT LITCHFIELD SKILLED NURSING CENTER	Georgetown / Ltd. Liability	24
80 TIMBERVIEW CT	120 LAKES AT LITCHFIELD DR	
PAWLEYS ISLAND, SC 29585-5798 FAC.#:843-235-9393	PAWLEYS ISLAND, SC 29585-5515	
RICHARDSON, JACQUE PH#: 843-235-9393	LITCHFIELD RETIREMENT LLC	
Facility Email: NMCKINSTRY@LAKES-LITCHFIELD.COM	NCF-0843 / 12/31/2009	

Licensed Beds Nursing Home 17 Institutional Nursing Home 7

Certifications:None

PRINCE GEORGE HEALTHCARE CENTER	Georgetown / Ltd. Liability	148
901 MAPLE ST	901 MAPLE ST	
GEORGETOWN, SC 29440-4333 FAC.#:843-546-6101	GEORGETOWN, SC 29440-4333	
OTHMAN, MOHAMED PH#: 843-546-6101	PALMETTO PRINCE GEORGE OPERATING LLC	
Facility Email: ADMIN.PR.SC@PALMETTOLTTC.COM	NCF-0930 / 09/30/2010	

Licensed Beds Nursing Home 148 Institutional Nursing Home 0

Certifications:Alzheimer Unit, Alzheimers Care

Totals For Facility/License Type Nursing Home	
Number of Activities/Facilities licensed:	3
Number Licensed Units	256

County: Georgetown

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
GEORGETOWN COUNTY ALCOHOL & DRUG ABUSE COMMISSION 1423 WINYAH ST GEORGETOWN, SC 29440 FAC.#:843-546-6081 WALKER, WILLIAM J PH#: 843-546-6081 Facility Email: WWALKER@GCADAC.ORG	Georgetown / County 1423 WINYAH ST GEORGETOWN, SC 29440-4730 GEORGETOWN COUNTY ALCOHOL & DRUG ABUSE COMMISSION OTP-0039 / 11/30/2009	2

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="2"/>

County: Georgetown

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-MURRELLS INLET 5011 HWY 17 BUSINESS MURRELLS INLET, SC 29576-5653 FAC.#:843-357-4840 CAMPBELL, ELIZABETH M PH#: 843-357-4840 Facility Email: CLINIC2080@FMC-NA.COM	Georgetown / Corporation 5011 HWY 17 BUSINESS MURRELLS INLET, SC 29576-5653 BIO-MEDICAL APPLICATIONS OF SOUTH CAROLINA INC ERD-0096 / 06/30/2010	14
Licensed Stations: Hemodialysis: 14 Peritoneal: 0		
FRESENIUS MEDICAL CARE GEORGETOWN 712 N FRASER ST GEORGETOWN, SC 29440-3353 FAC.#:843-527-3431 WARD RN, ESTHER J PH#: 843-527-3431 Facility Email: CLINIC1390@FMC-NA.COM	Georgetown / Corporation 712 N FRASER ST GEORGETOWN, SC 29440-3353 BIO-MEDICAL APPLICATIONS OF SOUTH CAROLINA INC ERD-0009 / 09/30/2009 (Renewal Pending)	29
Licensed Stations: Hemodialysis: 28 Peritoneal: 1		
FRESENIUS MEDICAL CARE WINYAH 2623 S FRASER ST GEORGETOWN, SC 29440-4374 FAC.#:843-546-6900 WARD RN, ESTHER J PH#: 843-527-3431 Facility Email: No Facility Email on Record	Georgetown / Corporation 2623 S FRASER ST GEORGETOWN, SC 29440-4374 BIO-MEDICAL APPLICATIONS OF SOUTH CAROLINA INC ERD-0189 / 10/31/2010	15
Licensed Stations: Hemodialysis: 15 Peritoneal: 0		

Totals For Facility/License Type Renal Dialysis

Number of Activities/Facilities licensed:	3	Number Licensed Units	58
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County: Georgetown

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
521 TATTOO 7483 GEORGETOWN HWY STE A ANDREWS, SC 29510-6349 FAC.#:843-240-6365 BOUCHETTE, JOSEPH B PH#: 843-240-6365 Facility Email: No Facility Email on Record	Georgetown / Sole Proprietorship 1444 MORRISVILLE RD ANDREWS, SC 29510-5192 BOUCHETTE, JOSEPH B TF-0038 / 05/31/2009 (Renewal Pending)	1

Totals For Facility/License Type Tattoo Facility	
Number of Activities/Facilities licensed:	1
Number Licensed Units	1

Number of Activities/Facilities licensed in county of	Georgetown	# Lics	27
	Number Licensed Units :	939	

Report Total

Total Number of Activities/Facilities licensed 27 Total Number Licensed Units 939