

County: Abbeville

Facility Type: Hospital or Institutional General Infirmary

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

ABBEVILLE AREA MEDICAL CENTER	Abbeville / County	25
420 THOMSON CIR	PO BOX 887	
ABBEVILLE, SC 29620-5656 FAC.#:864-366-5011	ABBEVILLE, SC 29620-0887	
OSMUS, RICH PH#: 864-366-5011	ABBEVILLE COUNTY MEMORIAL HOSPITAL	
Facility Email: ADMINASST@ABBEVILLEAREAMC.COM	HTL-0899 / 07/31/2010	

Licensed Beds: General:	25	Psychiatric:	0	Rehab:	0	Substance Abuse:	0
Other Beds	NICU:	0	Neonatal Special Care	0			

Certifications:Swing Bed Unit(s), JCAHO Accredited

Totals For Facility/License Type Hospital or Institutional General Infirmary	
Number of Activities/Facilities licensed:	1
Number Licensed Units	25

Number of Activities/Facilities licensed in county of Abbeville	# Lics	1
Number Licensed Units :	25	

County: Aiken

Facility Type: Hospital or Institutional General Infirmary

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

AIKEN REGIONAL MEDICAL CENTER	Aiken / Corporation	230
302 UNIVERSITY PKWY	302 UNIVERSITY PKWY	
AIKEN, SC 29801-2792 FAC.#:803-641-5600	AIKEN, SC 29801-2792	
MILANES, CARLOS PH#: 803-641-5383	AIKEN REGIONAL MEDICAL CENTERS INC	
Facility Email: K.D.JUSTYN@UHSINC.COM	HTL-0152 / 11/30/2009	

Licensed Beds: General: 183 Psychiatric: 29 Rehab: 0 Substance Abuse 18
 Other Beds NICU: 0 Neonatal Special Care 8

Certifications: Perinatal Level II, JCAHO Accredited

Totals For Facility/License Type Hospital or Institutional General Infirmary	
Number of Activities/Facilities licensed:	1 Number Licensed Units 230

Number of Activities/Facilities licensed in county of Aiken	# Lics	1
	Number Licensed Units :	230

County: Allendale

Facility Type: Hospital or Institutional General Infirmary

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

ALLENDALE COUNTY HOSPITAL Allendale / County 25

1787 ALLENDALE FAIRFAX HWY

FAIRFAX, SC 29827-9133 FAC.#:803-584-3392

HIATT, KEN PH#: 803-632-3311

ALLENDALE COUNTY HOSPITAL BOARD

Facility Email: ADMINKH@ACHOSPITAL.ORG

HTL-0041 / 04/30/2010

Licensed Beds: General: 25 Psychiatric: 0 Rehab: 0 Substance Abuse 0

Other Beds NICU: 0 Neonatal Special Care 0

Certifications: Swing Bed Unit(s), Critical Access Hospital

Totals For Facility/License Type Hospital or Institutional General Infirmary	
Number of Activities/Facilities licensed:	Number Licensed Units
1	25

Number of Activities/Facilities licensed in county of Allendale	# Lics	1
	Number Licensed Units :	25

County: Anderson

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
ANMED HEALTH MEDICAL CENTER 800 N FANT ST ANDERSON, SC 29621-5793 FAC.#:864-512-1109 MILLER JR, JOHN A PH#: 864-512-1109 Facility Email: JERRY.PARRISH@ANMEDHEALTH.ORG	Anderson / Non-Profit Corporation 800 N FANT ST ANDERSON, SC 29621-5793 ANMED HEALTH HTL-0044 / 11/30/2009	461
Licensed Beds: General: 423 Psychiatric: 38 Rehab: 0 Substance Abuse 0 Other Beds NICU: 0 Neonatal Special Care 0		

Certifications:Trauma Center Level II, JCAHO Accredited

ANMED HEALTH REHABILITATION HOSPITAL 1 SPRING BACK WAY ANDERSON, SC 29621-2676 FAC.#:864-716-2600 SKRIPPS, MICHELE M PH#: 864-716-2600 Facility Email: MICHELESKRIPPS@HEALTHSOUTH.COM	Anderson / Ltd. Liability 1 SPRING BACK WAY ANDERSON, SC 29621-2676 ANMED ENTERPRISES INC/HEALTHSOUTH LLC HTL-0838 / 12/31/2009	40
Licensed Beds: General: 0 Psychiatric: 0 Rehab: 40 Substance Abuse 0 Other Beds NICU: 0 Neonatal Special Care 0		

Certifications:JCAHO Accredited

ANMED HEALTH WOMEN'S AND CHILDREN'S HOSPITAL 2000 E GREENVILLE ST, ANMED HEALTH CAMPUS ANDERSON, SC 29621-1580 FAC.#:864-512-4800 MILLER JR, JOHN A PH#: 864-512-1000 Facility Email: DEBORAH.ROEGGE@ANMEDHEALTH.ORG	Anderson / Non-Profit Corporation 2000 E GREENVILLE ST, ANMED HEALTH CAMPUS ANDERSON, SC 29621-1580 ANMED HEALTH HTL-0896 / 06/30/2010	72
Licensed Beds: General: 72 Psychiatric: 0 Rehab: 0 Substance Abuse 0 Other Beds NICU: 0 Neonatal Special Care 13		

Certifications:Perinatal Level II, JCAHO Accredited

PATRICK B HARRIS PSYCHIATRIC HOSPITAL 130 HWY 252 ANDERSON, SC 29621-5054 FAC.#:864-231-2600 FLETCHER, JOHN F PH#: 864-231-2600 Facility Email: No Facility Email on Record	Anderson / State PO BOX 2907 ANDERSON, SC 29622-2907 SC DEPARTMENT OF MENTAL HEALTH HTL-0503 / 11/30/2009	200
Licensed Beds: General: 0 Psychiatric: 200 Rehab: 0 Substance Abuse 0 Other Beds NICU: 0 Neonatal Special Care 0		

Certifications:JCAHO Accredited

Totals For Facility/License Type Hospital or Institutional General Infirmary			
Number of Activities/Facilities licensed:	4	Number Licensed Units	773
Number of Activities/Facilities licensed in county of	Anderson	# Lics	4
	Number Licensed Units :	773	

County: Bamberg

Facility Type: Hospital or Institutional General Infirmary

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

BAMBERG COUNTY MEMORIAL HOSPITAL	Bamberg / County	59
509 NORTH ST	509 NORTH ST	
BAMBERG, SC 29003-1330 FAC.#:803-245-4321	BAMBERG, SC 29003-1330	
VINSON, ROY C PH#: 803-245-6228	BAMBERG COUNTY MEMORIAL HOSPITAL BOARD	
Facility Email: PARLERFD@BAMBERGHEALTH.ORG	HTL-0029 / 05/31/2010	

Licensed Beds: General: 59 Psychiatric: 0 Rehab: 0 Substance Abuse: 0
 Other Beds NICU: 0 Neonatal Special Care: 0

Certifications: Swing Bed Unit(s), Perinatal Level I, JCAHO Accredited

Totals For Facility/License Type Hospital or Institutional General Infirmary	
Number of Activities/Facilities licensed:	Number Licensed Units
1	59

Number of Activities/Facilities licensed in county of Bamberg	# Lics	1
	Number Licensed Units :	59

County: Barnwell

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	
BARNWELL COUNTY HOSPITAL	Barnwell / County	53
811 REYNOLDS RD	811 REYNOLDS RD	
BARNWELL, SC 29812-1555 FAC.#:803-541-4365	BARNWELL, SC 29812-1555	
WISNER RN, MARY PH#: 803-259-1000	BARNWELL COUNTY	
Facility Email: MWISNER@BCHOSPITAL.ORG	HTL-0485 / 04/30/2010	
Licensed Beds: General: 53 Psychiatric: 0 Rehab: 0 Substance Abuse: 0		
Other Beds NICU: 0 Neonatal Special Care: 0		

Certifications: JCAHO Accredited

Totals For Facility/License Type Hospital or Institutional General Infirmary	
Number of Activities/Facilities licensed: <input style="width: 50px; text-align: center;" type="text" value="1"/>	Number Licensed Units <input style="width: 50px; text-align: center;" type="text" value="53"/>

Number of Activities/Facilities licensed in county of Barnwell	# Lics	1
	Number Licensed Units :	53

County: Beaufort

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
BEAUFORT MEMORIAL HOSPITAL 955 RIBAUT RD BEAUFORT, SC 29902-5454 FAC.#:843-522-5200 TOOMEY, RICHARD K PH#: 843-522-5200	Beaufort / County 955 RIBAUT RD BEAUFORT, SC 29902-5454 BEAUFORT COUNTY MEMORIAL HOSPITAL	197
Facility Email: AMECHERLE@BMHSC.ORG	HTL-0026 / 11/30/2009	
Licensed Beds: General: 169 Psychiatric: 14 Rehab: 14 Substance Abuse: 0		
Other Beds: NICU: 0 Neonatal Special Care: 5		

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

HILTON HEAD HOSPITAL 25 HOSPITAL CENTER BLVD HILTON HEAD ISLAND, SC 29926-2738 FAC.#:843-689-8206 SHAW, PHILLIP PH#: 843-689-8206	Beaufort / Limited Liability Limited Partnership 25 HOSPITAL CENTER BLVD HILTON HEAD ISLAND, SC 29926-2738 HILTON HEAD HEALTH SYSTEM LP	93
Facility Email: No Facility Email on Record	HTL-0646 / 10/30/2009 (Renewal Pending)	
Licensed Beds: General: 93 Psychiatric: 0 Rehab: 0 Substance Abuse: 0		
Other Beds: NICU: 0 Neonatal Special Care: 0		

Certifications: Perinatal Level I, JCAHO Accredited

Totals For Facility/License Type Hospital or Institutional General Infirmary			
Number of Activities/Facilities licensed:	<input type="text" value="2"/>	Number Licensed Units	<input type="text" value="290"/>
Number of Activities/Facilities licensed in county of	Beaufort	# Lics	2
	Number Licensed Units :	290	

County: Charleston

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
BON SECOURS-ST FRANCIS XAVIER HOSPITAL 2095 HENRY TECKLENBURG DR CHARLESTON, SC 29414-5734 FAC.#:843-402-1000 CARROLL, ALLEN P PH#: 843-402-1006 Facility Email: ALLEN.CARROLL@RSFH.COM	Charleston / Non-Profit Corporation 2095 HENRY TECKLENBURG DR CHARLESTON, SC 29414-5734 BON SECOURS-ST FRANCIS XAVIER HOSPITAL INC HTL-0750 / 07/31/2010	204
Licensed Beds: General: 204 Psychiatric: 0 Rehab: 0 Substance Abuse 0 Other Beds NICU: 0 Neonatal Special Care 11		
Certifications:Trauma Center Level III, Perinatal Level II, JCAHO Accredited		
CITADEL INFIRMARY 171 MOULTRIE ST, CITADEL INFIRMARY CHARLESTON, SC 29409-0001 FAC.#:843-953-6847 CAPELL, CAREY M PH#: 843-953-6847 Facility Email: No Facility Email on Record	Charleston / State 171 MOULTRIE ST, CITADEL INFIRMARY CHARLESTON, SC 29409-0001 BOARD OF VISITORS THE CITADEL HTL-0035 / 05/31/2010	38
Licensed Beds: General: 38 Psychiatric: 0 Rehab: 0 Substance Abuse 0 Other Beds NICU: 0 Neonatal Special Care 0		
Certifications:None		
EAST COOPER REGIONAL MEDICAL CENTER 1200 JOHNNIE DODDS BLVD MOUNT PLEASANT, SC 29464-3294 FAC.#:843-881-4311 SINACORE-JABORG, JANIE PH#: 843-881-4311 Facility Email: No Facility Email on Record	Charleston / Corporation 1200 JOHNNIE DODDS BLVD MOUNT PLEASANT, SC 29464-3294 EAST COOPER COMMUNITY HOSPITAL INC HTL-0447 / 12/31/2009	100
Licensed Beds: General: 100 Psychiatric: 0 Rehab: 0 Substance Abuse 0 Other Beds NICU: 0 Neonatal Special Care 6		
Certifications:Abortions, Trauma Center Level III, Perinatal Level II, JCAHO Accredited		
HEALTHSOUTH REHABILITATION HOSPITAL OF CHARLESTON 9181 MEDCOM ST NORTH CHARLESTON, SC 29406-9184 FAC.#:843-820-7777 POWELL, TROY G PH#: 843-820-7777 Facility Email: TROY.POWELL@HEALTHSOUTH.COM	Charleston / Corporation 9181 MEDCOM ST NORTH CHARLESTON, SC 29406-9184 TRIDENT NEUROSCIENCES CENTER INC HTL-0648 / 01/31/2010	46
Licensed Beds: General: 0 Psychiatric: 0 Rehab: 46 Substance Abuse 0 Other Beds NICU: 0 Neonatal Special Care 0		
Certifications:JCAHO Accredited		
KINDRED HOSPITAL-CHARLESTON 326 CALHOUN ST FL 3 CHARLESTON, SC 29401-1124 FAC.#:843-876-8340 SHEETS RN, JENNIFER FRYE PH#: 843-876-8340 Facility Email: SAM.KURZ@KINDREDHEALTHCARE.COM	Charleston / Corporation 326 CALHOUN ST FL 3 CHARLESTON, SC 29401-1124 SPECIALTY HOSPITAL OF SOUTH CAROLINA INC HTL-0764 / 12/31/2009	59
Licensed Beds: General: 59 Psychiatric: 0 Rehab: 0 Substance Abuse 0 Other Beds NICU: 0 Neonatal Special Care 0		
Certifications:JCAHO Accredited		

County: Charleston

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	
MUSC MEDICAL CENTER	Charleston / District	689
169 ASHLEY AVE	169 ASHLEY AVE	
CHARLESTON, SC 29425-8905 FAC.#:843-792-3232	CHARLESTON, SC 29425-8905	
SMITH, W STUART PH#: 843-792-3232	MEDICAL UNIVERSITY HOSPITAL AUTHORITY	
Facility Email: SMITHSTU@MUSC.EDU	HTL-0811 / 11/30/2009	
Licensed Beds: General: 584 Psychiatric: 82 Rehab: 0 Substance Abuse 23		
Other Beds NICU: 16 Neonatal Special Care 50		

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

PALMETTO LOWCOUNTRY BEHAVIORAL HEALTH	Charleston / Ltd. Liability	80
2777 SPEISSEGGER DR	2777 SPEISSEGGER DR	
NORTH CHARLESTON, SC 29405-8229 FAC.#:843-747-5830	NORTH CHARLESTON, SC 29405-8229	
TOLLEY, CHERIE D PH#: 843-747-5830	PALMETTO LOWCOUNTRY BEHAVIORAL HEALTH LLC	
Facility Email: FRANCES.SANTIAGO@PSYSOLUTIONS.COM	HTL-0729 / 08/31/2010	
Licensed Beds: General: 0 Psychiatric: 70 Rehab: 0 Substance Abuse 10		
Other Beds NICU: 0 Neonatal Special Care 0		

Certifications:JCAHO Accredited

ROPER HOSPITAL	Charleston / Corporation	440
316 CALHOUN ST	316 CALHOUN ST	
CHARLESTON, SC 29401-1125 FAC.#:843-724-2901	CHARLESTON, SC 29401-1125	
SEVERANCE, MATHEW J PH#: 843-724-2901	ROPER HOSPITAL INC	
Facility Email: MATT.SEVERANCE@RSFH.COM	HTL-0063 / 10/31/2009 (Renewal Pending)	
Licensed Beds: General: 401 Psychiatric: 0 Rehab: 39 Substance Abuse 0		
Other Beds NICU: 0 Neonatal Special Care 5		

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

TRIDENT MEDICAL CENTER	Charleston / Ltd. Liability	296
9330 MEDICAL PLAZA DR	9330 MEDICAL PLAZA DR	
CHARLESTON, SC 29406-9195 FAC.#:843-847-4100	CHARLESTON, SC 29406-9195	
GALATI, TODD PH#: 843-797-7000	TRIDENT MEDICAL CENTER LLC	
Facility Email: MARK.ROBINSON.HCAHEALTHCARE.COM	HTL-0777 / 04/30/2010	
Licensed Beds: General: 296 Psychiatric: 0 Rehab: 0 Substance Abuse 0		
Other Beds NICU: 0 Neonatal Special Care 10		

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

Totals For Facility/License Type Hospital or Institutional General Infirmary			
Number of Activities/Facilities licensed:	9	Number Licensed Units	1,952
Number of Activities/Facilities licensed in county of	Charleston	# Lics	9
	Number Licensed Units :	1,952	

County: Cherokee

Facility Type: Hospital or Institutional General Infirmary

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

UPSTATE CAROLINA MEDICAL CENTER Cherokee / Limited Liability 125
 1530 N LIMESTONE ST 1530 N LIMESTONE ST
 GAFFNEY, SC 29340-4738 FAC.#:864-487-1500 GAFFNEY, SC 29340-4738
 HOWELL, JOE D PH#: 864-487-1500 GAFFNEY HMA LLC
 Facility Email: No Facility Email on Record HTL-0476 / 05/31/2010

Licensed Beds: General: 125 Psychiatric: 0 Rehab: 0 Substance Abuse 0
 Other Beds NICU: 0 Neonatal Special Care 0

Certifications: Perinatal Level I, JCAHO Accredited

Totals For Facility/License Type Hospital or Institutional General Infirmary	
Number of Activities/Facilities licensed:	1
Number Licensed Units	125

Number of Activities/Facilities licensed in county of Cherokee	# Lics	1
Number Licensed Units :	125	

County: Chester

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	
CHESTER REGIONAL MEDICAL CENTER	Chester / Corporation	82
1 MEDICAL PARK DR	1 MEDICAL PARK DR	
CHESTER, SC 29706-9776 FAC.#:803-581-9400	CHESTER, SC 29706-9776	
TAVERNIER, PATRICE L PH#: 803-581-3151	CHESTER HMA INC	
Facility Email: PATRICETAVERNIER@CRMCS.CHESTER.HMA-CORP.COM	HTL-0894 / 09/30/2009 (Renewal Pending)	
Licensed Beds: General: 82	Psychiatric: 0	Rehab: 0
Other Beds	NICU: 0	Neonatal Special Care 0
	Substance Abuse	0

Certifications: JCAHO Accredited

Totals For Facility/License Type Hospital or Institutional General Infirmary		
Number of Activities/Facilities licensed:	<input type="text" value="1"/>	Number Licensed Units <input type="text" value="82"/>

Number of Activities/Facilities licensed in county of	Chester	# Lics	1
	Number Licensed Units :	82	

County: Chesterfield

Facility Type: Hospital or Institutional General Infirmary

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

CHESTERFIELD GENERAL HOSPITAL	Chesterfield / Limited Liability	59
711 CHESTERFIELD HWY	Limited Partnership	
711 CHESTERFIELD HWY	711 CHESTERFIELD HWY	
CHERAW, SC 29520-7002 FAC.#:843-537-7881	CHERAW, SC 29520-7002	
THERIOT, PAUL PH#: 843-320-3300	CHESTERFIELD/MARLBORO LP	
Facility Email: PAUL-THERIOT@CHS.NET	HTL-0681 / 03/31/2010	

Licensed Beds: General:	59	Psychiatric:	0	Rehab:	0	Substance Abuse:	0
Other Beds	NICU:	0	Neonatal Special Care	0			

Certifications: Swing Bed Unit(s), Perinatal Level I, JCAHO Accredited

Totals For Facility/License Type Hospital or Institutional General Infirmary	
Number of Activities/Facilities licensed:	1
Number Licensed Units	59

Number of Activities/Facilities licensed in county of	Chesterfield	# Lics	1
	Number Licensed Units :	59	

County: Clarendon

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
CLARENDON MEMORIAL HOSPITAL 10 E HOSPITAL ST MANNING, SC 29102-3153 FAC.#:803-435-8463 FRYE, EDWARD R PH#: 803-435-8463 Facility Email: CLARENDONHEALTH.COM	Clarendon / Non-Profit Corporation PO BOX 550 MANNING, SC 29102-0550 CLARENDON HOSPITAL DISTRICT HTL-0012 / 07/31/2010	56
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 1578 CLARENCE COKER HWY TURBEVILLE, SC 29162-9419 FAC.#:803-896-3100 HUGGINS, TINA BLAKELY PH#: 803-896-3161 Facility Email: No Facility Email on Record	Clarendon / State PO BOX 252 TURBEVILLE, SC 29162-0252 SC DEPT OF CORRECTIONS HTL-0901 / 10/31/2009 (Renewal Pending)	8
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
Number of Activities/Facilities licensed in county of	Clarendon	# Lics 2
	Number Licensed Units :	64

County: Colleton

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	
COLLETON MEDICAL CENTER	Colleton / Corporation	131
501 ROBERTSON BLVD	501 ROBERTSON BLVD	
WALTERBORO, SC 29488-5714 FAC.#:843-782-2643	WALTERBORO, SC 29488-5714	
MONGELL, MITCHELL P PH#: 843-782-2000	WALTERBORO COMMUNITY HOSPITAL INC	
Facility Email: MITCH.MONGELL@HCAHEALTHCARECO	HTL-0405 / 03/31/2010	
Licensed Beds: General: 131 Psychiatric: 0 Rehab: 0 Substance Abuse: 0		
Other Beds NICU: 0 Neonatal Special Care: 0		
Certifications: Perinatal Level I, JCAHO Accredited		

Totals For Facility/License Type Hospital or Institutional General Infirmary	
Number of Activities/Facilities licensed: <input style="width: 50px; text-align: center;" type="text" value="1"/>	Number Licensed Units <input style="width: 50px; text-align: center;" type="text" value="131"/>

Number of Activities/Facilities licensed in county of Colleton	# Lics	1
	Number Licensed Units :	131

County: Darlington

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	
CAROLINA PINES REGIONAL MEDICAL CENTER	Darlington / Limited Liability	116
1304 W BOBO NEWSOM HWY	1304 W BOBO NEWSOM HWY	
HARTSVILLE, SC 29550-4399 FAC.#:843-339-4790	HARTSVILLE, SC 29550-4399	
JONES, LANCE PH#: 843-339-4100	HARTSVILLE HMA LLC	
Facility Email: LANCEJONES@HMA.COM	HTL-0904 / 04/30/2010	
Licensed Beds: General: 116	Psychiatric: 0	Rehab: 0
	Substance Abuse: 0	
Other Beds	NICU: 0	Neonatal Special Care: 4

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

MCLEOD MEDICAL CENTER DARLINGTON	Darlington / Non-Profit Corporation	72
701 CASHUA FERRY RD	PO BOX 1859	
DARLINGTON, SC 29532-8488 FAC.#:843-777-1100	DARLINGTON, SC 29540-1859	
GODBOLD, PATRICIA J PH#: 843-777-1100	MCLEOD REGIONAL MEDICAL CENTER OF THE PEE DEE INC	
Facility Email: PGODBOLD@MCLEODHEALTH.ORG	HTL-0631 / 12/31/2009	
Licensed Beds: General: 49	Psychiatric: 23	Rehab: 0
	Substance Abuse: 0	
Other Beds	NICU: 0	Neonatal Special Care: 0

Certifications: Swing Bed Unit(s), JCAHO Accredited

Totals For Facility/License Type Hospital or Institutional General Infirmary

Number of Activities/Facilities licensed: Number Licensed Units

Number of Activities/Facilities licensed in county of	Darlington	# Lics	2
	Number Licensed Units :	188	

County: Dorchester

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	
LIEBER CORRECTIONAL INSTITUTION INFIRMARY	Dorchester / State	10
136 WILBORN AVE	PO BOX 205	
RIDGEVILLE, SC 29472-6351 FAC.#:803-896-3702	RIDGEVILLE, SC 29472-0205	
POWELL, JOSEPH PH#: 843-875-3332	SC DEPT OF CORRECTIONS	
Facility Email: No Facility Email on Record	HTL-0874 / 04/30/2010	
Licensed Beds: General: 10 Psychiatric: 0 Rehab: 0 Substance Abuse 0		
Other Beds NICU: 0 Neonatal Special Care 0		

Certifications:None

SUMMERVILLE MEDICAL CENTER	Dorchester / Ltd. Liability	94
295 MIDLAND PKWY	295 MIDLAND PKWY	
SUMMERVILLE, SC 29485-8104 FAC.#:843-832-5101	SUMMERVILLE, SC 29485-8104	
CAPUTO, LOUIS F PH#: 843-797-7000	TRIDENT MEDICAL CENTER LLC	
Facility Email: PATRICIA.JOHNSON@HCAHEALTHCARE.COM	HTL-0780 / 04/30/2010	
Licensed Beds: General: 94 Psychiatric: 0 Rehab: 0 Substance Abuse 0		
Other Beds NICU: 0 Neonatal Special Care 3		

Certifications:Abortions, Perinatal Level II, JCAHO Accredited

Totals For Facility/License Type Hospital or Institutional General Infirmary			
Number of Activities/Facilities licensed:	<input type="text" value="2"/>	Number Licensed Units	<input type="text" value="104"/>
Number of Activities/Facilities licensed in county of	Dorchester	# Lics	2
	Number Licensed Units :		104

County: Edgefield

Facility Type: Hospital or Institutional General Infirmary

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

EDGEFIELD COUNTY HOSPITAL	Edgefield / County	25
300 RIDGE MEDICAL PLAZA RD	PO BOX 590	
EDGEFIELD, SC 29824-4525 FAC.#:803-637-3174	EDGEFIELD, SC 29824-0590	
ROBINSON, PATRICIA C PH#: 803-637-3174	EDGEFIELD COUNTY HOSPITAL BOARD	
Facility Email: EDGEFIELDCOHOSPITAL.ORG	HTL-0479 / 03/31/2010	

Licensed Beds: General: 25 Psychiatric: 0 Rehab: 0 Substance Abuse: 0
 Other Beds NICU: 0 Neonatal Special Care: 0

Certifications: Swing Bed Unit(s), JCAHO Accredited, Critical Access Hospital

Totals For Facility/License Type Hospital or Institutional General Infirmary	
Number of Activities/Facilities licensed: <input type="text" value="1"/>	Number Licensed Units <input type="text" value="25"/>

Number of Activities/Facilities licensed in county of Edgefield	# Lics	1
	Number Licensed Units :	25

County: Fairfield

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	
FAIRFIELD MEMORIAL HOSPITAL	Fairfield / County	25
102 US HWY 321 BYP N	PO BOX 620	
WINNSBORO, SC 29180-9251 FAC.#:803-635-0233	WINNSBORO, SC 29180-0620	
WILLIAMS, MICHAEL L PH#: 803-635-5548	FAIRFIELD MEMORIAL HOSPITAL BOARD OF TRUSTEES	
Facility Email: KRISTI.GODWIN@FAIRFIELDMEMORIAL.COM	HTL-0154 / 11/30/2009	
Licensed Beds: General: 25 Psychiatric: 0 Rehab: 0 Substance Abuse: 0		
Other Beds NICU: 0 Neonatal Special Care: 0		
Certifications: Swing Bed Unit(s), JCAHO Accredited, Critical Access Hospital		

Totals For Facility/License Type Hospital or Institutional General Infirmary	
Number of Activities/Facilities licensed: <input style="width: 50px; text-align: center;" type="text" value="1"/>	Number Licensed Units <input style="width: 50px; text-align: center;" type="text" value="25"/>

Number of Activities/Facilities licensed in county of Fairfield	# Lics	1
	Number Licensed Units :	25

Division of Health Licensing

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:	<input type="text" value="7"/>	Number Licensed Units <input type="text" value="1,025"/>
Number of Activities/Facilities licensed in county of	Florence	# Lics 7
	Number Licensed Units :	1,025

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

Number of Activities/Facilities licensed in county of	Georgetown	# Lics	2
		Number Licensed Units :	298

County: Greenville

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	
CAROLINA CENTER FOR BEHAVIORAL HEALTH	Greenville / Corporation	89
2700 E PHILLIPS RD	2700 E PHILLIPS RD	
GREER, SC 29650-4815 FAC.#:864-235-2335	GREER, SC 29650-4815	
WILLINGHAM, JOHN C PH#: 864-235-2335	UHS OF GREENVILLE INC	
Facility Email: JOHN.WILLINGHAM@UHSINC.COM	HTL-0806 / 08/31/2010	
Licensed Beds: General: 0 Psychiatric: 76 Rehab: 0 Substance Abuse		13
Other Beds NICU: 0 Neonatal Special Care 0		

Certifications:JCAHO Accredited

GREENVILLE MEMORIAL MEDICAL CENTER	Greenville / District	845
701 GROVE RD	701 GROVE RD, ISC PLANNING-3RD FLOOR	
GREENVILLE, SC 29605-5611 FAC.#:864-455-7114	GREENVILLE, SC 29605-5611	
WHITE, SUZANNE PH#: 864-455-8400	GREENVILLE HOSPITAL SYSTEM	
Facility Email: GHSNET.GHSORG	HTL-0343 / 12/31/2009	
Licensed Beds: General: 746 Psychiatric: 46 Rehab: 53 Substance Abuse		0
Other Beds NICU: 12 Neonatal Special Care 44		

Certifications:Trauma Center Level I, Perinatal Level III Regional, JCAHO Accredited

GREER MEMORIAL HOSPITAL	Greenville / District	82
830 S BUNCOMBE RD	701 GROVE RD, ISC PLANNING-3RD FLOOR	
GREER, SC 29650-2400 FAC.#:864-797-8001	GREENVILLE, SC 29605-5611	
MANSURE, JOHN PH#: 864-848-8130	GREENVILLE HOSPITAL SYSTEM	
Facility Email: GHSNET.GHS.ORG	HTL-0906 / 08/31/2010	
Licensed Beds: General: 82 Psychiatric: 0 Rehab: 0 Substance Abuse		0
Other Beds NICU: 0 Neonatal Special Care 0		

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

HILLCREST MEMORIAL HOSPITAL	Greenville / District	43
729 SE MAIN ST	701 GROVE RD, ISC PLANNING-3RD FLOOR	
SIMPSONVILLE, SC 29681-3280 FAC.#:864-454-6151	GREENVILLE, SC 29605-5611	
BURNS, DENNIS PH#: 864-454-6151	GREENVILLE HOSPITAL SYSTEM	
Facility Email: GHSNET.GHSORG	HTL-0204 / 09/30/2010	
Licensed Beds: General: 43 Psychiatric: 0 Rehab: 0 Substance Abuse		0
Other Beds NICU: 0 Neonatal Special Care 0		

Certifications:JCAHO Accredited

NORTH GREENVILLE HOSPITAL LONG TERM ACUTE CARE	Greenville / District	45
807 N MAIN ST	701 GROVE RD, ISC PLANNING-3RD FLOOR	
TRAVELERS REST, SC 29690-1598 FAC.#:864-455-9270	GREENVILLE, SC 29605-5611	
BATCHELOR, MICHAEL PH#: 864-455-9270	GREENVILLE HOSPITAL SYSTEM	
Facility Email: GHSNET.GHS.ORG	HTL-0853 / 08/31/2010	
Licensed Beds: General: 45 Psychiatric: 0 Rehab: 0 Substance Abuse		0
Other Beds NICU: 0 Neonatal Special Care 0		

Certifications:JCAHO Accredited

Division of Health Licensing

County: Greenville

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	
PATEWOOD MEMORIAL HOSPITAL	Greenville / District	72
175 PATEWOOD DR	701 GROVE RD, ISC PLANNING-3RD FLOOR	
GREENVILLE, SC 29615-3570 FAC.#:864-797-1000	GREENVILLE, SC 29605-5611	
JONES, SCOTT R PH#: 864-797-1083	GREENVILLE HOSPITAL SYSTEM	
Facility Email: GHSNET.GHS.ORG	HTL-0900 / 06/30/2010	
Licensed Beds: General: 72 Psychiatric: 0 Rehab: 0 Substance Abuse 0		
Other Beds NICU: 0 Neonatal Special Care 0		

Certifications:None

REGENCY HOSPITAL OF GREENVILLE	Greenville / Ltd. Liability	32
1 SAINT FRANCIS DR, 4TH FLOOR	3 SAINT FRANCIS DR STE 440	
GREENVILLE, SC 29601-3955 FAC.#:864-255-1404	GREENVILLE, SC 29601-3975	
JAMES, STEPHANIE R PH#: 864-255-1401	REGENCY HOSPITAL OF GREENVILLE LLC	
Facility Email: SJAMES@REGENCYHOSPITAL.COM	HTL-0882 / 12/31/2009	
Licensed Beds: General: 32 Psychiatric: 0 Rehab: 0 Substance Abuse 0		
Other Beds NICU: 0 Neonatal Special Care 0		

Certifications:JCAHO Accredited

SAINT FRANCIS-DOWNTOWN	Greenville / Non-Profit Corporation	245
1 SAINT FRANCIS DR	1 SAINT FRANCIS DR	
GREENVILLE, SC 29601-3999 FAC.#:864-255-1000	GREENVILLE, SC 29601-3999	
HANSON, RICHARD PH#: 864-255-1000	SAINT FRANCIS HOSPITAL INC	
Facility Email: VRUTLEDGE@STFRANCISHEALTH.ORG	HTL-0794 / 12/31/2009	
Licensed Beds: General: 226 Psychiatric: 0 Rehab: 19 Substance Abuse 0		
Other Beds NICU: 0 Neonatal Special Care 0		

Certifications:JCAHO Accredited

SAINT FRANCIS-EASTSIDE	Greenville / Non-Profit Corporation	93
125 COMMONWEALTH DR	125 COMMONWEALTH DR	
GREENVILLE, SC 29615-4812 FAC.#:864-675-4000	GREENVILLE, SC 29615-4812	
HANSON, RICHARD PH#: 864-255-1000	SAINT FRANCIS HOSPITAL INC	
Facility Email: No Facility Email on Record	HTL-0793 / 12/31/2009	
Licensed Beds: General: 93 Psychiatric: 0 Rehab: 0 Substance Abuse 0		
Other Beds NICU: 0 Neonatal Special Care 10		

Certifications:Perinatal Level II, JCAHO Accredited

SHRINERS' HOSPITAL FOR CHILDREN	Greenville / Non-Profit Corporation	50
950 W FARIS RD	950 W FARIS RD	
GREENVILLE, SC 29605-4277 FAC.#:864-255-7942	GREENVILLE, SC 29605-4277	
FRALEY, GARY F PH#: 864-255-7942	SHRINERS' HOSPITAL FOR CHILDREN INC	
Facility Email: No Facility Email on Record	HTL-0069 / 02/28/2010	
Licensed Beds: General: 50 Psychiatric: 0 Rehab: 0 Substance Abuse 0		
Other Beds NICU: 0 Neonatal Special Care 0		

Certifications:JCAHO Accredited

County: Greenville

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	
SPRINGBROOK BEHAVIORAL HEALTH SYSTEM	Greenville / Corporation	20
1 HAVENWOOD LN	PO BOX 1005	
TRAVELERS REST, SC 29690-9447 FAC.#:864-834-8013	TRAVELERS REST, SC 29690-1005	
JACKSON, KEITH PH#: 864-834-8013	CHESTNUT HILL MENTAL HEALTH CENTER INC	
Facility Email: LISA.MCJUNKIN@SPRINGBROOKBHS.COM	HTL-0442 / 08/31/2010	
Licensed Beds: General: 0 Psychiatric: 20 Rehab: 0 Substance Abuse 0		
Other Beds NICU: 0 Neonatal Special Care 0		

Certifications:JCAHO Accredited

W J BARGE MEMORIAL HOSPITAL	Greenville / Non-Profit Corporation	79
1700 WADE HAMPTON BLVD	1700 WADE HAMPTON BLVD	
GREENVILLE, SC 29614-0001 FAC.#:864-770-1352	GREENVILLE, SC 29614-0001	
SHEYS, GERALD H PH#: 864-242-5100	BOB JONES UNIVERSITY INC	
Facility Email: No Facility Email on Record	HTL-0302 / 03/31/2010	
Licensed Beds: General: 79 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:	12	Number Licensed Units	1,695
Number of Activities/Facilities licensed in county of Greenville		# Lics	12
		Number Licensed Units :	1,695

Division of Health Licensing

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:	<input type="text" value="2"/>	Number Licensed Units	<input type="text" value="448"/>
---	--------------------------------	-----------------------	----------------------------------

Number of Activities/Facilities licensed in county of	Greenwood	# Lics	2
	Number Licensed Units :	448	

County: Hampton

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	
HAMPTON REGIONAL MEDICAL CENTER	Hampton / Non-Profit Corporation	32
595 W CAROLINA AVE	PO BOX 338	
VARNVILLE, SC 29944-4735 FAC.#:803-943-2771	VARNVILLE, SC 29944-0338	
HAMILL, DAVID H PH#: 803-943-2771	HAMPTON REGIONAL MEDICAL CENTER INC	
Facility Email: JALLEN@HAMPTONREGIONAL.ORG	HTL-0027 / 07/31/2010	
Licensed Beds: General: 32	Psychiatric: 0	Rehab: 0
Other Beds	NICU: 0	Neonatal Special Care 0
		Substance Abuse 0

Certifications:None

Totals For Facility/License Type Hospital or Institutional General Infirmary		
Number of Activities/Facilities licensed:	1	Number Licensed Units 32

Number of Activities/Facilities licensed in county of Hampton	# Lics	1
	Number Licensed Units :	32

County: Horry

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
CONWAY HOSPITAL 300 SINGLETON RIDGE RD CONWAY, SC 29526-9142 FAC.#:843-347-8114 CLAYTON, PHILIP A PH#: 843-347-8114 Facility Email: PCLAYTON@CMC-SC.COM	Horry / Non-Profit Corporation PO BOX 829 CONWAY, SC 29528-0829 CONWAY HOSPITAL INC HTL-0083 / 05/31/2010	210
Licensed Beds: General: 210 Psychiatric: 0 Rehab: 0 Substance Abuse 0 Other Beds NICU: 0 Neonatal Special Care 6		

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

GRAND STRAND REGIONAL MEDICAL CENTER 809 82ND PKWY MYRTLE BEACH, SC 29572-4611 FAC.#:843-692-1100 WHITE, DOUG PH#: 843-692-1100 Facility Email: WENDY.STRICKLAND@HCAHEALTHCARE.COM	Horry / Ltd. Liability 809 82ND PKWY MYRTLE BEACH, SC 29572-4611 GRAND STRAND REGIONAL MEDICAL CENTER LLC HTL-0770 / 04/30/2010	219
Licensed Beds: General: 219 Psychiatric: 0 Rehab: 0 Substance Abuse 0 Other Beds NICU: 0 Neonatal Special Care 2		

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

LIGHTHOUSE CARE CENTER OF CONWAY ACUTE CARE 152 WACCAMAW MEDICAL PARK DR CONWAY, SC 29526-8901 FAC.#:843-347-8871 MOORE, ALAN W PH#: 843-347-8871 Facility Email: ALANMOORE@PSYSOLUTIONS.COM	Horry / Corporation 152 WACCAMAW MEDICAL PARK DR CONWAY, SC 29526-8901 HHC SOUTH CAROLINA INC HTL-0898 / 01/31/2010	52
Licensed Beds: General: 0 Psychiatric: 44 Rehab: 0 Substance Abuse 8 Other Beds NICU: 0 Neonatal Special Care 0		

Certifications:JCAHO Accredited

LORIS COMMUNITY HOSPITAL 3655 MITCHELL ST LORIS, SC 29569-2844 FAC.#:843-716-7000 BROWNE, J TIMOTHY PH#: 843-716-7000 Facility Email: No Facility Email on Record	Horry / District PO BOX 690001 LORIS, SC 29569-9601 LORIS COMMUNITY HOSPITAL DISTRICT HTL-0033 / 12/31/2009	105
Licensed Beds: General: 105 Psychiatric: 0 Rehab: 0 Substance Abuse 0 Other Beds NICU: 0 Neonatal Special Care 0		

Certifications:Perinatal Level I, JCAHO Accredited

Totals For Facility/License Type Hospital or Institutional General Infirmary			
Number of Activities/Facilities licensed:	4	Number Licensed Units	586
Number of Activities/Facilities licensed in county of Horry # Lics 4			
Number Licensed Units : 586			

County: Jasper

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
COASTAL CAROLINA HOSPITAL 1000 MEDICAL CENTER DR HARDEEVILLE, SC 29927-3446 FAC.#:843-784-8181 URQUHART, TERESA PH#: 843-784-8201	Jasper / Corporation 13737 NOEL RD STE 100 DALLAS, TX 75240-2019 COASTAL CAROLINA MEDICAL CENTER INC HTL-0902 / 06/30/2010	41
Facility Email: TERESA.C.URGUHART@TENETHEALTH.COM		
Licensed Beds: General: 31 Psychiatric: 0 Rehab: 10 Substance Abuse: 0 Other Beds NICU: 0 Neonatal Special Care: 0		
Certifications: Swing Bed Unit(s), JCAHO Accredited		

Totals For Facility/License Type Hospital or Institutional General Infirmary	
Number of Activities/Facilities licensed: <input style="width: 50px; text-align: center;" type="text" value="1"/>	Number Licensed Units <input style="width: 50px; text-align: center;" type="text" value="41"/>

Number of Activities/Facilities licensed in county of Jasper	# Lics	1
	Number Licensed Units :	41

County: Kershaw

Facility Type: Hospital or Institutional General Infirmary

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

KERSHAWHEALTH	Kershaw / County	121
1315 ROBERTS ST	PO BOX 7003	
CAMDEN, SC 29020-3737 FAC.#:803-432-4311	CAMDEN, SC 29021-7003	
WEEKS, DONNIE J PH#: 803-432-4311	KERSHAWHEALTH-BOARD OF TRUSTEES	
Facility Email: WEEKS@KERSHAWHEALTH.ORG	HTL-0101 / 10/31/2010	

Licensed Beds: General: 121 Psychiatric: 0 Rehab: 0 Substance Abuse: 0
 Other Beds NICU: 0 Neonatal Special Care: 0

Certifications: Perinatal Level I, JCAHO Accredited

Totals For Facility/License Type Hospital or Institutional General Infirmary	
Number of Activities/Facilities licensed:	1 Number Licensed Units 121

Number of Activities/Facilities licensed in county of Kershaw	# Lics	1
	Number Licensed Units :	121

County: Lancaster

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
SPRINGS MEMORIAL HOSPITAL 800 W MEETING ST LANCASTER, SC 29720-2298 FAC.#:803-286-1490 MCDUGAL JR, TOM R PH#: 803-286-1481 Facility Email: JANICE_DABNEY@CHSNET	Lancaster / Corporation 800 W MEETING ST LANCASTER, SC 29720-2298 LANCASTER HOSPITAL CORPORATION HTL-0657 / 12/31/2009	217
Licensed Beds: General: 199 Psychiatric: 0 Rehab: 0 Substance Abuse: 18 Other Beds NICU: 0 Neonatal Special Care: 4		
Certifications: Abortions, Perinatal Level II, JCAHO Accredited		

Totals For Facility/License Type Hospital or Institutional General Infirmary	
Number of Activities/Facilities licensed: <input style="width: 50px; text-align: center;" type="text" value="1"/>	Number Licensed Units <input style="width: 50px; text-align: center;" type="text" value="217"/>

Number of Activities/Facilities licensed in county of Lancaster	# Lics	1
	Number Licensed Units :	217

County: Laurens

Facility Type: Hospital or Institutional General Infirmary

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

LAURENS COUNTY HOSPITAL	Laurens / District	76
22725 HWY 76 E	PO BOX 976	
CLINTON, SC 29325-7527 FAC.#:864-833-9151	CLINTON, SC 29325-0976	
DALBERTO, RICHARD E PH#: 864-833-9100	LAURENS COUNTY HEALTH CARE SYSTEM	
Facility Email: STHOMPSON@LCHCSORG	HTL-0531 / 11/30/2009	

Licensed Beds: General: 76	Psychiatric: 0	Rehab: 0	Substance Abuse: 0
Other Beds: NICU: 0	Neonatal Special Care: 0		

Certifications: Perinatal Level I, JCAHO Accredited

Totals For Facility/License Type Hospital or Institutional General Infirmary	
Number of Activities/Facilities licensed: <input type="text" value="1"/>	Number Licensed Units <input type="text" value="76"/>

Number of Activities/Facilities licensed in county of Laurens	# Lics	1
	Number Licensed Units :	76

County: Lee

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	
LEE CORRECTIONAL INSTITUTION INFIRMARY	Lee / State	20
1204 E CHURCH ST	1204 E CHURCH ST	
BISHOPVILLE, SC 29010-2021 FAC.#:803-896-2400	BISHOPVILLE, SC 29010-2021	
MCDONALD, YVONNE PH#: 803-896-2400	SC DEPT OF CORRECTIONS	
Facility Email: No Facility Email on Record	HTL-0873 / 03/31/2010	
Licensed Beds: General: 20 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:	1	Number Licensed Units 20

Number of Activities/Facilities licensed in county of Lee	# Lics	1
	Number Licensed Units :	20

County: Lexington

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
LEXINGTON MEDICAL CENTER 2720 SUNSET BLVD WEST COLUMBIA, SC 29169-4810 FAC.#:803-791-2000 BIEDIGER, MICHAEL J PH#: 803-791-2000	Lexington / County 2720 SUNSET BLVD WEST COLUMBIA, SC 29169-4810 LEXINGTON COUNTY HEALTH SERVICES DISTRICT INC HTL-0500 / 03/31/2010	384
Facility Email: No Facility Email on Record Licensed Beds: General: 384 Psychiatric: 0 Rehab: 0 Substance Abuse 0 Other Beds NICU: 0 Neonatal Special Care 20		

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

SOUTH CAROLINA VOCATIONAL REHABILITATION EVALUATION CENTER 1400 BOSTON AVE WEST COLUMBIA, SC 29170-2138 FAC.#:803-896-6040 RZEPKOWSKI, DEBRA PH#: 803-896-6500	Lexington / State 1400 BOSTON AVE WEST COLUMBIA, SC 29170-2138 SOUTH CAROLINA VOCATIONAL REHABILITATION DEPARTMENT HTL-0426 / 09/30/2010	30
Facility Email: DRZEPKOWSKI@SCVRDSTATESC.US Licensed Beds: General: 30 Psychiatric: 0 Rehab: 0 Substance Abuse 0 Other Beds NICU: 0 Neonatal Special Care 0		

Certifications: None

THREE RIVERS BEHAVIORAL HEALTH 2900 SUNSET BLVD WEST COLUMBIA, SC 29169-3422 FAC.#:803-796-9911 BARNETT, JEFF W PH#: 803-796-9911	Lexington / Limited Liability 2900 SUNSET BLVD WEST COLUMBIA, SC 29169-3422 THREE RIVERS BEHAVIORAL HEALTH LLC HTL-0808 / 10/31/2010	98
Facility Email: JEFF.BARNETT@PSYSOLUTIONS.COM Licensed Beds: General: 0 Psychiatric: 81 Rehab: 0 Substance Abuse 17 Other Beds NICU: 0 Neonatal Special Care 0		

Certifications: JCAHO Accredited

Totals For Facility/License Type Hospital or Institutional General Infirmary		
Number of Activities/Facilities licensed:	<input type="text" value="3"/>	Number Licensed Units <input type="text" value="512"/>
Number of Activities/Facilities licensed in county of Lexington	# Lics	3
	Number Licensed Units :	512

County: Marion

Facility Type: Hospital or Institutional General Infirmary

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

MARION COUNTY MEDICAL CENTER	Marion / Non-Profit Corporation	124
2829 E HWY 76	PO BOX 1150	
MULLINS, SC 29574-6035 FAC.#:843-431-2000	MARION, SC 29571-1150	
TUCKER, HAROLD E PH#: 843-431-2000	MARION REGIONAL HEALTHCARE SYSTEM	
Facility Email: MARIONCOUNTYMEDICAL.COM	HTL-0827 / 09/30/2010	

Licensed Beds: General: 124	Psychiatric: 0	Rehab: 0	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: <input type="text" value="1"/>	Number Licensed Units <input type="text" value="124"/>

Number of Activities/Facilities licensed in county of Marion	# Lics	1
	Number Licensed Units :	124

County: Marlboro

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	
MARLBORO PARK HOSPITAL	Marlboro / Limited Liability Limited Partnership PO BOX 738	102
1138 CHERAW ST		
BENNETTSVILLE, SC 29512-2466 FAC.#:843-454-8650	BENNETTSVILLE, SC 29512-0738	
REECE, JEFF PH#: 843-479-2881	CHESTERFIELD/MARLBORO LP	
Facility Email: JEFF_REECE@CHS.NET	HTL-0677 / 06/30/2010	
Licensed Beds: General: 94 Psychiatric: 8 Rehab: 0 Substance Abuse: 0		
Other Beds NICU: 0 Neonatal Special Care: 0		
Certifications: Swing Bed Unit(s), Perinatal Level I, JCAHO Accredited		

Totals For Facility/License Type Hospital or Institutional General Infirmary	
Number of Activities/Facilities licensed: <input style="width: 50px; text-align: center;" type="text" value="1"/>	Number Licensed Units <input style="width: 50px; text-align: center;" type="text" value="102"/>

Number of Activities/Facilities licensed in county of Marlboro	# Lics	1
	Number Licensed Units :	102

County: Newberry

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
NEWBERRY COUNTY MEMORIAL HOSPITAL 2669 KINARD ST NEWBERRY, SC 29108-2932 FAC.#:803-276-7570 TRAINOR, JOE PH#: 803-276-7859 Facility Email: LYNNBEASLEY@NEWBERRYHOSPITAL.NET	Newberry / County PO BOX 497 NEWBERRY, SC 29108-0497 NEWBERRY COUNTY MEMORIAL HOSPITAL BOARD HTL-0015 / 01/31/2010	90
Licensed Beds: General: 90 Psychiatric: 0 Rehab: 0 Substance Abuse: 0 Other Beds NICU: 0 Neonatal Special Care: 0		
Certifications: Perinatal Level I, JCAHO Accredited		

Totals For Facility/License Type Hospital or Institutional General Infirmary	
Number of Activities/Facilities licensed: <input style="width: 50px; text-align: center;" type="text" value="1"/>	Number Licensed Units <input style="width: 50px; text-align: center;" type="text" value="90"/>

Number of Activities/Facilities licensed in county of Newberry	# Lics	1
	Number Licensed Units :	90

County: Oconee

Facility Type: Hospital or Institutional General Infirmary

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

OCONEE MEDICAL CENTER	Oconee / Non-Profit Corporation	160
298 MEMORIAL DR	298 MEMORIAL DR	
SENECA, SC 29672-9443 FAC.#:864-882-3351	SENECA, SC 29672-9443	
WARD, JEANNE L PH#: 864-882-3351	OCONEE MEDICAL CENTER INC	
Facility Email: JEANNEWARD@OCONEEMED.ORG	HTL-0062 / 08/31/2010	

Licensed Beds: General: 160 Psychiatric: 0 Rehab: 0 Substance Abuse: 0
 Other Beds NICU: 0 Neonatal Special Care: 0

Certifications: Abortions, Perinatal Level I, JCAHO Accredited

Totals For Facility/License Type Hospital or Institutional General Infirmary	
Number of Activities/Facilities licensed:	Number Licensed Units
1	160

Number of Activities/Facilities licensed in county of Oconee	# Lics	1
	Number Licensed Units :	160

County: Orangeburg

Facility Type: Hospital or Institutional General Infirmary

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

REGIONAL MEDICAL CENTER OF ORANGEBURG & CALHOUN COUNTIES	Orangeburg / Non-Profit Corporation	286
3000 SAINT MATTHEWS RD	3000 SAINT MATTHEWS RD	
ORANGEBURG, SC 29118-1496 FAC.#:803-395-2461	ORANGEBURG, SC 29118-1496	
DANDRIDGE JR, THOMAS C PH#: 803-395-2200	REGIONAL MEDICAL CENTER OF ORANGEBURG & CALHOUN COUNTIES INC	
Facility Email: BLWILLIAMS@REGMED.COM	HTL-0046 / 05/31/2010	

Licensed Beds: General: 247 Psychiatric: 15 Rehab: 24 Substance Abuse 0
 Other Beds NICU: 0 Neonatal Special Care 10

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

WILLIAM J MCCORD ADOLESCENT TREATMENT FACILITY	Orangeburg / County	15
910 COOK RD	PO BOX 1166	
ORANGEBURG, SC 29118-2124 FAC.#:803-536-4900	ORANGEBURG, SC 29116-1166	
FOWLER, RICHARD S PH#: 803-534-2328	TRI-COUNTY COMMISSION ON ALCOHOL AND DRUG ABUSE-BOARD	
Facility Email: SBETHUNE@TCCADA.STATESC.US	HTL-0619 / 10/31/2010	

Licensed Beds: General: 0 Psychiatric: 0 Rehab: 0 Substance Abuse 15
 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	301

Number of Activities/Facilities licensed in county of	Orangeburg	# Lics	2
	Number Licensed Units :	301	

County: Pickens

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	
BAPTIST EASLEY HOSPITAL	Pickens / Non-Profit Corporation	109
200 FLEETWOOD DR	PO BOX 2129	
EASLEY, SC 29640-2022 FAC.#:864-442-7606	EASLEY, SC 29641-2129	
GETTYS III, RODDEY E PH#: 864-442-7200	BAPTIST EASLEY HOSPITAL INC	
Facility Email: RODDEY.GETTYS@PALMETTOHEALTH.ORG	HTL-0743 / 09/30/2010	
Licensed Beds: General: 109	Psychiatric: 0	Rehab: 0
Other Beds	NICU: 0	Substance Abuse 0
	Neonatal Special Care 4	

Certifications:Perinatal Level II, JCAHO Accredited

CANNON MEMORIAL HOSPITAL	Pickens / Non-Profit Corporation	55
123 WG ACKER DR	PO BOX 188	
PICKENS, SC 29671-2739 FAC.#:864-878-4791	PICKENS, SC 29671-0188	
RENTZ, NORMAN G PH#: 864-878-4791	CANNON MEMORIAL HOSPITAL INC	
Facility Email: NRENTZ@CMHSC.ORG	HTL-0076 / 06/30/2010	
Licensed Beds: General: 55	Psychiatric: 0	Rehab: 0
Other Beds	NICU: 0	Substance Abuse 0
	Neonatal Special Care 0	

Certifications:JCAHO Accredited

Totals For Facility/License Type Hospital or Institutional General Infirmary		
Number of Activities/Facilities licensed:	2	Number Licensed Units 164
Number of Activities/Facilities licensed in county of	Pickens	# Lics 2
	Number Licensed Units :	164

Division of Health Licensing

County: Richland

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	

COLUMBIA REGIONAL CARE CENTER	Richland / Corporation	196
7901 FARROW RD	PO BOX 23587	
COLUMBIA, SC 29203-3220 FAC.#:803-935-0505	COLUMBIA, SC 29224-3587	
WYATT, ELDON L PH#: 803-935-0505	JUST CARE INC	
Facility Email: ELDON.WYATT@JUSTCAREINC.COM	HTL-0756 / 09/30/2010	

Licensed Beds: General: 196	Psychiatric: 0	Rehab: 0	Substance Abuse: 0
Other Beds: NICU: 0	Neonatal Special Care: 0		

Certifications:None

CRAFTS FARROW STATE HOSPITAL FORENSIC BUILDING 1	Richland / State	50
7901 FARROW RD	7901 FARROW RD	
COLUMBIA, SC 29203-3220 FAC.#:803-935-7339	COLUMBIA, SC 29203-3220	
GETZ, PETER M PH#: 803-935-7339	SC DEPARTMENT OF MENTAL HEALTH	
Facility Email: PMG32@SCDMH.ORG	HTL-0907 / 11/30/2009	

Licensed Beds: General: 0	Psychiatric: 50	Rehab: 0	Substance Abuse: 0
Other Beds: NICU: 0	Neonatal Special Care: 0		

Certifications:None

G WERBER BRYAN PSYCHIATRIC HOSPITAL	Richland / State	466
220 FAISON DR	220 FAISON DR	
COLUMBIA, SC 29203-3210 FAC.#:803-935-7339	COLUMBIA, SC 29203-3210	
MILLER, HARVEY PH#: 803-935-7339	SC DEPARTMENT OF MENTAL HEALTH	
Facility Email: No Facility Email on Record	HTL-0515 / 02/28/2010	

Licensed Beds: General: 0	Psychiatric: 466	Rehab: 0	Substance Abuse: 0
Other Beds: NICU: 0	Neonatal Special Care: 0		

Certifications:JCAHO Accredited

GILLIAM PSYCHIATRIC HOSPITAL	Richland / State	87
4344 BROAD RIVER RD	4344 BROAD RIVER RD	
COLUMBIA, SC 29210-4010 FAC.#:803-896-8597	COLUMBIA, SC 29210-4010	
PAGE, JAMES E PH#: 803-896-8597	SC DEPT OF CORRECTIONS	
Facility Email: No Facility Email on Record	HTL-0431 / 10/31/2010	

Licensed Beds: General: 0	Psychiatric: 87	Rehab: 0	Substance Abuse: 0
Other Beds: NICU: 0	Neonatal Special Care: 0		

Certifications:None

HEALTHSOUTH REHABILITATION HOSPITAL OF COLUMBIA	Richland / Corporation	96
2935 COLONIAL DR	2935 COLONIAL DR	
COLUMBIA, SC 29203-6811 FAC.#:803-401-1405	COLUMBIA, SC 29203-6811	
ROGERS, JAMES H PH#: 803-401-1400	HEALTHSOUTH OF SOUTH CAROLINA INC	
Facility Email: JAMESROGERS@HEALTHSOUTH.COM	HTL-0504 / 01/31/2010	

Licensed Beds: General: 0	Psychiatric: 0	Rehab: 96	Substance Abuse: 0
Other Beds: NICU: 0	Neonatal Special Care: 0		

Certifications:JCAHO Accredited

Division of Health Licensing

County: Richland

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
INTERMEDICAL HOSPITAL OF SOUTH CAROLINA 1330 TAYLOR ST COLUMBIA, SC 29201-2943 FAC.#:803-296-5425 COLOMBO, ARMANDO E PH#: 803-296-5425 Facility Email: ACOLOMBO@INTERMEDICAL.US	Richland / Corporation PO BOX 11069 COLUMBIA, SC 29211-1069 INTERMEDICAL HOSPITAL OF SOUTH CAROLINA INC HTL-0760 / 10/31/2010	35
Licensed Beds: General: 35 Psychiatric: 0 Rehab: 0 Substance Abuse 0 Other Beds NICU: 0 Neonatal Special Care 0		
Certifications:None		
KIRKLAND CORRECTIONAL INSTITUTION INFIRMARY 4344 BROAD RIVER RD COLUMBIA, SC 29210-4010 FAC.#:803-896-8567 HODGE, RACHEL PH#: 803-896-8572 Facility Email: No Facility Email on Record	Richland / State 4344 BROAD RIVER RD COLUMBIA, SC 29210-4010 SC DEPT OF CORRECTIONS HTL-0385 / 10/31/2009 (Renewal Pending)	24
Licensed Beds: General: 24 Psychiatric: 0 Rehab: 0 Substance Abuse 0 Other Beds NICU: 0 Neonatal Special Care 0		
Certifications:None		
MORRIS VILLAGE 610 FAISON DR COLUMBIA, SC 29203-3218 FAC.#:803-935-7339 MCCONNELL, GEORGE PH#: 803-935-7339 Facility Email: No Facility Email on Record	Richland / State 610 FAISON DR, 2ND FLOOR A - BUILDING COLUMBIA, SC 29203-3218 SC DEPARTMENT OF MENTAL HEALTH HTL-0516 / 05/31/2010	174
Licensed Beds: General: 11 Psychiatric: 0 Rehab: 0 Substance Abuse 163 Other Beds NICU: 0 Neonatal Special Care 0		
Certifications:None		
PALMETTO HEALTH BAPTIST 1330 TAYLOR ST COLUMBIA, SC 29201-2943 FAC.#:803-296-5059 BRIDGES, JAMES M PH#: 803-296-5678 Facility Email: No Facility Email on Record	Richland / Non-Profit Corporation 1330 TAYLOR ST COLUMBIA, SC 29201-2943 PALMETTO HEALTH HTL-0739 / 02/28/2010	467
Licensed Beds: General: 363 Psychiatric: 94 Rehab: 0 Substance Abuse 10 Other Beds NICU: 8 Neonatal Special Care 22		
Certifications:Abortions, Perinatal Level III, JCAHO Accredited		

Division of Health Licensing

County: Richland

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
PALMETTO HEALTH RICHLAND 5 RICHLAND MEDICAL PARK DR COLUMBIA, SC 29203-6897 FAC.#:803-434-7122 SINGERLING, JOHN J PH#: 803-434-7000 Facility Email: No Facility Email on Record	Richland / Non-Profit Corporation 5 RICHLAND MEDICAL PARK DR COLUMBIA, SC 29203-6897 PALMETTO HEALTH HTL-0741 / 02/28/2010	649
Licensed Beds: General: 579 Psychiatric: 60 Rehab: 0 Substance Abuse 10 Other Beds NICU: 31 Neonatal Special Care 34		
Certifications:Abortions, Trauma Center Level I, Perinatal Level III Regional, JCAHO Accredited, Crisis Stabilization Beds		
PROVIDENCE HOSPITAL 2435 FOREST DR COLUMBIA, SC 29204-2098 FAC.#:803-256-5300 ZARA, GEORGE A PH#: 803-256-5300 Facility Email: No Facility Email on Record	Richland / Corporation 2435 FOREST DR COLUMBIA, SC 29204-2098 SISTERS OF CHARITY PROVIDENCE HOSPITALS HTL-0820 / 07/31/2010	258
Licensed Beds: General: 258 Psychiatric: 0 Rehab: 0 Substance Abuse 0 Other Beds NICU: 0 Neonatal Special Care 0		
Certifications:JCAHO Accredited		
PROVIDENCE HOSPITAL NORTHEAST 120 GATEWAY CORPORATE BLVD COLUMBIA, SC 29203-9611 FAC.#:803-865-4500 ZARA, GEORGE A PH#: 803-256-5300 Facility Email: No Facility Email on Record	Richland / Corporation 2435 FOREST DR COLUMBIA, SC 29204-2098 SISTERS OF CHARITY PROVIDENCE HOSPITALS HTL-0821 / 07/31/2010	46
Licensed Beds: General: 46 Psychiatric: 0 Rehab: 0 Substance Abuse 0 Other Beds NICU: 0 Neonatal Special Care 0		
Certifications:Perinatal Level I, JCAHO Accredited		
SOUTH CAROLINA STATE HOSPITAL 2100 BULL ST COLUMBIA, SC 29201-2147 FAC.#:803-935-7339 RANDOLPH, RALPH PH#: 803-935-7339 Facility Email: No Facility Email on Record	Richland / State 2100 BULL ST COLUMBIA, SC 29201-2147 SC DEPARTMENT OF MENTAL HEALTH HTL-0513 / 02/28/2010	144
Licensed Beds: General: 0 Psychiatric: 144 Rehab: 0 Substance Abuse 0 Other Beds NICU: 0 Neonatal Special Care 0		
Certifications:None		

County: Richland

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
WILLIAM S HALL PSYCHIATRIC INSTITUTE 1800 COLONIAL DR COLUMBIA, SC 29203-6827 FAC.#:803-935-5833 FORAND, ANGELA PH#: 803-935-7339	Richland / State 1800 COLONIAL DR COLUMBIA, SC 29203-6827 SC DEPARTMENT OF MENTAL HEALTH HTL-0514 / 02/28/2010	89
Facility Email: No Facility Email on Record Licensed Beds: General: 0 Psychiatric: 89 Rehab: 0 Substance Abuse 0 Other Beds NICU: 0 Neonatal Special Care 0		

Certifications:JCAHO Accredited

WILLOW LANE INFIRMARY 4650 BROAD RIVER RD COLUMBIA, SC 29210-4016 FAC.#:803-896-9107 SOLTIS, SAMUEL L PH#: 803-896-9107	Richland / State 4650 BROAD RIVER RD COLUMBIA, SC 29210-4016 SC DEPARTMENT OF JUVENILE JUSTICE HTL-0274 / 06/30/2010	8
Facility Email: No Facility Email on Record 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:	15	Number Licensed Units	2,789
Number of Activities/Facilities licensed in county of	Richland	# Lics	15
	Number Licensed Units :	2,789	

County: Spartanburg

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	
CHILDREN'S HABILITATION CENTER	Spartanburg / State	22
355 CEDAR SPRINGS RD	355 CEDAR SPRINGS RD	
SPARTANBURG, SC 29302-4699 FAC.#:864-577-7672	SPARTANBURG, SC 29302-4699	
SMITH, REBECCA A PH#: 864-577-7677	SC SCHOOL FOR THE DEAF BLIND & MULTI-HANDICAPPED	
Facility Email: ROWENS@SCSDB.ORG	HTL-0449 / 06/30/2010	
Licensed Beds: General: 22 Psychiatric: 0 Rehab: 0 Substance Abuse 0		
Other Beds NICU: 0 Neonatal Special Care 0		

Certifications:None

MARY BLACK MEMORIAL HOSPITAL	Spartanburg / Ltd. Liability	209
1700 SKYLYN DR	PO BOX 3217	
SPARTANBURG, SC 29307-1061 FAC.#:803-573-3786	SPARTANBURG, SC 29304-3217	
WRIGHT, PHILLIP L PH#: 864-573-3000	MARY BLACK HEALTH SYSTEM LLC	
Facility Email: PHILLIP.WRIGHT@MARYBLACK.ORG	HTL-0704 / 07/31/2010	
Licensed Beds: General: 176 Psychiatric: 15 Rehab: 18 Substance Abuse 0		
Other Beds NICU: 0 Neonatal Special Care 10		

Certifications:Perinatal Level II, JCAHO Accredited

SPARTANBURG HOSPITAL FOR RESTORATIVE CARE	Spartanburg / District	97
389 SERPENTINE DR	389 SERPENTINE DR	
SPARTANBURG, SC 29303-3074 FAC.#:864-560-3235	SPARTANBURG, SC 29303-3074	
BUTLER, ANITA M PH#: 864-560-3235	SPARTANBURG REGIONAL HEALTH SERVICES DISTRICT INC	
Facility Email: ABUTLER@SRHS.COM	HTL-0685 / 08/31/2010	
Licensed Beds: General: 97 Psychiatric: 0 Rehab: 0 Substance Abuse 0		
Other Beds NICU: 0 Neonatal Special Care 0		

Certifications:JCAHO Accredited

SPARTANBURG REGIONAL MEDICAL CENTER	Spartanburg / District	540
101 E WOOD ST	101 E WOOD ST	
SPARTANBURG, SC 29303-3072 FAC.#:864-560-6000	SPARTANBURG, SC 29303-3072	
ANGERMEIER, INGO PH#: 864-560-6000	SPARTANBURG REGIONAL HEALTH SERVICES DISTRICT INC	
Facility Email: No Facility Email on Record	HTL-0125 / 03/31/2010	
Licensed Beds: General: 484 Psychiatric: 56 Rehab: 0 Substance Abuse 0		
Other Beds NICU: 13 Neonatal Special Care 22		

Certifications:Trauma Center Level I, Perinatal Level III Regional, JCAHO Accredited

VILLAGE HOSPITAL	Spartanburg / District	48
250 WESTMORELAND RD	250 WESTMORELAND RD	
GREER, SC 29651-9013 FAC.#:864-530-5555	GREER, SC 29651-9013	
FEISAL, J PHILLIP PH#: 864-454-2600	SPARTANBURG REGIONAL HEALTH SERVICES DISTRICT INC	
Facility Email: JPFEISAL@SRHS.COM	HTL-0905 / 09/30/2010	
Licensed Beds: General: 48 Psychiatric: 0 Rehab: 0 Substance Abuse 0		
Other Beds NICU: 0 Neonatal Special Care 0		

Certifications:Perinatal Level I, JCAHO Accredited

County: Spartanburg

Facility Type: Hospital or Institutional General Infirmary

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 Hospital or Institutional General Infirmary	
Number of Activities/Facilities licensed:	5 Number Licensed Units 916

Number of Activities/Facilities licensed in county of	Spartanburg	# Lics	5
	Number Licensed Units :	916	

County: Sumter

Facility Type: Hospital or Institutional General Infirmary

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

TUOMEY	Sumter / Non-Profit Corporation	283
129 N WASHINGTON ST	129 N WASHINGTON ST	
SUMTER, SC 29150-4983 FAC.#:803-774-8601	SUMTER, SC 29150-4983	
COX, JAY PH#: 803-774-9000	TUOMEY INC	
Facility Email: JILL.WILLIAMSON@TUOMEY.COM	HTL-0096 / 07/31/2010	

Licensed Beds: General: 283 Psychiatric: 0 Rehab: 0 Substance Abuse: 0
 Other Beds NICU: 0 Neonatal Special Care: 22

Certifications: Perinatal Level II, JCAHO Accredited

Totals For Facility/License Type Hospital or Institutional General Infirmary	
Number of Activities/Facilities licensed:	Number Licensed Units
1	283

Number of Activities/Facilities licensed in county of	Sumter	# Lics	1
	Number Licensed Units :	283	

County: Union

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	
WALLACE THOMSON HOSPITAL	Union / District	143
322 W SOUTH ST	PO BOX 789	
UNION, SC 29379-2839 FAC.#:864-427-0351	UNION, SC 29379-0789	
LEONARD, WILLIAM H PH#: 864-427-0351	UNION HOSPITAL DISTRICT	
Facility Email: No Facility Email on Record	HTL-0017 / 10/31/2010	
Licensed Beds: General: 143 Psychiatric: 0 Rehab: 0 Substance Abuse: 0		
Other Beds NICU: 0 Neonatal Special Care: 0		
Certifications: Swing Bed Unit(s), Perinatal Level I, JCAHO Accredited		

Totals For Facility/License Type Hospital or Institutional General Infirmary	
Number of Activities/Facilities licensed: <input style="width: 50px; text-align: center;" type="text" value="1"/>	Number Licensed Units <input style="width: 50px; text-align: center;" type="text" value="143"/>

Number of Activities/Facilities licensed in county of Union	# Lics	1
	Number Licensed Units :	143

County: Williamsburg

Facility Type: Hospital or Institutional General Infirmary

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

WILLIAMSBURG REGIONAL HOSPITAL	Williamsburg / Non-Profit Corporation	25
500 NELSON BLVD	PO BOX 568	
KINGSTREE, SC 29556-4027 FAC.#:843-355-8888	KINGSTREE, SC 29556-0568	
HALES, JOHN C PH#: 843-355-8888	WILLIAMSBURG REGIONAL HOSPITAL INC	
Facility Email: JGAMBLE@WMBGRH.COM	HTL-0841 / 10/31/2010	

Licensed Beds: General:	25	Psychiatric:	0	Rehab:	0	Substance Abuse:	0
Other Beds	NICU:	0	Neonatal Special Care	0			

Certifications: Swing Bed Unit(s), JCAHO Accredited, Critical Access Hospital

Totals For Facility/License Type Hospital or Institutional General Infirmary	
Number of Activities/Facilities licensed:	1
Number Licensed Units	25

Number of Activities/Facilities licensed in county of Williamsburg	# Lics	1
Number Licensed Units :	25	

County: York

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
HEALTHSOUTH REHABILITATION HOSPITAL OF ROCK HILL 1795 DR FRANK GASTON BLVD ROCK HILL, SC 29732-1190 FAC.#:803-326-3500 JACKSON, WILLIAM A PH#: 803-326-3605 Facility Email: KIM.BROOM@HEALTHSOUTH.COM	York / Ltd. Liability 1795 DR FRANK GASTON BLVD ROCK HILL, SC 29732-1190 PIEDMONT HEALTHSOUTH REHABILITATION LLC HTL-0791 / 03/31/2010	40
Licensed Beds: General: 0 Psychiatric: 0 Rehab: 40 Substance Abuse 0 Other Beds NICU: 0 Neonatal Special Care 0		

Certifications:JCAHO Accredited

PIEDMONT MEDICAL CENTER 222 S HERLONG AVE ROCK HILL, SC 29732-1158 FAC.#:803-329-1234 MILLER, CHARLES F PH#: 803-329-1234 Facility Email: CHARLESMILLER@TENETHEALTH.COM	York / Corporation 222 S HERLONG AVE ROCK HILL, SC 29732-1158 AMISUB OF SOUTH CAROLINA INC HTL-0417 / 01/31/2010	288
Licensed Beds: General: 268 Psychiatric: 20 Rehab: 0 Substance Abuse 0 Other Beds NICU: 0 Neonatal Special Care 12		

Certifications:Abortions, Trauma Center Level III, Perinatal Level II-E, JCAHO Accredited

Totals For Facility/License Type Hospital or Institutional General Infirmary		
Number of Activities/Facilities licensed:	2	Number Licensed Units 328
Number of Activities/Facilities licensed in county of York	# Lics	2
	Number Licensed Units :	328

Report Total

Total Number of Activities/Facilities licensed 102 Total Number Licensed Units 14,785