

County: Anderson

Facility Type: Hospice Facility

| Facility Name<br>Location Street<br>Location City, State<br>Administrator/Phone  | County/Ownership Typ<br>Mailing/Billing Address<br>Licensee<br>License Nbr/Expiration Date                                 | Licensed Unit |
|--|--|---------------|
| CALLIE & JOHN RAINEY HOSPICE HOUSE<br>1835 ROGERS RD<br>ANDERSON, SC 29621-2278 FAC.#:864-224-3358<br>MELBOURNE, PAMELA S PH#: 864-224-3358<br>Facility Email: No Facility Email on Record | Anderson / Corporation<br>1835 ROGERS RD<br>ANDERSON, SC 29621-2278<br>HOSPICE OF THE UPSTATE INC<br>HPF-0001 / 08/31/2010 | 32            |

| Totals For Facility/License Type Hospice Facility |                                |   |
|---|--------------------------------|---|
| Number of Activities/Facilities licensed:         | <input type="text" value="1"/> | Number Licensed Units <input type="text" value="32"/> |

|   |                         |        |   |
|---|-------------------------|--------|---|
| Number of Activities/Facilities licensed in county of | Anderson                | # Lics | 1 |
|   | Number Licensed Units : | 32     |   |

County: Charleston

Facility Type: Hospice Facility

| Facility Name<br>Location Street<br>Location City, State<br>Administrator/Phone   | County/Ownership Typ<br>Mailing/Billing Address<br>Licensee<br>License Nbr/Expiration Date   | Licensed Unit |
|---|--|---------------|
| HOSPICE CENTER OF HOSPICE OF CHARLESTON<br>676 WANDO PARK BLVD<br>MOUNT PLEASANT, SC 29464-7936 FAC.#:843-529-3100<br>FEAGIN, ROSINA PH#: 800-677-2244<br>Facility Email: PANDEYSON@HOSPICEOFCHARLESTON.ORG | Charleston / Ltd. Liability<br>12900 FOSTER ST STE 400<br>OVERLAND PARK, KS 66213-2696<br>WIREGRASS HOSPICE OF SOUTH CAROLINA LLC<br>HPF-0005 / 08/31/2010 | 20            |

| Totals For Facility/License Type Hospice Facility |    |
|---|----|
| Number of Activities/Facilities licensed:         | 1  |
| Number Licensed Units                             | 20 |

|   |                         |        |   |
|---|-------------------------|--------|---|
| Number of Activities/Facilities licensed in county of | Charleston              | # Lics | 1 |
|   | Number Licensed Units : | 20     |   |

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 |

|   |                         |        |   |
|---|-------------------------|--------|---|
| Number of Activities/Facilities licensed in county of | Florence                | # Lics | 1 |
|   | Number Licensed Units : | 12     |   |

County: Georgetown

Facility Type: Hospice Facility

| Facility Name<br>Location Street<br>Location City, State<br>Administrator/Phone   | County/Ownership Typ<br>Mailing/Billing Address<br>Licensee<br>License Nbr/Expiration Date   | Licensed Unit |
|---|--|---------------|
| TIDELANDS COMMUNITY HOSPICE HOUSE<br>2591 N FRASER ST<br>GEORGETOWN, SC 29440-6411 FAC.#:843-546-3410<br>HAYES, MARSHA A PH#: 843-546-3410<br>Facility Email: MARSHA.HAYES@TIDELANDSHOSPICE.ORG | Georgetown / Non-Profit Corporation<br>2591 N FRASER ST<br>GEORGETOWN, SC 29440-6411<br>TIDELANDS COMMUNITY HOSPICE INC<br>HPF-0008 / 01/31/2011 | 12            |

| Totals For Facility/License Type Hospice Facility |                                |   |
|---|--------------------------------|---|
| Number of Activities/Facilities licensed:         | <input type="text" value="1"/> | Number Licensed Units <input type="text" value="12"/> |

|   |                         |        |   |
|---|-------------------------|--------|---|
| Number of Activities/Facilities licensed in county of | Georgetown              | # Lics | 1 |
|   | Number Licensed Units : | 12     |   |

County: Greenville

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         |               |
| MCCALL HOSPICE HOUSE OF GREENVILLE             | Greenville / Non-Profit Corporation | 30            |
| 1836 W GEORGIA RD                              | 1836 W GEORGIA RD                   |               |
| SIMPSONVILLE, SC 29680-7212 FAC.#:864-688-1700 | SIMPSONVILLE, SC 29680-7212         |               |
| POPE, BENITA PH#: 864-233-5300                 | ST FRANCIS HOSPITAL INC             |               |
| Facility Email: BENITA_POPE@BSHSI.ORG          | HPF-0010 / 07/31/2010               |               |

| Totals For Facility/License Type Hospice Facility |    |
|---|----|
| Number of Activities/Facilities licensed:         | 1  |
| Number Licensed Units                             | 30 |

|   |                         |        |   |
|---|-------------------------|--------|---|
| Number of Activities/Facilities licensed in county of | Greenville              | # Lics | 1 |
|   | Number Licensed Units : | 30     |   |

County: Greenwood

Facility Type: Hospice Facility

| Facility Name<br>Location Street<br>Location City, State<br>Administrator/Phone  | County/Ownership Typ<br>Mailing/Billing Address<br>Licensee<br>License Nbr/Expiration Date  | Licensed Unit |
|--|---|---------------|
| HOSPICE HOUSE OF HOSPICECARE OF THE PIEDMONT<br>408 W ALEXANDER AVE<br>GREENWOOD, SC 29646-4031 FAC.#:864-227-9393<br>CORLEY, NANCY B PH#: 864-227-9393<br>Facility Email: NCORLEY@HOSPICEPIEDMONT.ORG | Greenwood / Non-Profit Corporation<br>408 W ALEXANDER AVE<br>GREENWOOD, SC 29646-4031<br>HOSPICECARE OF THE PIEDMONT<br>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"/> |

|   |                         |        |   |
|---|-------------------------|--------|---|
| Number of Activities/Facilities licensed in county of | Greenwood               | # Lics | 1 |
|   | Number Licensed Units : | 15     |   |

County: Horry

Facility Type: Hospice Facility

| Facility Name<br>Location Street<br>Location City, State<br>Administrator/Phone  | County/Ownership Typ<br>Mailing/Billing Address<br>Licensee<br>License Nbr/Expiration Date                               | Licensed Unit |
|--|--|---------------|
| AGAPE HOSPICE HOUSE OF HORRY COUNTY<br>2320 HWY 378<br>CONWAY, SC 29527-4911 FAC.#:843-397-2273<br>HOPE, CHARLENE E PH#: 843-397-2273<br>Facility Email: CHOPE@AGAPESENIOR.COM | Horry / Corporation<br>2320 HWY 378<br>CONWAY, SC 29527-4911<br>CAROLINAS COMMUNITY HOSPICE INC<br>HPF-0016 / 03/31/2010 | 24            |

|  |   |
|--|---|
| <b>Totals For Facility/License Type Hospice Facility</b>                 |   |
| Number of Activities/Facilities licensed: <input type="text" value="1"/> | Number Licensed Units <input type="text" value="24"/> |

|   |        |   |
|---|--------|---|
| Number of Activities/Facilities licensed in county of Horry | # Lics | 1 |
| Number Licensed Units :                                     | 24     |   |

County: Laurens

Facility Type: Hospice Facility

| Facility Name<br>Location Street<br>Location City, State<br>Administrator/Phone   | County/Ownership Typ<br>Mailing/Billing Address<br>Licensee<br>License Nbr/Expiration Date   | Licensed Unit |
|---|--|---------------|
| HOSPICE OF LAURENS COUNTY-HOSPICE HOUSE<br>1304 SPRINGDALE DR<br>CLINTON, SC 29325-7226 FAC.#:864-833-6287<br>BROWN, LINDA R PH#: 864-833-6287<br>Facility Email: LBROWN@HOSPICEOFLAURENSCOUNTY.COM | Laurens / Non-Profit Corporation<br>PO BOX 178<br>CLINTON, SC 29325-0178<br>HOSPICE OF LAURENS COUNTY INC<br>HPF-0014 / 10/31/2010 | 12            |

| Totals For Facility/License Type Hospice Facility |                                |   |
|---|--------------------------------|---|
| Number of Activities/Facilities licensed:         | <input type="text" value="1"/> | Number Licensed Units <input type="text" value="12"/> |

|   |                         |        |   |
|---|-------------------------|--------|---|
| Number of Activities/Facilities licensed in county of | Laurens                 | # Lics | 1 |
|   | Number Licensed Units : | 12     |   |

County: Lexington

Facility Type: Hospice Facility

| Facility Name<br>Location Street<br>Location City, State<br>Administrator/Phone  | County/Ownership Typ<br>Mailing/Billing Address<br>Licensee<br>License Nbr/Expiration Date                    | Licensed Unit |
|--|---|---------------|
| ASCENSION HOUSE<br>7142 WOODROW ST<br>IRMO, SC 29063-2832 FAC.#:803-796-9296<br>WILLIAMS, ROGER W PH#: 803-796-9296<br>Facility Email: ROGERW@ASCENSIONHOSPICE.COM | Lexington / Corporation<br>PO BOX 1367<br>IRMO, SC 29063-1367<br>ASCENSION HOUSE INC<br>HPF-0009 / 06/30/2010 | 14            |

| Totals For Facility/License Type Hospice Facility |                                |   |
|---|--------------------------------|---|
| Number of Activities/Facilities licensed:         | <input type="text" value="1"/> | Number Licensed Units <input type="text" value="14"/> |

|   |                         |        |   |
|---|-------------------------|--------|---|
| Number of Activities/Facilities licensed in county of | Lexington               | # Lics | 1 |
|   | Number Licensed Units : | 14     |   |

County: Oconee

Facility Type: Hospice Facility

| Facility Name<br>Location Street<br>Location City, State<br>Administrator/Phone  | County/Ownership Typ<br>Mailing/Billing Address<br>Licensee<br>License Nbr/Expiration Date   | Licensed Unit |
|--|--|---------------|
| OCONEE HOSPICE OF THE FOOTHILLS COTTINGHAM HOUSE<br>220 TUCKER LN<br>SENECA, SC 29672-6669 FAC.#:864-882-8940<br>SINES, TENNA R PH#: 864-882-8940<br>Facility Email: TENNA.SINES@OCONEEMED.ORG | Oconee / Non-Profit Corporation<br>390 KEOWEE SCHOOL RD<br>SENECA, SC 29672-6743<br>OCONEE MEDICAL CENTER INC<br>HPF-0011 / 09/30/2010 | 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"/> |

|   |                         |        |   |
|---|-------------------------|--------|---|
| Number of Activities/Facilities licensed in county of | Oconee                  | # Lics | 1 |
|   | Number Licensed Units : | 15     |   |

County: Richland

Facility Type: Hospice Facility

| Facility Name<br>Location Street<br>Location City, State<br>Administrator/Phone  | County/Ownership Typ<br>Mailing/Billing Address<br>Licensee<br>License Nbr/Expiration Date                                  | Licensed Unit |
|--|---|---------------|
| HEARTLAND HOSPICE HOUSE OF THE MIDLANDS<br>141 STONERIDGE DR<br>COLUMBIA, SC 29210-8240 FAC.#:803-939-2788<br>LOVE, MARC PH#:<br>Facility Email: 4739ADMIN@HER-MANORCARE.COM | Richland / Limited Liability<br>141 STONERIDGE DR<br>COLUMBIA, SC 29210-8240<br>IN HOME HEALTH LLC<br>HPF-0013 / 12/31/2010 | 12            |

|  |   |
|--|---|
| <b>Totals For Facility/License Type Hospice Facility</b>                 |   |
| Number of Activities/Facilities licensed: <input type="text" value="1"/> | Number Licensed Units <input type="text" value="12"/> |

|   |                         |        |   |
|---|-------------------------|--------|---|
| Number of Activities/Facilities licensed in county of | Richland                | # Lics | 1 |
|   | Number Licensed Units : | 12     |   |

County: Spartanburg

Facility Type: Hospice Facility

| Facility Name<br>Location Street<br>Location City, State<br>Administrator/Phone  | County/Ownership Typ<br>Mailing/Billing Address<br>Licensee<br>License Nbr/Expiration Date  | Licensed Unit |
|--|---|---------------|
| SPARTANBURG REGIONAL HOSPICE HOME<br>686 JEFF DAVIS DR<br>SPARTANBURG, SC 29303-2092 FAC.#:864-560-5620<br>DAWKINS, TRACEY L PH#: 864-560-5620<br>Facility Email: LHARRIS@SRHS.COM | Spartanburg / District<br>686 JEFF DAVIS DR<br>SPARTANBURG, SC 29303-2092<br>SPARTANBURG REGIONAL HEALTH SERVICES DISTRICT INC<br>HPF-0007 / 12/31/2010 | 15            |

| Totals For Facility/License Type Hospice Facility |   |   |
|---|---|---|
| Number of Activities/Facilities licensed:         | 1 | Number Licensed Units <span style="float: right;">15</span> |

|   |                         |        |   |
|---|-------------------------|--------|---|
| Number of Activities/Facilities licensed in county of | Spartanburg             | # Lics | 1 |
|   | Number Licensed Units : | 15     |   |

County: York

Facility Type: Hospice Facility

| Facility Name<br>Location Street<br>Location City, State<br>Administrator/Phone  | County/Ownership Typ<br>Mailing/Billing Address<br>Licensee<br>License Nbr/Expiration Date                                      | Licensed Unit |
|--|---|---------------|
| HOSPICE & COMMUNITY CARE HOUSE<br>2275 INDIA HOOK RD<br>ROCK HILL, SC 29732-1223 FAC.#:803-329-1500<br>ARMSTRONG, JAYNE M PH#: 803-329-4663<br>Facility Email: JANE@HOSPICECOMMUNITYCARE.ORG | York / Non-Profit Corporation<br>PO BOX 993<br>ROCK HILL, SC 29731-6993<br>CAROLINA COMMUNITY CARE INC<br>HPF-0012 / 12/31/2010 | 16            |

|  |                                |   |
|--|--------------------------------|---|
| <b>Totals For Facility/License Type Hospice Facility</b>   |                                |   |
| Number of Activities/Facilities licensed:                  | <input type="text" value="1"/> | Number Licensed Units <input type="text" value="16"/> |
| Number of Activities/Facilities licensed in county of York | # Lics                         | 1   |
|  | Number Licensed Units :        | 16  |

Report Total

Total Number of Activities/Facilities licensed 13      Total Number Licensed Units 229