

County: Greenwood

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
GREENWOOD ACTIVE DAY CENTER 228 CREEK BLVD N GREENWOOD, SC 29649-9006 FAC.#:864-388-0045 BONDS, KAREN PH#: 864-388-0045 Facility Email: KBONDS@ACTIVEDAY.COM	Greenwood / Corporation 228 CREEK BLVD N GREENWOOD, SC 29649-9006 ACTIVE SC ONE INC ADC-0123 / 10/31/2010	60
Number of Participants		60

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="60"/>

County: Greenwood

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
GREENWOOD ENDOSCOPY CENTER 103 LINER DR GREENWOOD, SC 29649-2311 FAC.#:864-227-3838 RAMAGE III, ALBERT A PH#: 864-227-3838 Facility Email: TINA.PONDER@GMAIL.COM	Greenwood / Corporation 103 LINER DR GREENWOOD, SC 29649-2311 GREENWOOD ENDOSCOPY CENTER INC ASF-0022 / 05/31/2010	4
Operating Rooms 0 Procedure Rooms 0 Endoscopy Rooms 4		
SURGERY CENTER AT SELF MEMORIAL HOSPITAL 101 ACADEMY AVE GREENWOOD, SC 29646-3869 FAC.#:864-725-7500 HINRICHS, CAROL A PH#: 864-725-7500 Facility Email: CAROLHINRICHS@TOSCGREENWOOD.COM	Greenwood / Ltd. Liability 101 ACADEMY AVE GREENWOOD, SC 29646-3869 SURGERY CENTER AT SELF MEMORIAL HOSPITAL LLC ASF-0055 / 05/31/2010	5
Operating Rooms 5 Procedure Rooms 0 Endoscopy Rooms 0		

Totals For Facility/License Type Ambulatory Surgery	
Number of Activities/Facilities licensed: <input style="width: 100px;" type="text" value="2"/>	Number Licensed Units <input style="width: 100px;" type="text" value="9"/>

County: Greenwood

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
PLEASURE POINTS 204 MONTAGUE AVE STE A GREENWOOD, SC 29649-1937 FAC.#:864-953-2282 NELSON, GEORGE T PH#: 864-266-3119 Facility Email: TATSBYGEORGE@YAHOO.COM	Greenwood / Sole Proprietorship 204 MONTAGUE AVE STE A GREENWOOD, SC 29649-1937 NELSON, GEORGE T BP-0209 / 04/30/2010	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: Greenwood

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 HOUSE 526 HALTIWANGER RD GREENWOOD, SC 29649-1799 FAC.#:864-943-1933 JOHNS, JIMMY C PH#: 864-943-1933 Facility Email: ASHLEYHOUSE@ALCCO.COM	Greenwood / Corporation 526 HALTIWANGER RD GREENWOOD, SC 29649-1799 ASSISTED LIVING CONCEPTS INC CRC-1404 / 11/30/2009	44
Certifications:None		
BAYBERRY OF GREENWOOD 116 ABBEY DR GREENWOOD, SC 29649-8536 FAC.#:864-223-6510 GAMBRELL, CATHY B PH#: 864-223-6510 Facility Email: THEBAYBERRY@NCTV.COM	Greenwood / Limited Liability Limited Partnership 116 ABBEY DR GREENWOOD, SC 29649-8536 EVERGREEN VILLAGES LIMITED PARTNERSHIP CRC-0589 / 05/31/2010	23
Certifications:Alzheimer Care		
EMERALD GARDENS OF GREENWOOD 201 OVERLAND DR GREENWOOD, SC 29646-4097 FAC.#:864-953-2174 PATTERSON, MICHAEL L PH#: 864-953-2174 Facility Email: MPATTERSON@PREMIERSL.COM	Greenwood / Ltd. Liability 201 OVERLAND DR GREENWOOD, SC 29646-4097 EDEN GARDENS OF GREENWOOD LLC CRC-1378 / 03/31/2010	66
Certifications:Alzheimer Unit, Alzheimers Care		
MORNINGSIDE OF GREENWOOD 116 ENTERPRISE CT GREENWOOD, SC 29649-1666 FAC.#:864-388-9433 AMERSON, KATHERINE D PH#: 864-388-9433 Facility Email: KAMERSON@5SQC.COM	Greenwood / Limited Liability Limited Partnership 116 ENTERPRISE CT GREENWOOD, SC 29649-1666 MORNINGSIDE OF GREENWOOD LP CRC-1088 / 04/30/2010	49
Certifications:None		
OLD HOMEPLACE 711 SCOTCH CROSS RD E GREENWOOD, SC 29646-7861 FAC.#:864-227-0074 HANSEN, SYLVIA J PH#: 864-227-0074 Facility Email: OLD-HOMEPLACE@EMBARQMAIL.COM	Greenwood / Non-Profit Corporation 711 SCOTCH CROSS RD E GREENWOOD, SC 29646-7861 OLD HOMEPLACE INC CRC-1423 / 01/31/2010	5
Certifications:None		
STERLING HOUSE OF GREENWOOD 1408 PKWY GREENWOOD, SC 29646-4043 FAC.#:864-223-2281 KRUGER, JESSICA PH#: 864-223-2281 Facility Email: No Facility Email on Record	Greenwood / Corporation 1408 PKWY GREENWOOD, SC 29646-4043 BROOKDALE SENIOR LIVING COMMUNITIES INC CRC-1309 / 12/31/2009	52
Certifications:Alzheimer Care		

County: Greenwood

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
WARE SHOALS MANOR 10 N GREENWOOD AVE WARE SHOALS, SC 29692-1239 FAC.#:864-456-7127 MORTON, EMMA M PH#: 864-456-7127 Facility Email: OSKARMANI@AOL.COM	Greenwood / Ltd. Liability 483 LOCKHART LN GAFFNEY, SC 29341-2841 HARMONY RESIDENTIAL CARE CENTER LLC CRC-1457 / 10/31/2010	24

Certifications:None

WESLEY COMMONS ASSISTED LIVING FACILITY AND SPECIAL CARE HOUSE 1110 MARSHALL RD GREENWOOD, SC 29646-4299 FAC.#:864-227-7480 HOLMES, KIMBERLY K PH#: 864-227-7250 Facility Email: KHOLMES@WESLEYCOMMONS.ORG	Greenwood / Non-Profit Corporation 1110 MARSHALL RD GREENWOOD, SC 29646-4299 WESLEY COMMONS CRC-1218 / 08/31/2010	56
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Certifications:Alzheimer Unit, Alzheimers Care

Totals For Facility/License Type Community Residential Care Facility

Number of Activities/Facilities licensed:	8	Number Licensed Units	319
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County: Greenwood

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
DR DON LESTER PEOPLES COMMUNITY RESIDENCE 1 GRIFFIN DR WARE SHOALS, SC 29692 FAC.#:864-455-7796 TOLSON, TINA PH#: 864-456-7662 Facility Email: No Facility Email on Record	Greenwood / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0133 / 11/30/2009	8
HENRY & FREIDA BONDS HABILITATION CENTER 310 JENKINS SPRING RD GREENWOOD, SC 29646-8617 FAC.#:864-942-8946 MCGRIER, NICOLE PH#: 864-942-8942 Facility Email: No Facility Email on Record	Greenwood / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0111 / 08/31/2010	8
J FELTON BURTON COMMUNITY RESIDENCE 308 JENKINS SPRING RD GREENWOOD, SC 29646-8617 FAC.#:864-942-8947 MCGRIER, NICOLE PH#: 864-942-8943 Facility Email: No Facility Email on Record	Greenwood / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0072 / 05/01/2010	8
WARE SHOALS HABILITATION CENTER I 3 GRIFFIN DR WARE SHOALS, SC 29692 FAC.#:864-456-3465 TOLSON, TINA PH#: 864-456-3465 Facility Email: No Facility Email on Record	Greenwood / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0132 / 11/30/2009	8

Totals For Facility/License Type Habilitation R15

Number of Activities/Facilities licensed:	4	Number Licensed Units	32
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Division of Health Licensing

County: Greenwood

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
HOME CARE OF HOSPICECARE OF THE PIEDMONT 408 W ALEXANDER AVE GREENWOOD, SC 29646-4031 FAC.#:864-227-9393 CORLEY, NANCY B PH#: 864-227-9393 Facility Email: NCORLEY@HOSPICEPIEDMONT.ORG	Greenwood / Corporation 408 W ALEXANDER AVE GREENWOOD, SC 29646-4031 HOSPICE CARE OF THE PIEDMONT INC HHA-0134 / 09/30/2010	5
Counties Served Abbeville, Greenwood, Laurens, McCormick, Saluda License Restrictions FOR THE TERMINALLY ILL ONLY Physical Therapy N Speech Therapy:N Occupational Therapy N Med. Social Services Y Home Health Aid: Y Medical Supplies/Appliances/Durable Medical Equipment Y Other:		
HOME HEALTH SERVICES OF SELF REGIONAL HEALTHCARE 1123 SPRING ST GREENWOOD, SC 29646-3833 FAC.#:864-725-7600 RUSSELL, LINDA H PH#: 864-725-7600 Facility Email: IRUSSELL@SELFREGIONAL.ORG	Greenwood / Non-Profit Corporation 1325 SPRING ST GREENWOOD, SC 29646-3875 SELF MEMORIAL HOSPITAL INC HHA-0049 / 01/31/2010	5
Counties Served Abbeville, Greenwood, Laurens, McCormick, Saluda 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:		
NHC HOMECARE-GREENWOOD 615 MAIN ST S GREENWOOD, SC 29646-3245 FAC.#:864-229-9888 MOORE, EDWARD R PH#: 864-229-9888 Facility Email: No Facility Email on Record	Greenwood / Limited Liability Limited Partnership PO BOX 3636 GREENWOOD, SC 29648-1708 NHC/OP LP HHA-0182 / 06/30/2010	1
Counties Served Greenwood 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: DIETARY CONSULTATION		
WESLEY COMMONS HOME HEALTH CARE 1110 MARSHALL RD GREENWOOD, SC 29646-4299 FAC.#:864-227-7250 HOLMES, KIM PH#: 864-227-7250 Facility Email: KHOLMES@WESLEYCOMMONS.ORG	Greenwood / Non-Profit Corporation 1110 MARSHALL RD GREENWOOD, SC 29646-4299 WESLEY COMMONS HHA-0202 / 02/28/2010	1
Counties Served Greenwood, 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 Y Other:		

County: Greenwood

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 12

County: Greenwood

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 HOUSE OF HOSPICECARE OF THE PIEDMONT 408 W ALEXANDER AVE GREENWOOD, SC 29646-4031 FAC.#:864-227-9393 CORLEY, NANCY B PH#: 864-227-9393 Facility Email: NCORLEY@HOSPICEPIEDMONT.ORG	Greenwood / Non-Profit Corporation 408 W ALEXANDER AVE GREENWOOD, SC 29646-4031 HOSPICECARE OF THE PIEDMONT HPF-0002 / 05/31/2010	15

Totals For Facility/License Type Hospice Facility	
Number of Activities/Facilities licensed: <input type="text" value="1"/>	Number Licensed Units <input type="text" value="15"/>

County: Greenwood

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
HOSPICECARE OF THE PIEDMONT 408 W ALEXANDER AVE GREENWOOD, SC 29646-4031 FAC.#:864-227-9393 CORLEY, NANCY B PH#: 864-227-9393 Facility Email: NCORLEY@HOSPICEPIEDMONT.ORG	Greenwood / Corporation 408 W ALEXANDER AVE GREENWOOD, SC 29646-4031 HOSPICECARE OF THE PIEDMONT INC HPC-0010 / 05/31/2010	7
Counties Served Abbeville, Edgefield, Greenwood, Laurens, McCormick, Newberry, Saluda		

Totals For Facility/License Type Hospice Program	
Number of Activities/Facilities licensed: <input type="text" value="1"/>	Number Licensed Units <input type="text" value="7"/>

County: Greenwood

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	
GREENWOOD REGIONAL REHABILITATION HOSPITAL	Greenwood / Ltd. Liability	34
1530 PKWY	1530 PKWY	
GREENWOOD, SC 29646-4027 FAC.#:864-330-1800	GREENWOOD, SC 29646-4027	
KAGLE, TIM PH#: 864-330-9070	GREENWOOD REGIONAL REHABILITATION HOSPITAL LLC	
Facility Email: TIMKAGLE@ERNESTHEALTH.COM	HTL-0903 / 10/31/2010	
Licensed Beds: General: 0 Psychiatric: 0 Rehab: 34 Substance Abuse 0		
Other Beds NICU: 0 Neonatal Special Care 0		

Certifications:JCAHO Accredited

SELF REGIONAL HEALTHCARE	Greenwood / County	414
1325 SPRING ST	1325 SPRING ST	
GREENWOOD, SC 29646-3875 FAC.#:864-725-4111	GREENWOOD, SC 29646-3875	
PFEIFFER, JAMES A PH#: 864-725-4111	GREENWOOD COUNTY HOSPITAL BOARD	
Facility Email: JPPFEIFFER@SELFREGIONAL.ORG	HTL-0038 / 12/31/2009	
Licensed Beds: General: 354 Psychiatric: 36 Rehab: 0 Substance Abuse 24		
Other Beds NICU: 7 Neonatal Special Care 11		

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

Totals For Facility/License Type Hospital or Institutional General Infirmary

Number of Activities/Facilities licensed: Number Licensed Units

County: Greenwood

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
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GREENWOOD TRANSITIONAL REHABILITATION UNIT 1530 PKWY GREENWOOD, SC 29646-4027 FAC.#:864-330-1800 KAGLE, TIM PH#: 864-330-9070 Facility Email: KAGLET@ERNESTHEALTH.COM	Greenwood / Ltd. Liability 1530 PKWY GREENWOOD, SC 29646-4027 GREENWOOD REGIONAL REHABILITATION HOSPITAL LLC NCF-0944 / 10/31/2010	12
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Licensed Beds Nursing Home 12 Institutional Nursing Home 0

Certifications:None

HEALTH CARE CENTER OF WESLEY COMMONS 1110 MARSHALL RD GREENWOOD, SC 29646-4299 FAC.#:864-227-7250 HOLMES, KIMBERLY K PH#: 864-227-7250 Facility Email: KHOMES@WESLEYCOMMONS.ORG	Greenwood / Non-Profit Corporation 1110 MARSHALL RD GREENWOOD, SC 29646-4299 WESLEY COMMONS NCF-0304 / 03/31/2010	102
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Licensed Beds Nursing Home 102 Institutional Nursing Home 0

Certifications:None

MAGNOLIA MANOR-GREENWOOD 1415 PKWY GREENWOOD, SC 29646-4044 FAC.#:864-227-9500 GOFORTH, EDITH C PH#: 864-227-9500 Facility Email: No Facility Email on Record	Greenwood / Ltd. Liability 1415 PKWY GREENWOOD, SC 29646-4044 THI OF SOUTH CAROLINA AT GREENWOOD LLC NCF-0866 / 08/31/2010	88
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Licensed Beds Nursing Home 88 Institutional Nursing Home 0

Certifications:None

NHC HEALTHCARE GREENWOOD 437 CAMBRIDGE AVE E GREENWOOD, SC 29646-2244 FAC.#:864-223-1950 SELLARS, RICHARD A PH#: 864-223-1950 Facility Email: RSELLARS@NHCGREENWOOD.COM	Greenwood / Ltd. Liability PO BOX 3109 GREENWOOD, SC 29648-3109 NHC HEALTHCARE/GREENWOOD LLC NCF-0802 / 06/30/2010	152
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Licensed Beds Nursing Home 152 Institutional Nursing Home 0

Certifications:Alzheimer Care

Totals For Facility/License Type Nursing Home

Number of Activities/Facilities licensed: Number Licensed Units

County: Greenwood

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
CORNERSTONE 1510 SPRING ST GREENWOOD, SC 29646 FAC.#:864-227-1001 MATTHEWS, DAVID D PH#: 864-227-1001 Facility Email: DMATTHEWS@CORNERSTONECARES.ORG	Greenwood / County 1510 SPRING ST GREENWOOD, SC 29646-4071 GREENWOOD-EDGEFIELD-MCCORMICK-ABBEVILLE COMMISSION ON ADA OTP-0029 / 09/30/2010	4

Certifications:None

Totals For Facility/License Type PSAD Outpatient	
Number of Activities/Facilities licensed:	Number Licensed Units
1	4

County: Greenwood

Facility Type: Renal Dialysis

Facility Name	County/Ownership Typ	Licensed Unit
Location Street	Mailing/Billing Address	
Location City, State	Licensee	
Administrator/Phone	License Nbr/Expiration Date	
GREENWOOD DIALYSIS	Greenwood / Corporation	41
109 OVERLAND DR	5200 VIRGINIA WAY STE 400, DAVITA-LICENSURE & CERTIFICATION	
GREENWOOD, SC 29646-4053 FAC.#:864-227-6011	BRENTWOOD, TN 37027-7569	
GILBERT RN, LISA PH#: 864-227-6011	DVA HEALTHCARE RENAL CARE INC	
Facility Email: No Facility Email on Record	ERD-0026 / 12/31/2009	

Licensed Stations: Hemodialysis: 41 Peritoneal: 2

Totals For Facility/License Type Renal Dialysis	
Number of Activities/Facilities licensed:	Number Licensed Units
1	41

County: Greenwood

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
7 SINS TATTOO 204 MONTAGUE AVE STE B GREENWOOD, SC 29649-1937 FAC.#:864-223-3583 BRANDT, KAREN L PH#: 864-223-3583 Facility Email: SEVENSINSTATTOO@LIVE.COM	Greenwood / Sole Proprietorship 204 MONTAGUE AVE STE B GREENWOOD, SC 29649-1937 BRANDT, KAREN L TF-0011 / 07/31/2010	3
SPLIT SICK INK 3204 HWY 25 S STE C GREENWOOD, SC 29646-7783 FAC.#:864-337-8565 CASON, LEVI C PH#: 864-337-8565 Facility Email: SPLITSICKSWAYZ@YAHOO.COM	Greenwood / Sole Proprietorship 3204 HWY 25 S STE C GREENWOOD, SC 29646-7783 CASON, LEVI C TF-0078 / 09/30/2009 (Renewal Pending)	3

Totals For Facility/License Type Tattoo Facility	
Number of Activities/Facilities licensed: <input type="text" value="2"/>	Number Licensed Units <input type="text" value="6"/>

Number of Activities/Facilities licensed in county of Greenwood	# Lics	32
	Number Licensed Units :	1,308

Report Total

Total Number of Activities/Facilities licensed 32 Total Number Licensed Units 1,308