

County: Marion

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
COMMUNITY ADULT DAY CARE OF MARION 300 JONES AVE EXT MARION, SC 29571-3222 FAC.#:843-423-6488 DENITTO, LAUREN S PH#: 843-423-6488 Facility Email: LAUREN.DENITTO@YAHOO.COM	Marion / Corporation PO BOX 491 MARION, SC 29571-0491 COMMUNITY ADULT DAY CARE OF MARION INC ADC-0184 / 08/31/2010	35
Number of Participants		35
MARION COUNTY ADULT DAY CARE 506 S MAIN ST MARION, SC 29571-4304 FAC.#:843-423-6220 HUDSON, PHILLIP E PH#: 843-423-6220 Facility Email: No Facility Email on Record	Marion / Corporation PO BOX 331 CAMDEN, SC 29021-0331 HUDSON INC ADC-0112 / 04/30/2010	50
Number of Participants		50
SAINT PAUL BAPTIST CHURCH ADULT DAY CARE 163 E LAUREL ST MULLINS, SC 29574-3219 FAC.#:843-464-9829 HINES, MACK T PH#: 843-464-9829 Facility Email: BAPT3016@BELLSOUTH.NET	Marion / Non-Profit Corporation PO BOX 469 MULLINS, SC 29574-0469 SAINT PAUL BAPTIST CHURCH INC ADC-0164 / 04/30/2010	30
Number of Participants		30
TROY-JOHNSON INTERGENERATIONAL DAYCARE 106 GAPWAY ST MULLINS, SC 29574-3010 FAC.#:843-464-8565 TROY-JOHNSON, JACQUELYN PH#: 843-464-8565 Facility Email: JTROYJOHNS@AOL.COM	Marion / Corporation 106 GAPWAY ST MULLINS, SC 29574-3010 TROY-JOHNSON INTERGENERATIONAL DAYCARE INC ADC-0188 / 11/30/2009	7
Number of Participants		7

## Totals For Facility/License Type Adult Day Care

Number of Activities/Facilities licensed:	4	Number Licensed Units	122
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County: Marion

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	
M & M RESIDENTIAL CARE HOME	Marion / Sole Proprietorship	5
408 HOLIDAY ST	PO BOX 6023	
MARION, SC 29571-4416 FAC.#:843-423-0120	FLORENCE, SC 29502-6023	
BURGESS, SANDY M PH#: 843-423-0120	BURGESS, SANDY	
Facility Email: No Facility Email on Record	CRC-1379 / 08/31/2010	

Certifications:None

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

County: Marion

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
SHEPHERD CARE HOSPICE 210 S NICHOLS ST NICHOLS, SC 29581-6227 FAC.#:843-526-1186 ORBECK, KENNETH PH#: 843-526-1186 Facility Email: No Facility Email on Record	Marion / Ltd. Liability PO BOX 392 NICHOLS, SC 29581 SHEPHERD CARE HOSPICE LLC HPC-0104 / 04/30/2010	6
Counties Served Darlington, Dillon, Florence, Horry, Marion, Williamsburg		

<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: Marion

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	
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		

<b>Totals For Facility/License Type Hospital or Institutional General Infirmary</b>	
Number of Activities/Facilities licensed:	Number Licensed Units
<input style="width: 100px;" type="text" value="1"/>	<input style="width: 100px;" type="text" value="124"/>

County: Marion

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
MARION NURSING CENTER 2770 S HWY 501 MARION, SC 29571-7854 FAC.#:843-423-2601 JAMES, ALYCE C PH#: 843-423-2601 Facility Email: CENTERNURSES123@AOL.COM	Marion / Corporation PO BOX 1485 MARION, SC 29571-1485 MARION NURSING CENTER INC NCF-0689 / 09/30/2010	88
Licensed Beds Nursing Home 88 Institutional Nursing Home 0		

Certifications:None

MULLINS NURSING CENTER 518 S MAIN ST MULLINS, SC 29574-3510 FAC.#:843-464-8211 MARTIN, TONYA G PH#: 843-464-8211 Facility Email: TMARTIN@MCMED.ORG	Marion / Non-Profit Corporation 518 S MAIN ST MULLINS, SC 29574-3510 MARION REGIONAL HEALTHCARE SYSTEM NCF-0828 / 09/30/2010	92
Licensed Beds Nursing Home 92 Institutional Nursing Home 0		

Certifications:None

Totals For Facility/License Type Nursing Home

Number of Activities/Facilities licensed:	2	Number Licensed Units	180
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County: Marion

Facility Type: PSAD Inpatient

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Typ Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Unit
<b>FRESH START</b> 5452-B NORTH HWY 501 MARION, SC 29571 FAC.#:843-431-9225 MANNING, LESLIE C PH#: 843-431-9225 <b>Facility Email:</b> No Facility Email on Record	Marion / County PO BOX 1011 MARION, SC 29571-1011 TRINITY BEHAVIORAL CARE <b>ITP-0023 / 03/31/2010</b>	9
<b>Licensed Beds Medical Detox</b> 0 <b>Social Detox:</b> 0 <b>Res. Treatment Program</b> 9		
<b>SPRING BRANCH RESIDENTIAL TREATMENT CENTER</b> 370 W SELLERS RD MARION, SC 29571 FAC.#:843-423-7876 O'CONNOR, WILLIAM T PH#: 843-423-7876 <b>Facility Email:</b> SBRTC@BELLSOUTH.NET	Marion / County PO BOX 1011 MARION, SC 29571-1011 TRINITY BEHAVIORAL CARE <b>ITP-0005 / 05/31/2010</b>	9
<b>Licensed Beds Medical Detox</b> 0 <b>Social Detox:</b> 6 <b>Res. Treatment Program</b> 3		

<b>Totals For Facility/License Type PSAD Inpatient</b>	
<b>Number of Activities/Facilities licensed:</b> <input type="text" value="2"/>	<b>Number Licensed Units</b> <input type="text" value="18"/>

County: Marion

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
TRINITY BEHAVIORAL CARE MARION OFFICE 103 NE COURT ST MARION, SC 29571-3009 FAC.#:843-423-8292 O'CONNOR, WILLIAM T PH#: 803-423-8292 Facility Email: MCCADA@BELLSOUTH.NET	Marion / County PO BOX 1011 MARION, SC 29571-1011 TRINITY BEHAVIORAL CARE OTP-0004 / 06/30/2010	3

Certifications:None

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

County: Marion

Facility Type: Renal Dialysis

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Typ Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Unit
FRESENIUS MEDICAL CARE MARION 109 MERRITT CT MARION, SC 29571-6813 FAC.#:843-423-4673 CAMPBELL, ANITA PH#: 843-423-4673 Facility Email: No Facility Email on Record	Marion / Corporation 109 MERRITT CT MARION, SC 29571-6813 BIO-MEDICAL APPLICATIONS OF SOUTH CAROLINA INC ERD-0068 / 08/31/2010	31
Licensed Stations:      Hemodialysis:      31      Peritoneal:      0		

<b>Totals For Facility/License Type Renal Dialysis</b>	
Number of Activities/Facilities licensed:	1
Number Licensed Units	31

Number of Activities/Facilities licensed in county of Marion	# Lics	13
	Number Licensed Units :	489

Report Total

Total Number of Activities/Facilities licensed	13	Total Number Licensed Units	489
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