

County: Williamsburg

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
HOPEWELL SENIOR DAY CARE CENTER 1277 BLAKELY RD SALTERS, SC 29590-3439 FAC.#:843-387-6376 EVANS, DOTTIE M PH#: 843-387-6376 Facility Email: HOPEJ@FTC-I.NET	Williamsburg / Corporation 1277 BLAKELY RD SALTERS, SC 29590-3439 HOPEWELL SENIOR DAY CARE INC ADC-0206 / 08/31/2010	12
Number of Participants		12
NEW MOUNT CARMEL ADULT DAY CARE 797 TUPPERWARE RD HEMINGWAY, SC 29554-5479 FAC.#:843-558-5053 GAMBLE, WESSIE PH#: 843-558-5053 Facility Email: ADC.NEWMT.CAMEL@YAHOO.COM	Williamsburg / Corporation PO BOX 1113 HEMINGWAY, SC 29554-1113 GET EDUCATIONAL RESOURCES CENTER INC ADC-0244 / 11/30/2009	28
Number of Participants		28
RUTH LOUIS ADULT HEALTH DAY CARE 1349 SEABOARD RD ANDREWS, SC 29510-5628 FAC.#:843-221-5842 NESMITH, PEARL PH#: 843-221-5848 Facility Email: RUTHLOIDADC@FTC-1.NET	Williamsburg / Non-Profit Corporation 1349 SEABOARD RD ANDREWS, SC 29510-5628 RUTH LOUIS ADULT HEALTH DAY CARE INC ADC-0226 / 05/31/2010	30
Number of Participants		30
RUTH LOUIS ADULT HEALTH DAY CARE #2 111 E MILL ST KINGSTREE, SC 29556-3427 FAC.#:843-221-5842 NESMITH, PEARL PH#: 843-221-5848 Facility Email: RUTHLOIDADC@FTC-1.NET	Williamsburg / Non-Profit Corporation 111 E MILL ST KINGSTREE, SC 29556-3427 RUTH LOUIS ADULT HEALTH DAY CARE INC ADC-0250 / 12/31/2009	69
Number of Participants		69

Totals For Facility/License Type Adult Day Care

Number of Activities/Facilities licensed:	4	Number Licensed Units	139
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County: Williamsburg

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
GOOD SAMARITAN RESIDENTIAL CARE 1356 BUBZY RD KINGSTREE, SC 29556-5246 FAC.#:843-382-3530 MARSH, DORORHEAL C PH#: 843-382-3530 Facility Email: No Facility Email on Record	Williamsburg / Corporation 1356 BUBZY RD KINGSTREE, SC 29556-5246 GOOD SAMARITAN RESIDENTIAL CARE FACILITY INC CRC-1015 / 05/31/2010	9
Certifications:None		
MY HOUSE COMMUNITY HOME 273 MARTIN RD CADES, SC 29518-3381 FAC.#:843-382-4223 GLASSCHO, GERMAN PH#: 843-382-3277 Facility Email: NIMC@FTC-I-NET	Williamsburg / Sole Proprietorship PO BOX 358 GREELEYVILLE, SC 29056-0358 GERMAN GLASSCHO CRC-1318 / 07/31/2010	4
Certifications:None		
S M STRONG'S COMMUNITY RESIDENTIAL CARE 65 DOVE ST KINGSTREE, SC 29556-3146 FAC.#:843-355-3487 PH#: Facility Email: JGJACKSON@FTC-I.NET	Williamsburg / Sole Proprietorship PO BOX 173 KINGSTREE, SC 29556-0173 SUSIE M STRONG CRC-1195 / 02/28/2010	5
Certifications:None		
SUNNY PINES BOARDING HOME 108 GAPWAY RD ANDREWS, SC 29510-5466 FAC.#:843-221-7436 PAPILLION, GLORIA F PH#: 843-221-7436 Facility Email: No Facility Email on Record	Williamsburg / Sole Proprietorship PO BOX 732 ANDREWS, SC 29510-0732 MATTIE H DUROUSSEAU CRC-0098 / 05/31/2010	18
Certifications:None		
WILLIAMSBURG RESIDENTIAL CARE FACILITY 14 WRCF ST KINGSTREE, SC 29556-2596 FAC.#:843-355-6214 JACKSON, JACQUES G PH#: 843-355-6214 Facility Email: JGJACKSON@FTC-I.NET	Williamsburg / Partnership PO BOX 147 SALTERS, SC 29590-0147 JACQUES G JACKSON AND SUSIE M GORDON CRC-0038 / 03/31/2010	24
Certifications:None		

Totals For Facility/License Type Community Residential Care Facility

Number of Activities/Facilities licensed: Number Licensed Units

County: Williamsburg

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	
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:	Number Licensed Units
<input style="width: 100px;" type="text" value="1"/>	<input style="width: 100px;" type="text" value="25"/>

County: Williamsburg

Facility Type: Nursing Home

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

KINGSTREE NURSING FACILITY	Williamsburg / Corporation	96
401 NELSON BLVD	401 NELSON BLVD	
KINGSTREE, SC 29556-4024 FAC.#:843-355-6116	KINGSTREE, SC 29556-4024	
SLAVINSKI, CANDICE J PH#: 843-355-6116	KINGSTREE NURSING FACILITY INC	
Facility Email: CSLAVINSKI@COOKEASSOCIATESCOM	NCF-0937 / 12/31/2009	

Licensed Beds Nursing Home 96 Institutional Nursing Home 0

Certifications:None

Totals For Facility/License Type Nursing Home	
Number of Activities/Facilities licensed: <input type="text" value="1"/>	Number Licensed Units <input type="text" value="96"/>

County: Williamsburg

Facility Type: PSAD Outpatient

Facility Name	County/Ownership Typ	Licensed Unit
Location Street	Mailing/Billing Address	
Location City, State	Licensee	
Administrator/Phone	License Nbr/Expiration Date	
WILLIAMSBURG COUNTY DEPARTMENT ON ALCOHOL AND DRUG ABUSE	Williamsburg / County	2
115 SHORT ST	PO BOX 506	
KINGSTREE, SC 29556-3924 FAC.#:843-355-9113	KINGSTREE, SC 29556-0506	
GRAHAM, JACKIE S PH#: 843-355-9113	WILLIAMSBURG COUNTY COUNCIL	
Facility Email: JGRAHAM@WCDADA.ORG	OTP-0019 / 06/30/2010	

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="2"/>

County: Williamsburg

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
FMC DIALYSIS SERVICES-ANDREWS 102 S COUNTY LINE RD ANDREWS, SC 29510-8125 FAC.#:843-221-5454 COHENS RN, JACQUELINE PH#: 843-357-4840 Facility Email: CLINIC2359@FMC-NA.COM	Williamsburg / Corporation 102 S COUNTY LINE RD ANDREWS, SC 29510-8125 BIO-MEDICAL APPLICATIONS OF SOUTH CAROLINA INC ERD-0115 / 05/31/2010	12
Licensed Stations: Hemodialysis: 12 Peritoneal: 0		
FRESENIUS MEDICAL CARE KINGSTREE 1468 EASTLAND AVE KINGSTREE, SC 29556-6036 FAC.#:843-382-9791 WEATHERFORD RN, BARBARA PH#: 843-382-9791 Facility Email: No Facility Email on Record	Williamsburg / Corporation 1468 EASTLAND AVE KINGSTREE, SC 29556-6036 BIO-MEDICAL APPLICATIONS OF SOUTH CAROLINA INC ERD-0069 / 08/31/2010	33
Licensed Stations: Hemodialysis: 33 Peritoneal: 0		

Totals For Facility/License Type Renal Dialysis		
Number of Activities/Facilities licensed:	2	Number Licensed Units 45
Number of Activities/Facilities licensed in county of Williamsburg	# Lics	14
	Number Licensed Units :	367

Report Total

Total Number of Activities/Facilities licensed 14 Total Number Licensed Units 367