

County: Lancaster

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
GOLDENCARE 403 W MEETING ST LANCASTER, SC 29720-2321 FAC.#:803-285-9876 BOWERS, SUSAN H PH#: 803-416-8000 Facility Email: GOLDENCARE2003@YAHOO.COM	Lancaster / Corporation 403 W MEETING ST LANCASTER, SC 29720-2321 GOLDENCARE INC ADC-0233 / 11/30/2009	60
<b>Number of Participants</b>		<b>60</b>

<b>Totals For Facility/License Type Adult Day Care</b>	
<b>Number of Activities/Facilities licensed:</b>	<input type="text" value="1"/>
<b>Number Licensed Units</b>	<input type="text" value="60"/>

County: Lancaster

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
SURGERY CENTER AT EDGEWATER 2536 LENGERS WAY FORT MILL, SC 29707-7126 FAC.#:803-802-9500 BASHORE, ROBERT S PH#: 803-286-1481 Facility Email: ROBERT_BASHORE@CHS.NET	Lancaster / Ltd. Liability 2536 LENGERS WAY FORT MILL, SC 29707-7126 CAROLINA SURGERY CENTER LLC ASF-0110 / 02/28/2010	5
Operating Rooms      3    Procedure Rooms      0    Endoscopy Rooms      2		

<b>Totals For Facility/License Type    Ambulatory Surgery</b>	
Number of Activities/Facilities licensed: <input type="text" value="1"/>	Number Licensed Units <input type="text" value="5"/>

County: Lancaster

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
HOLE PUNCH 1909 HWY 521 BYP S LANCASTER, SC 29720-7579 FAC.#:803-283-9508 SMITH, TODD E PH#: 803-283-9508 Facility Email: No Facility Email on Record	Lancaster / 1909 HWY 521 BYP S LANCASTER, SC 29720-7579 HOLE PUNCH LLC BP-0181 / 06/30/2008 (Renewal Pending)	1

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

County: Lancaster

## Facility Type: Community Residential Care Facility

Facility Name	County/Ownership Typ	Licensed Unit
Location Street	Mailing/Billing Address	
Location City, State	Licensee	
Administrator/Phone	License Nbr/Expiration Date	
HEATH SPRINGS RESIDENTIAL CARE CENTER	Lancaster / Corporation	64
614 HART ST	PO BOX 503	
HEATH SPRINGS, SC 29058-0503 FAC.#:803-273-3227	HEATH SPRINGS, SC 29058-0503	
JONES, BRENDA B PH#: 803-273-3227	HEATH SPRINGS RESIDENTIAL CARE CENTER INC	
Facility Email: HSRCC@COMPORIUM.NET	CRC-0761 / 04/30/2010	

## Certifications:Alzheimer Care

MORNINGSIDE OF LANCASTER	Lancaster / Limited Liability Limited Partnership	65
1004 HARDIN ST	1004 HARDIN ST	
LANCASTER, SC 29720-1609 FAC.#:803-285-8152	LANCASTER, SC 29720-1609	
BROOKS, NANCY M PH#: 803-285-8152	MORNINGSIDE OF SOUTH CAROLINA LP	
Facility Email: NBROOKS@FSQC.COM	CRC-1146 / 03/31/2010	

## Certifications:Alzheimer Unit, Alzheimers Care

Totals For Facility/License Type Community Residential Care Facility	
Number of Activities/Facilities licensed:	2
Number Licensed Units	129

County: Lancaster

## 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
<b>NANCY J MCCONNELL COMMUNITY RESIDENCE</b> 219 S PLANTATION RD LANCASTER, SC 29720-1847 FAC.#:803-286-5727 ALTMAN, JAMES PH#: 803-286-5727 <b>Facility Email:</b> No Facility Email on Record	Lancaster / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS <b>MR15-0075 / 05/31/2010</b>	8
<b>TOM MANGUM COMMUNITY RESIDENCE</b> 223 SOUTH PLANTATION RD LANCASTER, SC 29720 FAC.#:803-286-5771 ALTMAN, JAMES PH#: 803-286-5771 <b>Facility Email:</b> No Facility Email on Record	Lancaster / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS <b>MR15-0074 / 05/31/2010</b>	8

## Totals For Facility/License Type Habilitation R15

Number of Activities/Facilities licensed:	2	Number Licensed Units	16
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County: Lancaster

Facility Type: Home Health

Facility Name	County/Ownership Typ	Licensed Unit
Location Street	Mailing/Billing Address	
Location City, State	Licensee	
Administrator/Phone	License Nbr/Expiration Date	
HOME CARE OF LANCASTER	Lancaster / Limited Liability	1
902 W MEETING ST STE A	902 W MEETING ST STE A	
LANCASTER, SC 29720-6219 FAC.#:803-286-1472	LANCASTER, SC 29720-6219	
KENSINGTON, CINDY PH#:	LANCASTER HOME CARE SERVICES LLC	
Facility Email: No Facility Email on Record	HHA-0050 / 12/31/2009	
Counties Served Lancaster		
License Restrictions		
Physical Therapy Y Speech Therapy:N Occupational Therapy Y Med. Social Services Y		
Home Health Aid: Y Medical Supplies/Appliances/Durable Medical Equipment N		
Other:		

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

County: Lancaster

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
HOSPICE OF LANCASTER 902 W MEETING ST STE A LANCASTER, SC 29720-6219 FAC.#:803-286-1472 GARDNER, STEPHANIE S PH#: 803-286-1472 Facility Email: No Facility Email on Record	Lancaster / Limited Liability 902 W MEETING ST STE A LANCASTER, SC 29720-6219 LANCASTER HOME CARE SERVICES LLC HPC-0039 / 12/31/2009	6
Counties Served Chester, Chesterfield, Fairfield, Kershaw, Lancaster, York		

<b>Totals For Facility/License Type Hospice Program</b>	
Number of Activities/Facilities licensed: <input type="text" value="1"/>	Number Licensed Units <input type="text" value="6"/>

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	Lancaster / Corporation 800 W MEETING ST LANCASTER, SC 29720-2298 LANCASTER HOSPITAL CORPORATION	217
Facility Email: JANICE_DABNEY@CHSNET	HTL-0657 / 12/31/2009	
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		

<b>Totals For Facility/License Type    Hospital or Institutional General Infirmary</b>	
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"/>

County: Lancaster

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
LANCASTER CONVALESCENT CENTER 2044 PAGELAND HWY LANCASTER, SC 29720-7608 FAC.#:803-285-7907 SCHOLL, DEBORAH M PH#: 803-285-7907 Facility Email: DSCHOLL@CONPORIUM.NET	Lancaster / Corporation PO BOX 1749 LANCASTER, SC 29721-1749 LANCASTER CONVALESCENT CENTER INC NCF-0551 / 04/30/2010	142
Licensed Beds Nursing Home 142 Institutional Nursing Home 0		

Certifications:None

TRANSITIONAL CARE UNIT AT SPRINGS MEMORIAL HOSPITAL 800 W MEETING ST LANCASTER, SC 29720-2298 FAC.#:803-286-1481 HUEY, NANCY D PH#: 803-286-1837 Facility Email: KAREN_MARTIN@CHS.NET	Lancaster / Corporation 800 W MEETING ST LANCASTER, SC 29720-2298 LANCASTER HOSPITAL CORPORATION NCF-0723 / 04/30/2010	14
Licensed Beds Nursing Home 14 Institutional Nursing Home 0		

Certifications:None

WHITE OAK MANOR-LANCASTER 253 CRAIG MANOR RD LANCASTER, SC 29720-6531 FAC.#:803-286-1464 CURTIS, ADRIENNE N PH#: 803-286-1464 Facility Email: NCURTIS@WHITEOAKMANOR.COM	Lancaster / Corporation 253 CRAIG MANOR RD LANCASTER, SC 29720-6531 WHITE OAK MANOR-LANCASTER INC NCF-0883 / 12/31/2009	132
Licensed Beds Nursing Home 132 Institutional Nursing Home 0		

Certifications:None

Totals For Facility/License Type Nursing Home

Number of Activities/Facilities licensed:  Number Licensed Units

County: Lancaster

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
LANCASTER COUNTY COMMISSION ON ALCOHOL & DRUG ABUSE 114 S MAIN ST LANCASTER, SC 29720 FAC.#:803-285-6911 QUINN, WALTER J PH#: 803-285-6911 Facility Email: CSL@COMPORIUM.NET	Lancaster / County PO BOX 1627 LANCASTER, SC 29721-1627 LANCASTER COUNTY COMMISSION ON ALCOHOL & DRUG ABUSE OTP-0032 / 09/30/2010	1

Certifications:None

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

