

County: Union

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 |
|---|---|---------------|
| ST PAUL ADULT DAY CARE 308 WALLACE ST UNION, SC 29379-2451 FAC.#:864-429-8771 JEFFERIES, NANNIE P PH#: 864-429-8771 Facility Email: SPDCARE@BELLSOUTH.NET | Union / Corporation 308 WALLACE ST UNION, SC 29379-2451 ST PAUL ADULT DAY CARE INC ADC-0189 / 11/30/2009 | 32 |
| Number of Participants | | 32 |
| SUNSHINE ADULT DAY CARE 506 S DUNCAN BYP UNIT B UNION, SC 29379-7219 FAC.#:864-429-0505 CANADA, ANN E PH#: 864-429-0505 Facility Email: ANN.CANADA@YAHOO.COM | Union / Ltd. Liability 506 S DUNCAN BYP UNIT B UNION, SC 29379-7219 SUNSHINE ADULT DAY CARE LLC ADC-0265 / 12/31/2009 | 30 |
| Number of Participants | | 30 |

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|---|--|
| Totals For Facility/License Type Adult Day Care | |
| Number of Activities/Facilities licensed: <input style="width: 50px; text-align: center;" type="text" value="2"/> | Number Licensed Units <input style="width: 50px; text-align: center;" type="text" value="62"/> |

County: Union

Facility Type: Community Residential Care Facility

| Facility Name Location Street Location City, State Administrator/Phone | County/Ownership Typ Mailing/Billing Address Licensee License Nbr/Expiration Date | Licensed Unit |
|---|---|---------------|
| OAKMONT OF UNION (RESIDENTIAL CARE) 709 RICE AVE EXT UNION, SC 29379-9023 FAC.#:864-427-0306 FREEMAN, PATRICIA A PH#: 864-427-0306 Facility Email: 4031ADMIN@HCR-MANORCARECOM | Union / Limited Liability 709 RICE AVE EXT UNION, SC 29379-9023 OAKMONT OF UNION SC LLC CRC-0576 / 12/31/2009 | 40 |

Certifications:None

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|---|--|----|
| WHITNEY PLACE 107 CORNWELL ST UNION, SC 29379-2404 FAC.#:864-427-4275 WHITNEY, YOLANDE O PH#: 864-427-4275 Facility Email: WHITNEYPLACE@ATT.NET | Union / Corporation 107 CORNWELL ST UNION, SC 29379-2404 WHITNEY CORPORATION OF COLUMBIA INC CRC-0572 / 02/28/2010 | 24 |
|---|--|----|

Certifications:None

Totals For Facility/License Type Community Residential Care Facility

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|---|---|-----------------------|----|
| Number of Activities/Facilities licensed: | 2 | Number Licensed Units | 64 |
|---|---|-----------------------|----|

County: Union

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 |
|--|--|---------------|
| WEST MAIN STREET COMMUNITY RESIDENCE 1317 W MAIN ST UNION, SC 29379-2659 FAC.#:864-429-8666 RUETER, MARY PH#: Facility Email: MARYRUETER@HOTMAIL.COM | Union / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0140 / 07/31/2010 | 8 |

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|--|--|
| Totals For Facility/License Type Habilitation R15 | |
| Number of Activities/Facilities licensed: <input type="text" value="1"/> | Number Licensed Units <input type="text" value="8"/> |

County: Union

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 |
|---|---|---------------|
| ELLEN SAGAR NURSING HOME 1817 JONESVILLE HWY UNION, SC 29379-9793 FAC.#:864-466-0350 WINN, ANNE O PH#: 864-427-5187 Facility Email: ESNHADMIN@BELLSOUTH.NET | Union / District 1817 JONESVILLE HWY UNION, SC 29379-9793 UNION HOSPITAL DISTRICT NCF-0217 / 11/30/2009 | 113 |
| Licensed Beds Nursing Home 113 Institutional Nursing Home 0 | | |

Certifications:None

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|---|---|----|
| OAKMONT OF UNION 709 RICE AVE EXT UNION, SC 29379-9023 FAC.#:864-427-0306 FREEMAN, PATRICIA A PH#: 864-427-0306 Facility Email: 4031ADMIN@HCR-MANORCARE.COM | Union / Limited Liability 709 RICE AVE EXT UNION, SC 29379-9023 OAKMONT OF UNION SC LLC NCF-0443 / 12/31/2009 | 88 |
| Licensed Beds Nursing Home 88 Institutional Nursing Home 0 | | |

Certifications:None

| Totals For Facility/License Type Nursing Home | |
|--|--|
| Number of Activities/Facilities licensed: <input type="text" value="2"/> | Number Licensed Units <input type="text" value="201"/> |

County: Union

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 |
|---|--|---------------|
| UNION COUNTY COMMISSION ON ALCOHOL & DRUG ABUSE (OTP) 201 S HERNDON ST UNION, SC 29379-2231 FAC.#:864-429-1656 DAWKINS, JACQUELINE PH#: Facility Email: JDAWKINS@UCCADA.ORG | Union / County PO BOX 844 UNION, SC 29379-0844 UNION COUNTY COMMISSION ON ALCOHOL & DRUG ABUSE OTP-0045 / 01/31/2010 | 1 |

Certifications:None

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

County: Union

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 |
|---|--|---------------|
| DCI UNION 315 THOMPSON BLVD UNION, SC 29379-1843 FAC.#:864-429-2940 PARKS RN, MELISSA D PH#: 864-429-2940 Facility Email: No Facility Email on Record | Union / Corporation 315 THOMPSON BLVD UNION, SC 29379-1843 DIALYSIS CLINIC INC ERD-0051 / 08/31/2010 | 15 |
| Licensed Stations: Hemodialysis: 15 Peritoneal: 0 | | |

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|---|---|-----------------------|
| Totals For Facility/License Type Renal Dialysis | | |
| Number of Activities/Facilities licensed: | 1 | Number Licensed Units |
| | | 15 |

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|---|-------------------------|-----|
| Number of Activities/Facilities licensed in county of Union | # Lics | 10 |
| | Number Licensed Units : | 494 |

Report Total

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|--|----|-----------------------------|-----|
| Total Number of Activities/Facilities licensed | 10 | Total Number Licensed Units | 494 |
|--|----|-----------------------------|-----|