

County: Greenwood

Facility Type: Adult Day Care

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
<b>GREENWOOD ACTIVE DAY CENTER</b> 228 N CREEK BLVD GREENWOOD, SC 29649-9006 FAC.#:864-388-0045 BESS LESLEY PH#: 843-626-8501 Facility Email: AMCALISTER@ACTIVEDAY.COM	Greenwood / Corporation 6 NESHAMINY INTERPLEX STE 401 TREVOSE, PA 19053 ACTIVE SC ONE INC ADC-0123 / 10/31/2017	60
<b>Number of Participants: 60</b>		
<b>UPTOWN SENIOR</b> 615 S MAIN ST GREENWOOD, SC 29646 FAC.#:864-377-8042 ADAMS ERICKA PH#: 864-554-4966 Facility Email: EADAMS@UPTOWNSENIOR.COM	Greenwood / Limited Liability Company (multiple member) 615 S MAIN ST GREENWOOD, SC 29646 UPTOWN SENIOR LLC ADC-0307 / 01/31/2017	40
<b>Number of Participants: 40</b>		

<b>Totals For Facility/License Type: <u>Adult Day Care</u></b>	
<b>Number of Activities/Facilities licensed: _____ 2</b>	<b>Number Licensed Units: _____ 100</b>

County: Greenwood

Facility Type: Ambulatory Surgery

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
<b>GREENWOOD ENDOSCOPY CENTER</b> 103 LINER DR GREENWOOD, SC 29646-2311 FAC.#:864-227-3838 RAMAGE III ALBERT A PH#: 864-227-3838 Facility Email: TINA.PONDER@GMAIL.COM	Greenwood / Corporation 103 LINER DR GREENWOOD, SC 29649-2311 GREENWOOD ENDOSCOPY CENTER INC ASF-0022 / 05/31/2017	4
<b>Operating Rooms: 0 Procedure Rooms: 0 Endoscopy Rooms: 4</b>		
<b>SURGERY CENTER OF THE LAKELANDS</b> 101 ACADEMY AVE GREENWOOD, SC 29646-3869 FAC.#:864-725-7500 HINRICHS CAROL A PH#: 864-725-7500 Facility Email: CHINRICHS@SCLAKELANDS.COM	Greenwood / Ltd. Liability 101 ACADEMY AVE GREENWOOD, SC 29646-3869 SURGERY CENTER AT SELF MEMORIAL HOSPITAL LLC ASF-0055 / 05/31/2017	5
<b>Operating Rooms: 5 Procedure Rooms: 0 Endoscopy Rooms: 0</b>		

<b>Totals For Facility/License Type: <u>Ambulatory Surgery</u></b>	
Number of Activities/Facilities licensed: _____ 2	Number Licensed Units: _____ 9

County: Greenwood

Facility Type: Community Residential Care Facility

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
<b>ASHLEY PLACE</b> 526 HALTIWANGER RD GREENWOOD, SC 29649-1799 FAC.#:864-943-1933 MOORE BRENT PH#: Facility Email: BMOORE@ENLIVANT.COM	Greenwood / Corporation 330 N WABASH AVE STE 3700 CHICAGO, IL 60611-7605 ASHLEY AID OPCO LLC CRC-1404 / 11/30/2016 (Renewal Pending)	44
Alzheimer Care:No      Max # Resident:0	Alzheimer Unit: No      Max # Beds: 0	
Certifications:None		
<b>BAYBERRY OF GREENWOOD</b> 116 ABBEY DR GREENWOOD, SC 29649-8536 FAC.#:864-223-6510 GAMBRELL CATHY B PH#: 864-223-6510 Facility Email: THEBAYBERRY@NCTV.COM	Greenwood / Limited Liability Limited Partnership GREENWOOD, SC 29649-8536 EVERGREEN VILLAGES LIMITED PARTNERSHIP CRC-0589 / 05/31/2017	23
Alzheimer Care:No      Max # Resident:0	Alzheimer Unit: No      Max # Beds: 0	
Certifications:None		
<b>BROOKDALE GREENWOOD</b> 1408 PKWY RD GREENWOOD, SC 29646-4043 FAC.#:864-223-2281 PH#: Facility Email: Not on File	Greenwood / Corporation 1408 PKWY RD GREENWOOD, SC 29646-4043 BROOKDALE SENIOR LIVING COMMUNITIES INC CRC-1309 / 12/31/2016 (Renewal Pending)	52
Alzheimer Care:Yes      Max # Resident:52	Alzheimer Unit: No      Max # Beds: 0	
Certifications:None		
<b>EMERALD GARDENS OF GREENWOOD</b> 201 OVERLAND DR GREENWOOD, SC 29646-4097 FAC.#:864-953-2174 PEPPER CHRISTOPHER C PH#: 864-953-2174 Facility Email: GTHOMPSON@PREMIERSL.COM	Greenwood / Ltd. Liability 201 OVERLAND DR GREENWOOD, SC 29646-4097 EMERALD GARDENS OF GREENWOOD LLC CRC-1378 / 10/31/2017	66
Alzheimer Care:Yes      Max # Resident:16	Alzheimer Unit: Yes      Max # Beds: 16	
Certifications:None		
<b>MORNINGSIDE OF GREENWOOD</b> 116 ENTERPRISE CT GREENWOOD, SC 29649-1666 FAC.#:864-388-9433 AMERSON KATHERINE D PH#: 864-388-9433 Facility Email: KAMERSON@5SSL.COM	Greenwood / Limited Liability Limited Partnership GREENWOOD, SC 29649-1666 MORNINGSIDE OF GREENWOOD LP CRC-1088 / 04/30/2017	49
Alzheimer Care:No      Max # Resident:0	Alzheimer Unit: No      Max # Beds: 0	
Certifications:None		

County: Greenwood

Facility Type: Community Residential Care Facility

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
<b>WARE SHOALS MANOR</b> 10 N GREENWOOD AVE WARE SHOALS, SC 29692-1239 FAC.#:864-456-7127 OBI-MELEKWE BERNICE O PH#: 864-456-7127 <b>Facility Email:</b> BERNICE@HARMONYRES.COM	Greenwood / Ltd. Liability 483 LOCKHART LN GAFFNEY, SC 29341-2841 HARMONY RESIDENTIAL CARE CENTER LLC <b>CRC-1457 / 10/31/2017</b>	24
<b>Alzheimer Care:No      Max # Resident:0      Alzheimer Unit: No      Max # Beds: 0</b>		

Certifications:None

<b>WESLEY COMMONS ASSISTED LIVING FACILITY &amp; SPECIAL CARE HOUSE</b> 1110 MARSHALL RD GREENWOOD, SC 29646-4299 FAC.#:864-227-7480 DAVIS DORIS E PH#: 864-227-7170 <b>Facility Email:</b> DDAVIS@WESLEYCOMMONS.ORG <b>Alzheimer Care:Yes      Max # Resident:12</b>	Greenwood / Non-Profit Corporation 1110 MARSHALL RD GREENWOOD, SC 29646-4299 WESLEY COMMONS <b>CRC-1218 / 08/31/2017</b>	56
<b>Alzheimer Unit: Yes      Max # Beds: 12</b>		

Certifications:None

<b>Totals For Facility/License Type: <u>Community Residential Care Facility</u></b>	
<b>Number of Activities/Facilities licensed:      <u>7</u></b>	<b>Number Licensed Units:      <u>314</u></b>

County: Greenwood

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
<b>HENRY &amp; FREIDA BONDS HABILITATION CENTER</b> 310 JENKINS SPRING RD GREENWOOD, SC 29646-8617 FAC.#:864-942-8900 MCGRIER TAKIA N PH#: 864-942-8646 <b>Facility Email:</b> JBURTON@BURTONCENTER.ORG	Greenwood / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS <b>MR15-0111 / 08/31/2017</b>	8
<b>J FELTON BURTON COMMUNITY RESIDENCE</b> 308 JENKINS SPRING RD GREENWOOD, SC 29646-8617 FAC.#:864-942-8947 MCGRIER TAKIA N PH#: 864-942-8947 <b>Facility Email:</b> JBURTON@BURTONCENTER.ORG	Greenwood / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS <b>MR15-0072 / 05/31/2017</b>	8
<b>WARE SHOALS HABILITATION CENTER I</b> 3 GRIFFIN DR WARE SHOALS, SC 29692 FAC.#:864-942-8914 TOLSON TINA PH#: 864-456-3465 <b>Facility Email:</b> JBURTON@BURTONCENTER.ORG	Greenwood / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS <b>MR15-0132 / 11/30/2017</b>	8

<b>Totals For Facility/License Type: <u>Habilitation R15</u></b>	
<b>Number of Activities/Facilities licensed: _____ 3</b>	<b>Number Licensed Units: _____ 24</b>

County: Greenwood

Facility Type: Home Health

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
<b>HOME CARE OF HOSPICECARE OF THE PIEDMONT</b> 408 W ALEXANDER AVE GREENWOOD, SC 29646-4031 FAC.#:864-227-9393 CORLEY RN NANCY B PH#: 864-227-9393 Facility Email: NCORLEY@HOSPICEPIEDMONT.ORG Counties Served: Abbeville, Greenwood, Laurens, McCormick, Saluda License Restrictions:FOR THE TERMINALLY ILL ONLY Physical Therapy: Y Speech Therapy:Y Occupational Therapy:Y Med. Social Services:Y Home Health Aid: Y Medical Supplies/Appliances/Durable Medical Equipment: Y Other: SKILLED NURSING, SPIRITUAL COUNSELING	Greenwood / Corporation 408 W ALEXANDER AVE GREENWOOD, SC 29646-4031 HOME CARE OF HOSPICECARE OF THE PIEDMONT INC HHA-0134 / 09/30/2017	5
<b>HOME HEALTH SERVICES OF SELF REGIONAL HEALTHCARE</b> 105 VINECREST CT STE 400 GREENWOOD, SC 29646-8031 FAC.#:864-725-7600 WRIGHT JEFFERY PH#: 864-725-7600 Facility Email: KWILSON@SELFREGIONAL.ORG Counties Served: Abbeville, Greenwood, Laurens, McCormick, Saluda License Restrictions: Physical Therapy: Y Speech Therapy:Y Occupational Therapy:Y Med. Social Services:Y Home Health Aid: Y Medical Supplies/Appliances/Durable Medical Equipment: N Other:	Greenwood / Non-Profit Corporation 1325 SPRING ST GREENWOOD, SC 29646-3875 SELF MEMORIAL HOSPITAL INC HHA-0049 / 01/31/2017	5
<b>NHC HOMECARE-GREENWOOD</b> 315 W ALEXANDER AVE GREENWOOD, SC 29646-4009 FAC.#:864-229-9888 HAMMERSMITH MARY PH#: 864-229-9888 Facility Email: NHC@NHCHOMECAREGREENWOOD.COM Counties Served: Greenwood License Restrictions: Physical Therapy: Y Speech Therapy:Y Occupational Therapy:Y Med. Social Services:Y Home Health Aid: Y Medical Supplies/Appliances/Durable Medical Equipment: N Other: DIETARY CONSULTATION	Greenwood / Limited Liability Partnership 315 W ALEXANDER AVE GREENWOOD, SC 29648-1708 NHC/OP LP HHA-0182 / 06/30/2017	1
<b>WESLEY COMMONS HOME HEALTH CARE</b> 1110 MARSHALL RD GREENWOOD, SC 29646-4299 FAC.#:864-227-7170 DAVIS DORIS E PH#: 864-227-7170 Facility Email: CGARY@WESLEYCOMMONS.ORG Counties Served: Greenwood, Special Note - SERVING CAMPUS RESIDENTS ONLY License Restrictions:SERVING CAMPUS RESIDENTS ONLY Physical Therapy: N Speech Therapy:N Occupational Therapy:N Med. Social Services:N Home Health Aid: Y Medical Supplies/Appliances/Durable Medical Equipment: N Other:	Greenwood / Non-Profit Corporation 1110 MARSHALL RD GREENWOOD, SC 29646-4299 WESLEY COMMONS HHA-0202 / 02/28/2017	1

County: Greenwood

Facility Type: Home Health

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

Totals For Facility/License Type: Home Health

Number of Activities/Facilities licensed: 4      Number Licensed Units: 12

County: Greenwood

Facility Type: Hospice Facility

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
HOSPICE HOUSE OF HOSPICECARE OF THE PIEDMONT 408 W ALEXANDER AVE GREENWOOD, SC 29646-4031 FAC.#:864-227-9393 CORLEY RN NANCY B PH#: 864-227-9393 Facility Email: NCORLEY@HOSPICEPIEDMONT.ORG	Greenwood / Non-Profit Corporation 408 W ALEXANDER AVE GREENWOOD, SC 29646-4031 HOSPICECARE OF THE PIEDMONT INC HPF-0002 / 05/31/2017	15

**Totals For Facility/License Type: Hospice Facility**

Number of Activities/Facilities licensed: 1      Number Licensed Units: 15

County: Greenwood

Facility Type: Hospice Program

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

HOSPICECARE OF THE PIEDMONT 408 W ALEXANDER AVE GREENWOOD, SC 29646-4031 FAC.#:864-227-9393 CORLEY RN NANCY B PH#: 864-227-9393 Facility Email: NCORLEY@HOSPICEPIEDMONT.ORG	Greenwood / Non-Profit Corporation 408 W ALEXANDER AVE GREENWOOD, SC 29646-4031 HOSPICECARE OF THE PIEDMONT INC HPC-0010 / 05/31/2017	7
---	---	---

Counties Served: Abbeville, Edgefield, Greenwood, Laurens, McCormick, Newberry, Saluda

Totals For Facility/License Type: <u>Hospice Program</u>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>7</u>

County: Greenwood

Facility Type: Hospital or Institutional General Infirmary

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

<b>GREENWOOD REGIONAL REHABILITATION HOSPITAL</b>	Greenwood / Ltd. Liability	42
1530 PKWY	1530 PKWY	
GREENWOOD, SC 29646-4027 FAC.#:864-330-1800	GREENWOOD, SC 29646-4027	
MANSKE KRISTIN PH#: 864-330-1800	GREENWOOD REGIONAL REHABILITATION HOSPITAL LLC	
<b>Facility Email:</b> KRISTINMANSKE@ERNESTHEALTH.COM	<b>HTL-0903 / 10/31/2017</b>	
<b>Licensed Beds: General: 0 Psychiatric: 0 Rehab: 42 Substance Abuse: 0</b>		
<b>Other Beds : NICU: 0 Neonatal Special Care: 0</b>		

Certifications:JCAHO Accredited

<b>SELF REGIONAL HEALTHCARE</b>	Greenwood / County	358
1325 SPRING ST	1325 SPRING ST	
GREENWOOD, SC 29646-3875 FAC.#:864-725-4111	GREENWOOD, SC 29646-3875	
PFEIFFER JAMES A PH#: 864-725-4111	GREENWOOD COUNTY HOSPITAL BOARD	
<b>Facility Email:</b> SARA.SEARS@SELFREGIONAL.ORG	<b>HTL-0038 / 12/31/2017</b>	
<b>Licensed Beds: General: 326 Psychiatric: 32 Rehab: 0 Substance Abuse: 0</b>		
<b>Other Beds : NICU: 7 Neonatal Special Care: 11</b>		

Certifications:Abortions, Trauma Center Level III, Perinatal Level III, JCAHO Accredited

Totals For Facility/License Type:Hospital or Institutional General Infirmary  
 Number of Activities/Facilities licensed: 2      Number Licensed Units: 400

County: Greenwood

Facility Type: Inhome Care Provider

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
<b>180 HEALTH AND WELLNESS</b> 104 MAXWELL AVE STE 316 GREENWOOD, SC 29646 FAC. #: 864-377-8250 PH#: <b>Facility Email:</b> 180HEALTHANDWELLNESS@NCTV.COM	Greenwood / Limited Liability PO BOX 49606 GREENWOOD, SC 29649-0011 180 HEALTH AND WELLNESS LLC <b>IHCP-0248 / 07/31/2017</b>	- 1
<b>ACTIVE HOME CARE OF GREENWOOD</b> 228 N CREEK BLVD GREENWOOD, SC 29649-9006 FAC. #: 864-953-2288 BOWICK JUDY PH#: 864-467-2180 <b>Facility Email:</b> JBOWICK@ACTIVEDAY.COM	Greenwood / Corporation 6 NESHAMINY INTERPLEX FEASTERVILLE TREVOSE, PA 19053 ACTIVE SC PCA INC <b>IHCP-0020 / 03/31/2017</b>	- 1
<b>ALWAYS BEST CARE OF GREENWOOD - ANDERSON</b> 1201 CAMBRIDGE AVE E GREENWOOD, SC 29646-3071 FAC. #: 864-229-1211 PH#: <b>Facility Email:</b> BKAPPERMAN@ABC-SENIORS.COM	Greenwood / Corporation PO BOX 1195 GREENWOOD, SC 29648-1195 KAPPERMAN ENTERPRISES INC <b>IHCP-0102 / 03/31/2017</b>	- 1
<b>ELITE HOME CARE OF SOUTH CAROLINA</b> 231-D HAMPTON RD GREENWOOD, SC 29649 FAC. #: 704-222-9834 PH#: <b>Facility Email:</b> TELLERBE10@GMAIL.COM	Greenwood / Corporation 1910 ABBOTT ST STE 202 CHARLOTTE, NC 28203 ELITE HOME HEALTH CARE INC <b>IHCP-0562 / 10/31/2017</b>	- 1
<b>HEALTH RELATED PERSONNEL SERVICES INC</b> 1157 SPRING ST GREENWOOD, SC 29646-3833 FAC. #: 864-229-6600 PH#: <b>Facility Email:</b> BRHODES@HRPSC.COM	Greenwood / Corporation 1157 SPRING ST GREENWOOD, SC 29646-3833 HEALTH RELATED PERSONNEL SERVICES INC <b>IHCP-0129 / 04/30/2017</b>	- 1

<b>Totals For Facility/License Type: <u>Inhome Care Provider</u></b>	
<b>Number of Activities/Facilities licensed: _____ 5</b>	<b>Number Licensed Units: - _____ 5</b>

County: Greenwood

Facility Type: Nursing Home

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

<b>GREENWOOD TRANSITIONAL REHABILITATION UNIT</b> 1530 PKWY GREENWOOD, SC 29646-4027 FAC.#:864-330-1800 BENCEBI ELIZABETH PH#: 864-330-1800 Facility Email: ELIZABETHBENCEBI@ERNESTHEALTH.COM	Greenwood / Ltd. Liability 1530 PKWY GREENWOOD, SC 29646-4027 GREENWOOD REGIONAL REHABILITATION HOSPITAL LLC <b>NCF-0944 / 10/31/2017</b>	12
---	---	----

Licensed Beds: Nursing Home: 12 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

<b>HEALTH CARE CENTER OF WESLEY COMMONS</b> 1110 MARSHALL RD GREENWOOD, SC 29646-4299 FAC.#:864-227-7250 HOLMES MOODY KIMBERLY K PH#: 864-227-7250 Facility Email: KMOODY@WESLEYCOMMONS.ORG	Greenwood / Non-Profit Corporation 1110 MARSHALL RD GREENWOOD, SC 29646-4299 WESLEY COMMONS <b>NCF-0304 / 03/31/2017</b>	102
---	--	-----

Licensed Beds: Nursing Home: 102 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

<b>MAGNOLIA MANOR-GREENWOOD</b> 1415 PKWY GREENWOOD, SC 29646-4044 FAC.#:864-227-9500 GOFORTH EDITH C PH#: 864-227-9500 Facility Email: EDITH.GOFORTH@FUNDLTC.COM	Greenwood / Ltd. Liability 1415 PKWY GREENWOOD, SC 29646-4044 THI OF SOUTH CAROLINA AT GREENWOOD LLC <b>NCF-0866 / 08/31/2017</b>	88
---	---	----

Licensed Beds: Nursing Home: 88 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

<b>NHC HEALTHCARE GREENWOOD</b> 437 CAMBRIDGE AVE E GREENWOOD, SC 29646-2244 FAC.#:864-223-1950 SELLARS RICHARD A PH#: 864-223-1950 Facility Email: RSELLARS@NHCGREENWOOD.COM	Greenwood / Ltd. Liability 437 CAMBRIDGE AVE E GREENWOOD, SC 29646-2244 NHC HEALTHCARE/GREENWOOD LLC <b>NCF-0802 / 06/30/2017</b>	152
---	---	-----

Licensed Beds: Nursing Home: 152 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

<b>Totals For Facility/License Type: <u>Nursing Home</u></b>	
Number of Activities/Facilities licensed: _____ 4	Number Licensed Units: _____ 354

County: Greenwood

Facility Type: PSAD Outpatient

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
<b>GREENWOOD TREATMENT SPECIALISTS</b> 110 COURT AVE W GREENWOOD, SC 29646-2749 FAC.#:864-616-5031 BRADY BRENT PH#: 864-616-5031 Facility Email: BRENTBRADYSC@GMAIL.COM	Greenwood / Corporation 101 PLAYER WAY SIMPSONVILLE, SC 29681-4007 GREENWOOD TREATMENT SPECIALISTS INC OTPN-0169 / 05/31/2017	1

Certifications: Narcotics Treatment Program, Methodone Treatment Program

<b>Totals For Facility/License Type: <u>PSAD Outpatient</u></b>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>1</u>

County: Greenwood

Facility Type: Renal Dialysis

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
<b>GREENWOOD DIALYSIS</b> 109 OVERLAND DR GREENWOOD, SC 29646-4053 FAC.#:864-227-6011 JENNINGS DEANNA YELDELL PH#: 864-227-6011 Facility Email: LASHUNDRA.IVERY@DAVITA.COM	Greenwood / Corporation 5200 VIRGINIA WAY STE 400, LICENSING AND CERTIFICATION BRENTWOOD, TN 37027-7569 DVA HEALTHCARE RENAL CARE INC ERD-0026 / 12/31/2017	41

Licensed Stations: Hemodialysis: 41 Peritoneal: 2

<b>Totals For Facility/License Type: <u>Renal Dialysis</u></b>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>41</u>

County: Greenwood

Facility Type: Tattoo Facility

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
<b>7 SINS TATTOO</b> 204 MONTAGUE AVE STE B GREENWOOD, SC 29649-1937 FAC.#:864-223-3583 BRANDT KAREN L PH#: 864-223-3583 <b>Facility Email:</b> SEVENSINSTATTOO@LIVE.COM	Greenwood / Sole Proprietorship 204 MONTAGUE AVE STE B GREENWOOD, SC 29649-1937 BRANDT KAREN L <b>TF-0011 / 07/31/2017</b>	3
<b>TATTOO JOE'S</b> 1716 BYPASS 72 NE STE A GREENWOOD, SC 29649-1692 FAC.#:864-538-4653 BOYKIN ROBERT B PH#: 864-538-4653 <b>Facility Email:</b> DANNY@TATTOOJOES.NET	Greenwood / Corporation 1666 CALHOUN RD GREENWOOD, SC 29649-8907 TABOO ARTS INC <b>TF-0140 / 07/31/2015 (Renewal Pending)</b>	2

<b>Totals For Facility/License Type: <u>Tattoo Facility</u></b>	
Number of Activities/Facilities licensed: <u>2</u>	Number Licensed Units: <u>5</u>

Number of Activities/Facilities licensed in county of : <u>Greenwood</u>	# Lics: <u>35</u>
	Number Licensed Units : <u>1,277</u>

Report Totals

Total Number of Activities/Facilities licensed: 35 Total Number Licensed Units: 1,277