

Intermediate Care Facilities for the Mentally Retarded (15 Beds or less)

DHEC Regulation 61-13

Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
ACADEMY STREET COMMUNITY RESIDENCE 241 ACADEMY ST WILLISTON, SC 29853 FACILITY #:803-266-7833 WASHINGTON, MARY L PH#: 803-266-7833 Facility Email: ABCDSNB@BARNWELLSC.COM Fac. Cont. Email: ABCDSND@BARNWELLSC.COM	MR15-0177 / 06/30/2010 Barnwell / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

Total Number of Licensed Beds: 8

ARCHIE DRIVE GROUP HOME 33 ARCHIE DR COLUMBIA, SC 29223-5813 FACILITY #:803-788-7804 DAVIS, ADRIA D PH#: 803-788-7804 Facility Email: ADAVIS@BABCOCKCENTER.ORG Fac. Cont. Email: ADAVIS@BABCOCKCENTER.ORG	MR15-0178 / 06/30/2010 Richland / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
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Total Number of Licensed Beds: 8

ATKINSON EAST COMMUNITY RESIDENCE 13 KENDRICK ST SUMTER, SC 29150-5224 FACILITY #:803-775-3399 COX, ROBIN F PH#: Facility Email: No Facility Email on Record Fac. Cont. Email: No Facility Contact Email on Record	MR15-0179 / 06/30/2010 Sumter / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
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Total Number of Licensed Beds: 9

ATKINSON WEST COMMUNITY RESIDENCE 162 COMMUNITY ST SUMTER, SC 29150-3316 FACILITY #:803-775-8166 PALMER, MYRA PH#: 803-775-3550 Facility Email: AMCLEAN@DDSN.SC.GOV Fac. Cont. Email: AMCLEAN@DDSN.SC.GOV	MR15-0180 / 06/30/2010 Sumter / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
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Total Number of Licensed Beds: 9

BATESBURG GROUP HOME 132 DAVID DR BATESBURG, SC 29006 FACILITY #:803-532-9838 WILLIAMS, GILDA PH#: Facility Email: GWILLIAMS@BABCOCKCENTER.ORG Fac. Cont. Email: No Facility Contact Email on Record	MR15-0181 / 06/30/2010 Lexington / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
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Total Number of Licensed Beds: 8

Intermediate Care Facilities for the Mentally Retarded (15 Beds or less)

DHEC Regulation 61-13

Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
BENCHMARK HOMES - COWPENS 204 GOFORTH ST COWPENS, SC 29330 FACILITY #:864-562-2147 SORROW, STACIE PH#: 864-562-2100 Facility Email: KLIBBY@CHARLESORG Fac. Cont. Email: No Facility Contact Email on Record	MR15-0182 / 06/30/2010 Spartanburg / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

Total Number of Licensed Beds: 12

BENCHMARK HOMES - SPARTANBURG 450 W HENRY ST SPARTANBURG, SC 29306 FACILITY #:864-562-2470 SORROW, STACIE PH#: 864-562-2100 Facility Email: KLIBBY@CHARLESORG Fac. Cont. Email: No Facility Contact Email on Record	MR15-0183 / 06/30/2010 Spartanburg / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
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Total Number of Licensed Beds: 12

BLACK'S DRIVE COMMUNITY RESIDENCE 160 BLACK'S DR WILLISTON, SC 29853 FACILITY #:803-266-3211 WASHINGTON, MARY L PH#: 803-266-3211 Facility Email: ABCDSNB@BARNWELLSC.COM Fac. Cont. Email: ABCDSND@BARNWELLSC.COM	MR15-0184 / 06/30/2010 Barnwell / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
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Total Number of Licensed Beds: 8

BRUTON SMITH ROAD GROUP HOME 139 BRUTON SMITH RD LEXINGTON, SC 29072 FACILITY #:803-359-1350 MCMANUS, MARILYN PH#: 803-898-9600 Facility Email: LGAULT@BRUTONCENTER.ORG Fac. Cont. Email: No Facility Contact Email on Record	MR15-0185 / 06/30/2010 Lexington / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
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Total Number of Licensed Beds: 8

CAMDEN I GROUP HOME 975 WATEREE BLVD CAMDEN, SC 29020 FACILITY #:803-432-0973 WILSON, LUCINDA PH#: 803-432-1345 Facility Email: T.ROGERS@CHESCOSERVICES.ORG Fac. Cont. Email: CCBDSND@SHTC.NET	MR15-0186 / 06/30/2010 Kershaw / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
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Total Number of Licensed Beds: 8

Intermediate Care Facilities for the Mentally Retarded (15 Beds or less)

DHEC Regulation 61-13

Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
CAMDEN II GROUP HOME 975 WATEREE BLVD CAMDEN, SC 29020 FACILITY #:803-432-1345 WILSON, LUCINDA PH#: 803-432-1345 Facility Email: T.ROGERS@CHESCOSERVICES.ORG Fac. Cont. Email: CCBDSNDSCS@SHTC.NET	MR15-0192 / 06/30/2010 Kershaw / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

Total Number of Licensed Beds: 8

CARTER STREET GROUP HOME 1203 CARTER ST COLUMBIA, SC 29204-2852 FACILITY #:803-754-9565 DAVIS, ADRIA D PH#: 803-754-9565 Facility Email: ADAVIS@BABCOCKCENTER.ORG Fac. Cont. Email: ADAVIS@BABCOCKCENTER.ORG	MR15-0193 / 06/30/2010 Richland / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
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Total Number of Licensed Beds: 8

CEDARS 203 HYMAN RD PAMPLICO, SC 29583 FACILITY #:843-667-5007 UWAGBAI, LINDA G PH#: 843-493-0050 Facility Email: KAGRAHAM@FCDSNORG Fac. Cont. Email: KAGRAHAM@FCDSN.ORG	MR15-0127 / 08/31/2010 Florence / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
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Total Number of Licensed Beds: 8

CIVITAN COMMUNITY RESIDENCE 1820 RIDGE RD GREENVILLE, SC 29607-4704 FACILITY #:864-234-6917 RAMALHO, YOLANDA P PH#: 864-297-0712 Facility Email: No Facility Email on Record Fac. Cont. Email: No Facility Contact Email on Record	MR15-0113 / 12/31/2009 Greenville / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
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Total Number of Licensed Beds: 8

CLINTON MANOR COMMUNITY RESIDENCE 101 CLINTON MANOR DR CLINTON, SC 29325 FACILITY #:864-833-2873 WHITSEL, STACY PH#: 864-938-0572 Facility Email: QCLINTONMANOR@LCDSNB.ORG Fac. Cont. Email: No Facility Contact Email on Record	MR15-0194 / 06/30/2010 Laurens / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
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Total Number of Licensed Beds: 8

Intermediate Care Facilities for the Mentally Retarded (15 Beds or less)

DHEC Regulation 61-13

Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
CONIFER I COMMUNITY RESIDENCE 110 RESINWOOD DR MONCKS CORNER, SC 29461 FACILITY #:843-761-0381 RONEY, SUSAN PH#: Facility Email: PMCDERMOTT@BICSERVICES.ORG Fac. Cont. Email: No Facility Contact Email on Record	MR15-0119 / 05/31/2010 Berkeley / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

Total Number of Licensed Beds: 8

CONIFER II COMMUNITY RESIDENCE 114 RESINWOOD DR MONCKS CORNER, SC 29461 FACILITY #:843-761-0382 RONEY, SUSAN PH#: Facility Email: PMCDERMOTT@BICSERVICES.ORG Fac. Cont. Email: No Facility Contact Email on Record	MR15-0120 / 05/31/2010 Berkeley / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
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Total Number of Licensed Beds: 8

DILLS BLUFF COMMUNITY RESIDENCE 936 DILLS BLUFF RD CHARLESTON, SC 29412 FACILITY #:843-762-2374 GOLDMINTZ, DAVID PH#: 843-762-2374 Facility Email: DGOLDMINTZ@DSNCC.COM Fac. Cont. Email: DGOLDMINTZ@DDNCC.COM	MR15-0131 / 10/31/2010 Charleston / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
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Total Number of Licensed Beds: 8

DR DON LESTER PEOPLES COMMUNITY RESIDENCE 1 GRIFFIN DR WARE SHOALS, SC 29692 FACILITY #:864-455-7796 TOLSON, TINA PH#: 864-456-7662 Facility Email: No Facility Email on Record Fac. Cont. Email: No Facility Contact Email on Record	MR15-0133 / 11/30/2009 Greenwood / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
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Total Number of Licensed Beds: 8

DUPONT I HABILITATION CENTER 127 DUPONT DR AIKEN, SC 29801 FACILITY #:803-642-1048 HALL, MICHAEL D PH#: Facility Email: MHALL@AIKENTDC.ORG Fac. Cont. Email: No Facility Contact Email on Record	MR15-0141 / 07/31/2010 Aiken / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
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Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
DUPONT II HABILITATION CENTER 129 DUPONT DR AIKEN, SC 29801 FACILITY #:803-642-1046 HALL, MICHAEL D PH#: Facility Email: MHALL@AIKENTDC.ORG Fac. Cont. Email: No Facility Contact Email on Record	MR15-0142 / 07/31/2010 Aiken / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

Total Number of Licensed Beds: 8

EDGEFIELD COMMUNITY RESIDENCE 1305 HILLCREST DR EDGEFIELD, SC 29824 FACILITY #:803-637-5468 HALL, HARRIET PH#: 803-637-5468 Facility Email: No Facility Email on Record Fac. Cont. Email: No Facility Contact Email on Record	MR15-0139 / 07/31/2010 Edgefield / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
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Total Number of Licensed Beds: 8

FLORENCE COMMUNITY RESIDENCE 511 CLYDE ST FLORENCE, SC 29506-3011 FACILITY #:843-667-5007 GADSON, ROSMARIAN M PH#: 843-665-6600 Facility Email: KAGRAHAM@FCDSNORG Fac. Cont. Email: No Facility Contact Email on Record	MR15-0025 / 03/31/2010 Florence / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
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Total Number of Licensed Beds: 8

FLORENCE GRESSETTE RESIDENCE 402 MILLIGAN CIR ST. MATTHEWS, SC 29135 FACILITY #:803-655-7585 MOSS, R PIKE PH#: 803-655-7585 Facility Email: PMOSS@CALHOUNDSNB.ORG Fac. Cont. Email: PMOSS@CALHOUNDSNB.ORG	MR15-0196 / 06/30/2010 Calhoun / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
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Total Number of Licensed Beds: 8

FOREST CIRCLE COMMUNITY RESIDENCE 505 FOREST CIR WALTERBORO, SC 29488-2869 FACILITY #:843-549-5140 SAXBY, REDELMA W PH#: 843-549-5140 Facility Email: DSISK@COLLETONDSNORG Fac. Cont. Email: DSISK@COLLETONDSN.ORG	MR15-0019 / 09/30/2010 Colleton / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
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Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
FOUNTAIN INN COMMUNITY RESIDENCE 105 OLD FAIRVIEW RD FOUNTAIN INN, SC 29644 FACILITY #:864-862-3206 FIELDS, ALBERT PH#: 864-862-3206 Facility Email: No Facility Email on Record Fac. Cont. Email: No Facility Contact Email on Record	MR15-0197 / 06/30/2010 Greenville / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

Total Number of Licensed Beds: 12

H A MCCULLOUGH COMMUNITY RESIDENCE 2600 HOLLOWAY ST NEWBERRY, SC 29108-4500 FACILITY #:803-276-1542 BROOKS, JENNIFER L PH#: 803-276-1542 Facility Email: JTBROOKS@NCDSNB.ORG Fac. Cont. Email: JTBROOKS@NCDSNB.ORG	MR15-0102 / 03/31/2010 Newberry / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
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Total Number of Licensed Beds: 12

HARLEY ROAD COMMUNITY RESIDENCE 226 HARLEY RD WILLISTON, SC 29853 FACILITY #:803-266-3450 WASHINGTON, MARY L PH#: 803-266-3450 Facility Email: ABCDSNB@BARNWELLSC.COM Fac. Cont. Email: ABCDSNB@BARNWELLSC.COM	MR15-0198 / 06/30/2010 Barnwell / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
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Total Number of Licensed Beds: 8

HENDRIX STREET GROUP HOME 425 HENDRIX ST LEXINGTON, SC 29072 FACILITY #:803-359-4888 MCMANUS, MARILYN PH#: 803-898-9600 Facility Email: No Facility Email on Record Fac. Cont. Email: No Facility Contact Email on Record	MR15-0199 / 06/30/2010 Lexington / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
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Total Number of Licensed Beds: 8

HENRY & FREIDA BONDS HABILITATION CENTER 310 JENKINS SPRING RD GREENWOOD, SC 29646-8617 FACILITY #:864-942-8946 MCGRIER, NICOLE PH#: 864-942-8942 Facility Email: No Facility Email on Record Fac. Cont. Email: No Facility Contact Email on Record	MR15-0111 / 08/31/2010 Greenwood / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
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Total Number of Licensed Beds: 8

Intermediate Care Facilities for the Mentally Retarded (15 Beds or less)

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Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
HORRELL HILL COMMUNITY RESIDENCE 1614 RIDGE RD HOPKINS, SC 29061 FACILITY #:803-783-0545 PH#: Facility Email: ADAVIS@BABCOCKCENTER.ORG Fac. Cont. Email: No Facility Contact Email on Record	MR15-0200 / 06/30/2010 Richland / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

Total Number of Licensed Beds: 8

HUGHES STREET COMMUNITY RESIDENCE 104 HUGHES ST FOUNTAIN INN, SC 29644 FACILITY #:864-862-6223 FIELDS, ALBERT PH#: 864-862-3206 Facility Email: No Facility Email on Record Fac. Cont. Email: No Facility Contact Email on Record	MR15-0201 / 06/30/2010 Greenville / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
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Total Number of Licensed Beds: 8

IDA I COMMUNITY RESIDENCE 120 IDA LN COLUMBIA, SC 29203 FACILITY #:803-786-7522 DAVIS, ADRIA D PH#: 803-786-7522 Facility Email: ADAVIS@BABCOCKCENTER.ORG Fac. Cont. Email: ADAVIS@BABCOCKCENTER.ORG	MR15-0202 / 06/30/2010 Richland / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
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Total Number of Licensed Beds: 8

IDA II COMMUNITY RESIDENCE 124 IDA LN COLUMBIA, SC 29203 FACILITY #:803-786-7543 DAVIS, ADRIA D PH#: 803-786-7543 Facility Email: ADAVIS@BABCOCKCENTER.ORG Fac. Cont. Email: ADAVIS@BABCOCKCENTER.ORG	MR15-0203 / 06/30/2010 Richland / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
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Total Number of Licensed Beds: 8

J CLAUDE FORT COMMUNITY RESIDENCE BUILDING I 816 W MONTGOMERY ST GAFFNEY, SC 29341-1753 FACILITY #:864-487-4786 THOMAS, MARY H PH#: 864-487-4786 Facility Email: MTHOMAS@CHEROKEEDSNB.ORG Fac. Cont. Email: MTHOMAS@CHEROKEEDSNB.ORG	MR15-0091 / 11/30/2009 Cherokee / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
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Total Number of Licensed Beds: 8

Intermediate Care Facilities for the Mentally Retarded (15 Beds or less)

DHEC Regulation 61-13

Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
J CLAUDE FORT COMMUNITY RESIDENCE BUILDING II 818 W MONTGOMERY ST GAFFNEY, SC 29341 FACILITY #:864-487-4787 THOMAS, MARY H PH#: 864-487-4787 Facility Email: MTHOMAS@CHEROKEEDSNB.ORG Fac. Cont. Email: MTHOMAS@CHEROKEEDSND.ORG	MR15-0092 / 11/30/2009 Cherokee / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

Total Number of Licensed Beds: 8

J FELTON BURTON COMMUNITY RESIDENCE 308 JENKINS SPRING RD GREENWOOD, SC 29646-8617 FACILITY #:864-942-8947 MCGRIER, NICOLE PH#: 864-942-8943 Facility Email: No Facility Email on Record Fac. Cont. Email: No Facility Contact Email on Record	MR15-0072 / 05/01/2010 Greenwood / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
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Total Number of Licensed Beds: 8

JENNINGS MCABEE HABILITATION CENTER 213 N MINE ST MCCORMICK, SC 29835 FACILITY #:864-852-3075 MCGRIER, NICOLE PH#: 864-465-3098 Facility Email: ECARNELL@BURTONCENTER.ORG Fac. Cont. Email: No Facility Contact Email on Record	MR15-0145 / 02/28/2010 McCormick / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
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Total Number of Licensed Beds: 8

JOHN A REAGAN RESIDENCE 1100 E CAROLINA AVE HARTSVILLE, SC 29550 FACILITY #:843-332-0738 GEE, ANGELA E PH#: 843-332-1177 Facility Email: CCHENARD@DCDSNB.ORG Fac. Cont. Email: No Facility Contact Email on Record	MR15-0204 / 06/30/2010 Darlington / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
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Total Number of Licensed Beds: 8

JOHNSONVILLE HAMPTON PLACE COMMUNITY RESIDENCE 333 S HAMPTON AVE JOHNSONVILLE, SC 29555 FACILITY #:843-386-4008 WILCOX, KATHRYN PH#: 843-386-4008 Facility Email: KAGRAHAM@FCDSNORG Fac. Cont. Email: KGRAHAM@FCDSN.ORG	MR15-0161 / 11/30/2009 Florence / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
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Total Number of Licensed Beds: 8

Intermediate Care Facilities for the Mentally Retarded (15 Beds or less)

DHEC Regulation 61-13

Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
JOSIE DRIVE COMMUNITY RESIDENCE 210 JOSIE DR WALTERBORO, SC 29488-2791 FACILITY #:843-549-6979 SAXBY, REDELMA W PH#: 843-549-6979 Facility Email: DSISK@COLLETONDSNORG Fac. Cont. Email: DSISK@COLLETONDSN.ORG	MR15-0107 / 06/30/2010 Colleton / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

Total Number of Licensed Beds: 8

KENSINGTON I GROUP HOME 100 KENSINGTON RD COLUMBIA, SC 29203-5451 FACILITY #:803-256-0504 RICHARDS, ANGELA PH#: 803-256-0504 Facility Email: T.ROGERS@CHESCOSERVICES.ORG Fac. Cont. Email: CWRIGHT@BABCOCKCENTER.ORG	MR15-0205 / 06/30/2010 Richland / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
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Total Number of Licensed Beds: 8

KENSINGTON II GROUP HOME 120 KENSINGTON RD COLUMBIA, SC 29203-5451 FACILITY #:803-252-0848 RICHARDS, ANGELA PH#: 803-252-0848 Facility Email: T.ROGERS@CHESCOSERVICES.ORG Fac. Cont. Email: CWRIGHT@BABCOCKCENTER.ORG	MR15-0206 / 06/30/2010 Richland / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
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Total Number of Licensed Beds: 8

KINGS COMMUNITY RESIDENCE 611 KINGS RD ORANGEBURG, SC 29118-1812 FACILITY #:803-534-0682 KEITT, AGNES PH#: 803-534-0682 Facility Email: No Facility Email on Record Fac. Cont. Email: No Facility Contact Email on Record	MR15-0152 / 02/28/2010 Orangeburg / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
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Total Number of Licensed Beds: 8

LANDRUM COMMUNITY RESIDENCE I 722 BOMAR AVE LANDRUM, SC 29356 FACILITY #:864-457-4534 BRYANT, LIZA PH#: Facility Email: KLIBBY@CHARLESLEA.ORG Fac. Cont. Email: No Facility Contact Email on Record	MR15-0147 / 04/30/2010 Spartanburg / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
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Total Number of Licensed Beds: 8

Intermediate Care Facilities for the Mentally Retarded (15 Beds or less)

DHEC Regulation 61-13

Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
LANDRUM COMMUNITY RESIDENCE II 722 BOMAR AVE LANDRUM, SC 29356 FACILITY #:864-457-4534 BRYANT, LIZA PH#: Facility Email: KLIBBY@CHARLESLEA.ORG Fac. Cont. Email: No Facility Contact Email on Record	MR15-0148 / 04/30/2010 Spartanburg / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

Total Number of Licensed Beds: 8

LAURENS STREET ICF/MR 728 LAURENS ST NW AIKEN, SC 29801 FACILITY #:803-642-1042 HALL, MICHAEL D PH#: Facility Email: MHALL@AIKENTDC.ORG Fac. Cont. Email: No Facility Contact Email on Record	MR15-0207 / 06/30/2010 Aiken / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
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Total Number of Licensed Beds: 8

LEMON PARK COMMUNITY RESIDENCE 95 LEMON PARK DR BARNWELL, SC 29812 FACILITY #:803-259-1682 WASHINGTON, MARY L PH#: 803-259-1682 Facility Email: ABCDSNB@BARNWELLSC.COM Fac. Cont. Email: ABCDSNB@BARNWELLSC.COM	MR15-0208 / 06/30/2010 Barnwell / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
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Total Number of Licensed Beds: 8

LINDEN STREET ICF/MR 136 LINDEN ST AIKEN, SC 29801-3759 FACILITY #:803-642-1053 HALL, MICHAEL D PH#: Facility Email: KEVANS@AIKENTDC.ORG Fac. Cont. Email: No Facility Contact Email on Record	MR15-0209 / 06/10/2010 Aiken / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
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Total Number of Licensed Beds: 8

MAGNOLIA PLACE 517 E MAIN ST OLANTA, SC 29114 FACILITY #:843-396-4551 BOBO, MELVIN PH#: 843-396-4551 Facility Email: KAGRAHAM@FCDSN.ORG Fac. Cont. Email: No Facility Contact Email on Record	MR15-0126 / 07/31/2010 Florence / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
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Total Number of Licensed Beds: 8

Intermediate Care Facilities for the Mentally Retarded (15 Beds or less)

DHEC Regulation 61-13

Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
MARIAN PARKINS COMMUNITY RESIDENCE I 103 KERNS AVE GREENVILLE, SC 29609 FACILITY #:864-232-0282 GRUBEL, ALICIA PH#: 864-232-0282 Facility Email: No Facility Email on Record Fac. Cont. Email: No Facility Contact Email on Record	MR15-0150 / 05/31/2010 Greenville / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

Total Number of Licensed Beds: 8

MARIAN PARKINS COMMUNITY RESIDENCE II 518 PICKETT ST GREENVILLE, SC 29609 FACILITY #:864-232-0595 GRUBEL, ALICIA PH#: 864-232-0595 Facility Email: No Facility Email on Record Fac. Cont. Email: No Facility Contact Email on Record	MR15-0149 / 05/31/2010 Greenville / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
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Total Number of Licensed Beds: 8

MCLEOD I GROUP HOME 808 MCLEOD RD BISHOPVILLE, SC 29010-1100 FACILITY #:803-484-6987 WOODS, LEROY J PH#: 803-484-6987 Facility Email: MMACK@LCDSN.ORG Fac. Cont. Email: MMACK@LCDSN.ORG	MR15-0210 / 06/30/2010 Lee / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
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Total Number of Licensed Beds: 8

MCLEOD II GROUP HOME 814 MCLEOD RD BISHOPVILLE, SC 29010-1100 FACILITY #:803-484-6995 WOODS, LEROY PH#: 803-484-6995 Facility Email: LWOODS@LCDSN.ORG Fac. Cont. Email: MMACK@LCDSN.ORG	MR15-0211 / 06/30/2010 Lee / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
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Total Number of Licensed Beds: 8

NANCE COMMUNITY RESIDENCE 980 NANCE ST ORANGEBURG, SC 29115-3070 FACILITY #:803-531-8703 KEITT, AGNES PH#: 803-536-1170 Facility Email: No Facility Email on Record Fac. Cont. Email: No Facility Contact Email on Record	MR15-0153 / 02/28/2010 Orangeburg / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
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Total Number of Licensed Beds: 8

Intermediate Care Facilities for the Mentally Retarded (15 Beds or less)

DHEC Regulation 61-13

Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
NANCY J MCCONNELL COMMUNITY RESIDENCE 219 S PLANTATION RD LANCASTER, SC 29720-1847 FACILITY #:803-286-5727 ALTMAN, JAMES PH#: 803-286-5727 Facility Email: No Facility Email on Record Fac. Cont. Email: No Facility Contact Email on Record	MR15-0075 / 05/31/2010 Lancaster / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

Total Number of Licensed Beds: 8

NAZARETH ROAD COMMUNITY RESIDENCE 1118 NAZARETH RD LEXINGTON, SC 29073 FACILITY #:803-957-3484 DAWKINS, LORETTA PH#: 803-957-3484 Facility Email: LGAULT@BRUTONCENTER.ORG Fac. Cont. Email: No Facility Contact Email on Record	MR15-0213 / 06/30/2010 Lexington / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
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Total Number of Licensed Beds: 8

NORTH PINES COMMUNITY RESIDENCE 313 N PINES RD BLYTHEWOOD, SC 29016 FACILITY #:803-754-6213 BROWN, LETIA PH#: Facility Email: T.ROGERS@CHESCOSERVICES.ORG Fac. Cont. Email: No Facility Contact Email on Record	MR15-0214 / 06/30/2010 Richland / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
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Total Number of Licensed Beds: 8

OAK GROVE COMMUNITY RESIDENCE 3552 TORRINGTON RD LAURENS, SC 29360 FACILITY #:864-682-9734 WHITSEL, STACY PH#: 864-938-0572 Facility Email: QOAKGROVE@LCDSNB.ORG Fac. Cont. Email: No Facility Contact Email on Record	MR15-0027 / 07/31/2010 Laurens / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
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Total Number of Licensed Beds: 8

OAKS 108 N PINCKNEY ST TIMMONSVILLE, SC 29161 FACILITY #:843-346-5160 HANNA, MARCIA G PH#: 843-346-5160 Facility Email: RGADSON@FCDSN.ORG Fac. Cont. Email: No Facility Contact Email on Record	MR15-0128 / 09/30/2009 (Renewal Pending) Florence / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
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Total Number of Licensed Beds: 8

Intermediate Care Facilities for the Mentally Retarded (15 Beds or less)

DHEC Regulation 61-13

Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
PARSONS I GROUP HOME 711 PARSONS RD SUMMERVILLE, SC 29483-3359 FACILITY #:843-821-2877 CLARK, BETTY PH#: 843-821-2877 Facility Email: CELESTE.RICHARDSON@DORCHESTERDSNB.ORG Fac. Cont. Email: JHITCHMAN@BELLSOUTH.COM	MR15-0215 / 06/30/2010 Dorchester / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

Total Number of Licensed Beds: 8

PARSONS II GROUP HOME 707 PARSONS RD SUMMERVILLE, SC 29483-3359 FACILITY #:843-821-2876 CLARK, BETTY PH#: 843-821-2876 Facility Email: JHITCHMAN@BELLSOUTH.NET Fac. Cont. Email: JHITCHMAN@BELLSOUTH.COM	MR15-0216 / 06/30/2010 Dorchester / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
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Total Number of Licensed Beds: 8

RABBIT RUN COMMUNITY RESIDENCE 1114 RABBIT RUN RD HOPKINS, SC 29061 FACILITY #:803-776-7838 WILLIAMS, GILDA PH#: Facility Email: ADAVIS@BABCOCKCENTER.ORG Fac. Cont. Email: No Facility Contact Email on Record	MR15-0217 / 06/30/2010 Richland / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
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Total Number of Licensed Beds: 8

RIDGE ROAD RESIDENCE 1810 RIDGE RD GREENVILLE, SC 29607-4704 FACILITY #:864-297-0712 RAMALHO, YOLANDA P PH#: 864-297-0712 Facility Email: DCRAWFORD@GCDSNB.ORG Fac. Cont. Email: No Facility Contact Email on Record	MR15-0176 / 09/30/2010 Greenville / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
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Total Number of Licensed Beds: 12

SIFLY COMMUNITY RESIDENCE 171 WANNAMAKER ST ORANGEBURG, SC 29115-5073 FACILITY #:803-531-8708 ALLEN, AUDREY E PH#: 803-531-8708 Facility Email: No Facility Email on Record Fac. Cont. Email: No Facility Contact Email on Record	MR15-0219 / 06/30/2010 Orangeburg / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
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Total Number of Licensed Beds: 8

Intermediate Care Facilities for the Mentally Retarded (15 Beds or less)

DHEC Regulation 61-13

Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
SOUTH HARPER STREET HABILITATION CENTER 817 S HARPER ST LAURENS, SC 29360 FACILITY #:864-984-0436 CUNNINGHAM, DAMEL PH#: Facility Email: QSOUTH HARPER@LCDSNB.ORG Fac. Cont. Email: No Facility Contact Email on Record	MR15-0096 / 12/31/2009 Laurens / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

Total Number of Licensed Beds: 8

SULLIVAN STREET COMMUNITY RESIDENCE 503 SULLIVAN ST LAURENS, SC 29360-3449 FACILITY #:864-984-6394 CUNNINGHAM, DAMEL PH#: Facility Email: QSULLIVAN@LCDSNB.ORG Fac. Cont. Email: No Facility Contact Email on Record	MR15-0221 / 06/30/2010 Laurens / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
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Total Number of Licensed Beds: 8

THOMAS DRIVE COMMUNITY RESIDENCE 4 THOMAS DR SUMTER, SC 29150-2428 FACILITY #:803-773-1931 COX, ROBIN F PH#: Facility Email: No Facility Email on Record Fac. Cont. Email: No Facility Contact Email on Record	MR15-0073 / 05/31/2010 Sumter / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
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Total Number of Licensed Beds: 8

TOM MANGUM COMMUNITY RESIDENCE 223 SOUTH PLANTATION RD LANCASTER, SC 29720 FACILITY #:803-286-5771 ALTMAN, JAMES PH#: 803-286-5771 Facility Email: No Facility Email on Record Fac. Cont. Email: No Facility Contact Email on Record	MR15-0074 / 05/31/2010 Lancaster / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
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Total Number of Licensed Beds: 8

TRAVELERS REST COMMUNITY RESIDENCE 252 LITTLE TEXAS RD TRAVELERS REST, SC 29690 FACILITY #:864-834-9526 PATTON, GLORIA PH#: 864-834-9526 Facility Email: No Facility Email on Record Fac. Cont. Email: No Facility Contact Email on Record	MR15-0222 / 06/30/2010 Greenville / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
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Total Number of Licensed Beds: 8

Intermediate Care Facilities for the Mentally Retarded (15 Beds or less)

DHEC Regulation 61-13

Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
WANNAMAKER STREET COMMUNITY RESIDENCE 250 WANNAMAKER ST ORANGEBURG, SC 29115-5067 FACILITY #:803-533-0803 ALLEN, AUDREY E PH#: 803-533-0803 Facility Email: No Facility Email on Record Fac. Cont. Email: No Facility Contact Email on Record	MR15-0223 / 06/30/2010 Orangeburg / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

Total Number of Licensed Beds: 8

WARE SHOALS HABILITATION CENTER I 3 GRIFFIN DR WARE SHOALS, SC 29692 FACILITY #:864-456-3465 TOLSON, TINA PH#: 864-456-3465 Facility Email: No Facility Email on Record Fac. Cont. Email: No Facility Contact Email on Record	MR15-0132 / 11/30/2009 Greenwood / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
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Total Number of Licensed Beds: 8

WEST MAIN STREET COMMUNITY RESIDENCE 1317 W MAIN ST UNION, SC 29379-2659 FACILITY #:864-429-8666 RUETER, MARY PH#: Facility Email: MARYRUETER@HOTMAIL.COM Fac. Cont. Email: No Facility Contact Email on Record	MR15-0140 / 07/31/2010 Union / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
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Total Number of Licensed Beds: 8

WILLIAM W BOWEN RESIDENCE 1045 STONERIDGE AVE HARTSVILLE, SC 29550 FACILITY #:843-332-1177 GEE, ANGELA E PH#: 843-332-1177 Facility Email: WGRIFFITH@DCDSNB.ORG Fac. Cont. Email: No Facility Contact Email on Record	MR15-0224 / 06/30/2010 Darlington / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
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Total Number of Licensed Beds: 8

WIRE ROAD COMMUNITY RESIDENCE I 935-A WIRE RD GILBERT, SC 29054 FACILITY #:803-892-2115 GODFREY, DIANA PH#: Facility Email: LGAULT@BRUTONCENTER.ORG Fac. Cont. Email: No Facility Contact Email on Record	MR15-0225 / 06/30/2010 Lexington / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
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Total Number of Licensed Beds: 8

Intermediate Care Facilities for the Mentally Retarded (15 Beds or less)

DHEC Regulation 61-13

Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
WIRE ROAD COMMUNITY RESIDENCE II 935-B WIRE RD GILBERT, SC 29054 FACILITY #:803-892-2114 GODFREY, DIANA PH#: Facility Email: LGAULT@BRUTONCENTER.ORG Fac. Cont. Email: No Facility Contact Email on Record	MR15-0226 / 06/30/2010 Lexington / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

Total Number of Licensed Beds: 8

WOODLAWN GROUP HOME 1400 WOODLAWN DR COLUMBIA, SC 29209 FACILITY #:803-783-0714 DAVIS, ADRIA D PH#: 803-783-0714 Facility Email: ADAVIS@BABCOCKCENTER.ORG Fac. Cont. Email: ADAVIS@BABCOCKCENTER.ORG	MR15-0227 / 06/30/2010 Richland / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
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Total Number of Licensed Beds: 8

WYLIE BRUNSON RESIDENCE 88 SUNFLOWER RD ST. MATTHEWS, SC 29135 FACILITY #:803-655-7559 MOSS, R PIKE PH#: 803-655-7559 Facility Email: PMOSS@CALHOUNSNB.ORG Fac. Cont. Email: No Facility Contact Email on Record	MR15-0228 / 06/30/2010 Calhoun / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
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Total Number of Licensed Beds: 8

Total Number of Facilities: 78

Total Number of Licensed Beds: 646