Number of Activities/Facilities licensed: 1

County: Beaufort Facility Type: Adult Day Care Facility Name County/Ownership Type Mailing/Billing Address Licensed Location Street Location City, State Licensee Units Administrator/Phone License Nbr/Expiration Date MEMORY MATTERS Beaufort / Charitable 60 PO BOX 22330 117 WILLIAM HILTON PKWY STE A HILTON HEAD ISLAND, SC 29926-5207 FAC.#:843-842-6688HILTON HEAD ISLAND, SC 29925-2330 CLEARY PAT PH#: 843-842-6688 MEMORY MATTERS Facility Email: PAT@MYMEMORYMATTERS.ORG ADC-0291 / 12/31/2020 Number of Participants: 60 Totals For Facility/License Type: Adult Day Care

1

Number Licensed Units:

County: Beaufort

| Facility Type: Amb | latory Surgery |
|--------------------|----------------|
|--------------------|----------------|

| Facility Name Location Street Location City, State Administrator/Phone | *   | icensed<br>Units |
|--|---|------------------|
| BLUFFTON OKATIE SURGERY CENTER   | Beaufort / Limited Liability                | 4                |
| 40 OKATIE CENTER BLVD S STE 125  | 40 OKATIE CENTER BLVD S STE 125             |                  |
| OKATIE, SC 29909-7510 FAC.#:843-705-8804                               | OKATIE, SC 29909-7510                       |                  |
| MAHONEY TERRI-MARIE PH#: 843-705-8804                                  | BLUFFTON OKATIE SURGERY CENTER LLC          |                  |
| Facility Email: TMAHONEY@USPI.COM                                      | ASF-0075 / 10/31/2021                       |                  |
| Operating Rooms: 2 Procedure 1   | Rooms: 2 Endoscopy Rooms: 0                 |                  |
| LASER AND SKIN SURGERY CENTER  | Beaufort / Ltd. Liability                   | 2                |
| 15 HOSPITAL CENTER BLVD STE 2  | 15 HOSPITAL CENTER BLVD STE 2               |                  |
| HILTON HEAD ISLAND, SC 29926-2760 FAC.#:843-689                        | -9200HILTON HEAD ISLAND, SC 29926-2760      |                  |
| WILLBUR TODD PH#: 843-689-9200   | DERMATOLOGY SURGERY CENTER LLC              |                  |
| Facility Email: HHDERM@MAC.COM   | ASF-0059 / 09/30/2021                       |                  |
| Operating Rooms: 2 Procedure 1   | Rooms: 0 Endoscopy Rooms: 0                 |                  |
| OUTPATIENT SURGERY CENTER OF HILTON HEAD                               | Beaufort / Ltd. Liability                   | 7                |
| 190 PEMBROKE DR  | 190 PEMBROKE DR                             |                  |
| HILTON HEAD ISLAND, SC 29926-2389 FAC.#:843-682-                       | -5050HILTON HEAD ISLAND, SC 29926-2389      |                  |
| WEAVER JASON D PH#: 843-682-5050                                       | OUTPATIENT SURGERY CENTER OF HILTON HEAD LI | i.C              |
|  | ASF-0092 / 01/31/2021                       |                  |
| Facility Email: JASON.WEAVER@SCASURGERY.COM                            | , , , , , , , , , , , , , , , , ,           |                  |

Number of Activities/Facilities licensed: \_\_\_\_\_3 Number Licensed Units: \_\_\_\_\_13

County: Beaufort

Facility Type: Body Piercing

| Facility Name<br>Location Street<br>Location City, State<br>Administrator/Phone | County/Ownership Type<br>Mailing/Billing Address<br>Licensee<br>License Nbr/Expiration Date | Licensed<br>Units |
|---|---|-------------------|
| BEAUTY MARKS PIERCING   | Beaufort / Ltd. Liability   | 1                 |
| 220 SAVANNAH HWY STE A  | 220 SAVANNAH HWY STE A  |                   |
| BEAUFORT, SC 29906-6724 FAC.#:843-470-0304                                      | BEAUFORT, SC 29906-6724   |                   |
| WILLS DALE D JR PH#: 843-470-0304   | GOTHIC PIERCING AND BEAUTY MARKS TATTOOS  | LLC               |
| Facility Email: GOTHICPIERCING@YAHOO.COM  | BP-0216 / 07/31/2021  |                   |
| BODY PIERCING STUDIO AT ISLAND REPUBLIC   | Beaufort / Ltd. Liability   | 1                 |
| 1460 FORDING ISLAND RD STE 210  | 130 ARROW RD STE 103A   |                   |
| BLUFFTON, SC 29910-8665 FAC.#:843-836-2030                                      | HILTON HEAD ISLAND, SC 29928-7341   |                   |
| BITTON AMIR M PH#: 843-836-2030   | ALL STAR SERVICE AND RETAIL OF SC LLC   |                   |
| Facility Email: ALLSTAR00000@HOTMAIL.COM  | BP-0128 / 04/30/2021  |                   |

| Totals For Facility/License Type: Body    | Piercing |                        |   |
|---|----------|------------------------|---|
| Number of Activities/Facilities licensed: | 2        | Number Licensed Units: | 2 |

Number of Activities/Facilities licensed: \_\_\_\_\_1 Number Licensed Units:

County: Beaufort

Facility Type: <a href="Mailto:CDAP Inpatient">CDAP Inpatient</a>

| Facility Name<br>Location Street<br>Location City, State<br>Administrator/Phone | County/Ownership Type<br>Mailing/Billing Address<br>Licensee<br>License Nbr/Expiration Date | Licensed<br>Units |
|---|---|-------------------|
| SUNSPIRE HEALTH HILTON HEAD   | Beaufort / Limited Liability  | 50                |
| 2200 MAIN ST  | 2200 MAIN ST  |                   |
| HILTON HEAD ISLAND, SC 29926-1667 FAC.#:843-473-3                               | 350HILTON HEAD ISLAND, SC 29926   |                   |
| KOLEDA DENNIS PH#: 843-869-8040   | SUNSPIRE HEALTH HILTON HEAD LLC   |                   |
| Facility Email: MITCH@BRITELIFERECOVERY.COM                                     | RF-0035 / 08/31/2021  |                   |
| Licensed Beds: Medical Detox: 0 Social Detox:                                   | 12 Res. Trestment Program: 38   |                   |

\_\_\_\_50

October 2, 2020

# South Carolina Department of Health & Environmental Control Division of Health Licensing

County: Beaufort

Certifications:None

Facility Type: CDAP Outpatient

Facility Name County/Ownership Type Licensed Mailing/Billing Address Location Street Location City, State Licensee Units Administrator/Phone License Nbr/Expiration Date BEAUFORT COUNTY ALCOHOL AND DRUG ABUSE DEPARTMENT 2 Beaufort / County 1905 DUKE ST STE 270 PO BOX 311 BEAUFORT, SC 29902-4403 FAC.#:843-255-6000 BEAUFORT, SC 29901-0311 DONALDSON STEVEN PH#: 678-999-0173 BEAUFORT COUNTY ALCOHOL AND DRUG ABUSE DEPARTMENT (BOARD) Facility Email: SDONALDSON@BCGOV.NET OPF-0018 / 07/31/2021 Certifications:None SUNSPIRE HEALTH HILTON HEAD OUTPATIENT Beaufort / Limited Liability 2200 MAIN ST 2200 MAIN ST HILTON HEAD ISLAND, SC 29926-1667 FAC.#:843-869-8040HILTON HEAD ISLAND, SC 29926 SUNSPIRE HEALTH HILTON HEAD LLC KOLEDA DENNIS PH#: 843-869-8040 Facility Email: MITCH@BRITELIFERECOVERY.COM OPF-0123 / 08/31/2021

Totals For Facility/License Type: CDAP Outpatient

Number of Activities/Facilities licensed: 2 Number Licensed Units: 4

#### County: Beaufort

| Facility Name Location Street Location City, State Administrator/Phone | County/Ownership Type Mailing/Billing Address License Licensee Units License Nbr/Expiration Date |
|--|--|
| A'LELIA RESIDENTIAL CARE   | Beaufort / Corporation 2   |
| 10 JACOB WHITE RD  | 10 JACOB WHITE RD  |
| YEMASSEE, SC 29945-7820 FAC.#:843-466-03                               | 56 YEMASSEE, SC 29945-7820   |
| MILES CARRIE R PH#: 843-466-0356                                       | MILES RESIDENTIAL CARE FACILITY INC  |
| Facility Email: GLORIA215M@OUTLOOK.COM                                 | CRC-1115 / 09/30/2020 (Renewal Pending)  |
| Alzheimer Care:No Max # Resident:0                                     | Alzheimer Unit: No Max # Beds: 0   |
| Certifications:None  |  |
| BAYSHORE ON HILTON HEAD ISLAND   | Beaufort / Limited Liability 14  |
| 421 SQUIRE POPE RD   | 421 SQUIRE POPE RD   |
| HILTON HEAD ISLAND, SC 29926 FAC.#:843-3                               | 42-2222 HILTON HEAD ISLAND, SC 29926   |
| MCKEE RODNEY PH#: 843-342-2222   | BAYSHORE HILTON HEAD LLC   |
| Facility Email: MCKEERODNEY@LCSNET.COM                                 | CRC-1963 / 06/30/2021  |
| Alzheimer Care:No Max # Resident:0                                     | Alzheimer Unit: No Max # Beds: 0   |
| Certifications:None  |  |
| BENTON HOUSE OF BLUFFTON   | Beaufort / Limited Liability 10  |
| 8 HAMPTON LAKE DR  | 11175 CICERO DR STE 500  |
| BLUFFTON, SC 29910-9568 FAC.#:843-757-31                               | 11 ALPHARETTA, GA 30022-0004   |
| PH#:   | BLUFFTON SLP LLC   |
| Facility Email: BLUFFTONDIRECTOR@BENTONHOUSE                           | .COM CRC-1585 / 03/31/2021   |
| Alzheimer Care:Yes Max # Resident:24                                   | Alzheimer Unit: Yes Max # Beds: 28   |
| Certifications:None  |  |
| BLOOM AT BELFAIR   | Beaufort / Limited Liability 6   |
| 60 OAK FOREST RD   | 60 OAK FOREST RD   |
| BLUFFTON, SC 29910-5010 FAC.#:843-815-23                               | ·  |
| PH#:   | BLOOMFIELD SENIOR LIVING OF BLUFFTON LLC   |
| Facility Email: ADMIN@BLOOMATBELFAIR.COM                               | CRC-1510 / 12/31/2020  |
| Alzheimer Care:Yes Max # Resident:68                                   | Alzheimer Unit: Yes Max # Beds: 68   |
| Certifications:None  | Beaufort / 7   |
| BLOOM AT BLUFFTON  |  |
| 800 FORDING ISLAND RD  | 260 E BROWN ST STE 315   |
| BLUFFTON, SC 29910-4845 FAC.#:843-815-25                               | 55 BIRMINGHAM, MI 48009-6236  BLOOMFIELD SENIOR LIVING OF BLUFFTON II LLC                        |
| THOMAS LAUREN PH#:  Facility Email: SKANTOR@KANDUCAPITAL.COM           | CRC-1381 / 04/30/2021  |
| Alzheimer Care:Yes Max # Resident:0                                    | Alzheimer Unit: Yes Max # Beds: 20   |
|  | MAN T DEUD. 20   |
| Certifications:None  |  |

#### County: Beaufort

| Facility Type: Community Residential Care  | Facility  |               |
|--|---|---------------|
| Facility Name Location Street Location City, State Administrator/Phone   | T   | ensed<br>iits |
| BLOOM AT HILTON HEAD   | Beaufort / Limited Liability  | 72            |
| 35 BEACH CITY RD   | 260 E BROWN ST STE 315  |               |
| HILTON HEAD ISLAND, SC 29926-4725 FAC.#:843-34   | 2-559BIRMINGHAM, MI 48009-6236  |               |
| BAZEN TIFFANY R PH#: 843-342-5599  | BLOOMFIELD SENIOR LIVING OF HILTON HEAD LLC                               |               |
| Facility Email: ADMIN@BLOOMATHILTONHEAD.COM  | CRC-1382 / 04/30/2021   |               |
| Alzheimer Care:Yes Max # Resident:20   | Alzheimer Unit: Yes Max # Beds: 18  |               |
| Certifications:None  |   |               |
| BOSTICK'S ADULT RESIDENTIAL CARE FACILITY  | Beaufort / Limited Liability  | 20            |
| 1912 DUKE ST   |   |               |
| BEAUFORT, SC 29902-4404 FAC.#:843-524-3906   |   |               |
| BURNS WANDA BOSTICK PH#: 843-524-3906  | BOSTICK S ADULT RESIDENTIAL CARE FACILITY LLC                             | !             |
| Facility Email: BARCF1@GMAIL.COM   | CRC-0143 / 05/31/2021   |               |
| Alzheimer Care:No Max # Resident:0   | Alzheimer Unit: No Max # Beds: 0  |               |
| Certifications:None  |   |               |
| BROAD CREEK CARE CENTER ASSISTED LIVING  | Beaufort / Corporation  | 50            |
| 801 LEMON GRASS CT   | 71 S WACKER DR STE 900  |               |
| HILTON HEAD ISLAND, SC 29928-3022 FAC.#:843-34   | 1-730@HICAGO, IL 60606-4610   |               |
| JACKSON WILLIAM F PH#: 843-341-7300  | CC-HILTON HEAD INC  |               |
| Facility Email: TKOSZYLKO@VLIVING.COM  | CRC-1036 / 07/31/2021   |               |
| Alzheimer Care:No Max # Resident:0   | Alzheimer Unit: No Max # Beds: 0  |               |
| Certifications:None  |   |               |
| BROOKDALE HILTON HEAD  | Beaufort / Corporation  | 51            |
| 15 MAIN ST   | 15 MAIN ST  |               |
| HILTON HEAD ISLAND, SC 29926-4605 FAC.#:843-34 PH#:  | 2-656%HILTON HEAD ISLAND, SC 29926-4605 EMERITUS CORPORATION              |               |
| Facility Email: SEVANS36@BROOKDALE.COM   | CRC-1397 / 08/31/2020 (Renewal Pending)                                   |               |
| Alzheimer Care:No Max # Resident:0   | Alzheimer Unit: No Max # Beds: 0  |               |
| Certifications:None  |   |               |
| BROOKDALE HILTON HEAD VILLAGE  | Beaufort / Corporation  | 52            |
| 80 MAIN ST OFC 100   | 80 MAIN ST OFC 100  |               |
| HILTON HEAD ISLAND, SC 29926-2923 FAC.#:843-68   | 39-9143HILTON HEAD ISLAND, SC 29926-2923                                  |               |
|  | EMERITUS CORPORATION  |               |
| NAPOLITANO JENNIFER PH#: 843-689-9143  |   |               |
| NAPOLITANO JENNIFER PH#: 843-689-9143  Facility Email: JNAPOLITANO@BROOKDALE.COM                                     | CRC-1276 / 08/31/2020 (Renewal Pending)                                   |               |
| NAPOLITANO JENNIFER PH#: 843-689-9143  Facility Email: JNAPOLITANO@BROOKDALE.COM  Alzheimer Care:No Max # Resident:0 | CRC-1276 / 08/31/2020 (Renewal Pending)  Alzheimer Unit: No Max # Beds: 0 |               |

County: Beaufort

Certifications:None

| Facility Type: Community Residential Care | e Facility |
|---|------------|
|---|------------|

Facility Name County/Ownership Type Licensed Mailing/Billing Address Location Street Location City, State Licensee Units Administrator/Phone License Nbr/Expiration Date HARBOR COVE MEMORY CARE Beaufort / Limited Liability 36 48 MAIN ST HILTON HEAD ISLAND, SC 29926-1647 FAC.#:843-342-7122 LATHAM K'LEE PH#: 843-815-2555 NAVION BKE HILTON HEAD COURT LLC Facility Email: KLEE.LATHAM@NAVIONSL.COM CRC-2099 / 09/30/2021 Alzheimer Care:Yes Max # Resident:0 Alzheimer Unit: Yes Max # Beds: 0 Certifications:None HELENA PLACE Beaufort / 44 1624 PARIS AVE 330 N WABASH AVE STE 3700 PORT ROYAL, SC 29935-2041 FAC.#:843-982-0233 CHICAGO, IL 60611-7605 KESLER LORIE A PH#: 843-982-0233 HELENA AID OPCO LLC Facility Email: LEGALHELP@ENLIVANT.COM CRC-1409 / 11/30/2020 Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0 Certifications:None ISLAND COVE AT HILTON HEAD Beaufort / Limited Liability 51 15 MAIN ST HILTON HEAD ISLAND, SC 29926-4604 FAC.#:803-325-1144 NAVION BKE HILTON HEAD LLC EVAN STEVEN PH#: Facility Email: KELLEE.AGEE@NAVIONSL.COM CRC-2095 / 09/30/2021 Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0 Certifications:None MORNINGSIDE OF BEAUFORT Beaufort / Limited Liability 49 109 OLD SALEM RD BEAUFORT, SC 29902-5113 FAC.#:843-982-0220 SNH SC TENANT LLC SIEGNER TAMATHE J PH#: 843-982-0220 Facility Email: TSIEGNER@5SSL.COM CRC-2130 / 01/31/2021 Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0 Certifications:None PALMETTOS OF BLUFFTON Beaufort / Limited Liability Company 88 3035 OAKATIE HWY gmustara premari OKATIE, SC 29909-5101 FAC.#:843-707-9400 BLUFFTON, SC 29909 FLOYD STACY M PH#: 843-707-9400 PALMETTOS OF BLUFFTON LLC Facility Email: STACY.FLOYD@NHCCARE.COM CRC-1648 / 03/31/2021 Alzheimer Care:Yes Max # Resident:11 Alzheimer Unit: Yes Max # Beds: 20

#### County: Beaufort

| Facility Name Location Street Location City, State Administrator/Phone | County/Ownership Ty<br>Mailing/Billing Add<br>Licensee<br>License Nbr/Expirat | iress            | Licensed<br>Units |
|--|---|------------------|-------------------|
| PEARL AT PORT ROYAL  | Beaufort /  |                  | 62                |
| 1251 LADYS ISLAND DR   | 1251 LADYS ISLAND I   | DR .             |                   |
| PORT ROYAL, SC 29935-1106 FAC.#:843-521-2298                           | PORT ROYAL, SC 299  | 35-1106          |                   |
| BECK MICHELLE A PH#: 843-521-2298                                      | CARE RSL PORT ROYAL O   | PCO LLC          |                   |
| Facility Email: BJAMES@ROYALRIVEROAKS.COM                              | CRC-0733 / 01/31/20   | 021              |                   |
| Alzheimer Care:Yes Max # Resident:0                                    | Alzheimer Unit: Yes   | Max # Beds: 31   |                   |
| Certifications:None  |   |                  |                   |
| RETREAT AT LADYS ISLAND  | Beaufort / Limited  | Liability        | 83                |
| 9 SUNSET BLVD  | 10933 CRABAPPLE RD  |                  |                   |
| BEAUFORT, SC 29907 FAC.#:843-379-9502                                  | ROSWELL, GA 30075   |                  |                   |
| EDGE TONI PH#:   | FACTORY CREEK AL LLC  |                  |                   |
| Facility Email: YOLANDA.HUNTER@PHOENIXSRLIVING.COM                     | CRC-1898 / 05/31/20   | )21              |                   |
| Alzheimer Care:Yes Max # Resident:0                                    | Alzheimer Unit: Yes   | Max # Beds: 24   |                   |
| Certifications:None  |   |                  |                   |
| SPRENGER HEALTHCARE AT PORT ROYAL ASSISTED LIVING                      | Beaufort / Corporat   | ion              | 59                |
| 1810 RICHMOND AVE  | 3905 OBERLIN AVE  |                  |                   |
| PORT ROYAL, SC 29935 FAC.#:843-781-7700                                | LORAIN, OH 44053  |                  |                   |
| OEHLER JOHN FRITZ PH#:   | SPRENGER HEALTHCARE O   | F PORT ROYAL INC |                   |
| Facility Email: FOEHLER@SPRENGERHEALTHCARE.COM                         | CRC-2016 / 05/26/20   | )21              |                   |
| Alzheimer Care:No Max # Resident:0                                     | Alzheimer Unit: No  | Max # Beds: 0    |                   |
| Certifications:None  |   |                  |                   |
| SPRENGER HEALTHCARE OF BLUFFTON ASSISTED LIVING                        | Beaufort / Corporat   | ion              | 58                |
| 60 OKATIE DR   | 60 OKATIE DR  |                  |                   |
| OKATIE, SC 29909 FAC.#:843-548-2500                                    | OKATIE, SC 29909  |                  |                   |
| QUANDAHL EMILY PH#:  | SPRENGER HEALTHCARE O   | F BLUFFTON INC   |                   |
| Facility Email: EQUANDAHL@SPRENGERHEALTHCARE.COM                       | CRC-2042 / 03/31/20   | 021              |                   |
| Alzheimer Care:No Max # Resident:0                                     | Alzheimer Unit: No  | Max # Beds: 0    |                   |
| Certifications:None  |   |                  |                   |
| SUMMIT PLACE OF BEAUFORT   | Beaufort / Corporat   |                  | 87                |
| 1119 PICKPOCKET PLANTATION DR  | 400 CENTRE ST, LICE   | ENSING DEPT      |                   |
| BEAUFORT, SC 29902-3771 FAC.#:843-770-0105                             | NEWTON, MA 02458-2  |                  |                   |
| PH#:   | SNH SE TENANT TRS INC   |                  |                   |
| Facility Email: LICENSING@5SSL.COM                                     | CRC-1375 / 06/30/20   | )21              |                   |
| Alzheimer Care:Yes Max # Resident:44                                   | Alzheimer Unit: Yes   | Max # Beds: 44   |                   |
| Certifications:None  |   |                  |                   |

County: Beaufort

Facility Type: Community Residential Care Facility

Facility Name County/Ownership Type Mailing/Billing Address Licensed Location Street Location City, State Licensee Units

Administrator/Phone License Nbr/Expiration Date

VILLAGE COVE ASSISTED LIVING 52 Beaufort /

80 MAIN STREET OFFICE 100

HILTON HEAD ISLAND, SC 29926 FAC.#:843-689-9143

NAPOLITANO JENNIFER PH#: 843-689-9143 NAVION BKE HILTON HEAD VILLAGE LLC

Facility Email: KELLEE.AGEE@NAVIONSL.COM CRC-2097 / 09/30/2021

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

Certifications:None

Totals For Facility/License Type: Community Residential Care Facility

Number of Activities/Facilities licensed: 21 Number Licensed Units: 1,323

County: Beaufort

Facility Type: Home Health

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

AMEDISYS HOME HEALTH OF BEAUFORT

Beaufort / Ltd. Liability

35 PROFESSIONAL VILLAGE CIR

LADYS ISLAND, SC 29907 FAC.#:843-379-2320

SNYDER SHAUN PH#:

AMEDISYS SC LLC

Counties Served: Beaufort, Jasper

BLUFFTON, SC 29910-6029 FAC. #: 800-697-5235

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:

AMEDISYS HOME HEALTH OF BLUFFTON Beaufort / Ltd. Liability 4
59 SHERIDAN PARK CIR STE A 59 SHERIDAN PARK CIR STE A

BLUFFTON, SC 29910-6029

RYAN LORI PH#: AMEDISYS SC LLC

Facility Email: 2216@AMEDISYS.COM HHA-0203 / 02/28/2021

Counties Served: Allendale, Beaufort, Hampton, Jasper

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

BRIGHTSTAR CARE-BLUFFTON Beaufort / Limited Liability

29 PLANTATION PARK DR STE 105 177 MOORING BUOY

BLUFFTON, SC 29910-9010 FAC.#:843-837-3773 HILTON HEAD ISLAND, SC 29928-5287

WHITTELSEY SUSAN PH#: 843-837-3773 SS&J ASSOCIATES LLC

Facility Email: SWHITTELSEY@BRIGHTSTARCARE.COM HHA-0223 / 12/31/2020

Counties Served: Beaufort, Jasper

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:

CYPRESS CLUB HOME HEALTH AGENCY Beaufort / Corporation

20 LADY SLIPPER LN 20 LADYSLIPPER LN

HILTON HEAD ISLAND, SC 29926-1372 FAC.#:843-689-701HILTON HEAD ISLAND, SC 29926-1372

SHEA SUZANNE BARBARA PH#: CYPRESS CLUB INC

Facility Email: SSHEA@THECYPRESS.COM HHA-0146 / 07/31/2021

Counties Served: Beaufort, Special Note - Restricted to Residents of The Cypress Club Only on

11

Hilton Head Island, South Carolina

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: NURSING

2

2

County: Beaufort

Facility Type: Home Health

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

ENCOMPASS HEALTH HOME HEALTH-BLUFFTON

Beaufort / Limited Liability

2

4

2

1 WESTBURY PKWY STE 250

BLUFFTON, SC 29909 FAC. #:843-705-8044

CARESOUTH HHA HOLDINGS OF SOUTH CAROLINA LLC HINSON MELISSA PH#:

Facility Email: LISA.ARBUCKLE@ENCOMPASSHEALTH.COM HHA-0330 / 10/31/2020

Counties Served: Beaufort, Jasper

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

NHC HOMECARE-BEAUFORT Beaufort / Limited Liability

PO BOX 1199 22 PLANTATION PARK DR STE 105B

BLUFFTON, SC 29910 FAC. #:843-705-8230 BLUFFTON, SC 29910

FORTSON CHASITY PH#: NHC HOMECARE-SOUTH CAROLINA LLC

Facility Email: LSMITH@NHCCARE.COM HHA-0216 / 09/30/2021

Counties Served: Beaufort, Colleton, Hampton, Jasper

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

PALLIATIVE CARE OF THE LOWCOUNTRY Beaufort / Non-Profit Corporation

7 PLANTATION PARK DR UNIT 4 STE C2 PO BOX 3827

BLUFFTON, SC 29910 FAC.#:843-706-4094 BLUFFTON, SC 29910-3827

BRASINGTON RN JENNY PH#: 843-706-2296 HOSPICE CARE OF THE LOWCOUNTRY INC

Facility Email: JBRASINGTON@HOSPICECARELC.ORG HHA-0117 / 09/30/2021

Counties Served: Beaufort, Jasper, Special Note - RESTRICTED TO RESIDENTS WHO ARE TRERMINALLY ILL AS DEFINED IN REGULATION 61-78

License Restrictions:RESTRICTED TO RESIDENTS WHO ARE TERMINALLY ILL AS DEFINED IN REGULATION 61-78

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:

County: Beaufort

Facility Type: Home Health

Facility Name County/Ownership Type Mailing/Billing Address Licensed Location Street Location City, State Licensee Units Administrator/Phone License Nbr/Expiration Date PRUITTHEALTH @ HOME - LOW COUNTRY Beaufort / Corporation 15 108 TRADERS CROSS STE 100 108 TRADERS CROSS STE 100 BLUFFTON, SC 29909 FAC.#:843-872-0946 BLUFFTON, SC 29909 KINARD ROBIN PH#: 843-322-0280 PRUITTHEALTH HOME HEALTH INC Facility Email: LEGALSERVICES@PRUITTHEALTH.COM HHA-0214 / 04/30/2021

Counties Served: Aiken, Allendale, Bamberg, Barnwell, Beaufort, Berkeley, Charleston, Colleton, Dorchester, Edgefield, Hampton, Jasper, McCormick, Orangeburg, 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:

SEABROOK WELLNESS AND HOME HEALTH CARE Beaufort / Non-Profit Corporation

300 WOODHAVEN DR 300 WOODHAVEN DR OFC

HILTON HEAD ISLAND, SC 29928-4682 FAC.#:843-842-3747HILTON HEAD ISLAND, SC 29928-7512

LEE ROBERT M PH#: 843-842-3747 SEABROOK OF HILTON HEAD INC

Facility Email: RLEE@THESEABROOK.COM HHA-0173 / 11/30/2020

Counties Served: Beaufort, Special Note - SERVING CAMPUS RESIDENTS ONLY OF CONTINUING CARE
RETIREMENT

License Restrictions:SERVING CAMPUS RESIDENTS ONLY OF CONTINUING CARE RETIREMENT

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:

| Totals For Facility/License Type: Home Healt | <u>h</u> |                        |    |
|--|----------|------------------------|----|
| Number of Activities/Facilities licensed:    | 9        | Number Licensed Units: | 33 |

#### County: Beaufort

| t / Limited Liability 6  HOSPICE LLC  3 / 08/31/2021 , Hampton, Jasper  t / Non-Profit Corporation 4  TH ST  YAL, SC 29935-1938  OF CAROLINE HOSPICE OF BEAUFORT INC  7 / 06/30/2021  t / Non-Profit Corporation 2  3827  N, SC 29910-3827  CARE OF THE LOWCOUNTRY INC  8 / 04/30/2021  t / Corporation 4 |
|---|
| 3 / 08/31/2021 , Hampton, Jasper  t / Non-Profit Corporation 4  TH ST YAL, SC 29935-1938 OF CAROLINE HOSPICE OF BEAUFORT INC 7 / 06/30/2021  t / Non-Profit Corporation 2 3827 N, SC 29910-3827 CARE OF THE LOWCOUNTRY INC 8 / 04/30/2021   |
| 3 / 08/31/2021 , Hampton, Jasper  t / Non-Profit Corporation 4  TH ST YAL, SC 29935-1938 OF CAROLINE HOSPICE OF BEAUFORT INC 7 / 06/30/2021  t / Non-Profit Corporation 2 3827 N, SC 29910-3827 CARE OF THE LOWCOUNTRY INC 8 / 04/30/2021   |
| 3 / 08/31/2021 , Hampton, Jasper  t / Non-Profit Corporation 4  TH ST YAL, SC 29935-1938 OF CAROLINE HOSPICE OF BEAUFORT INC 7 / 06/30/2021  t / Non-Profit Corporation 2 3827 N, SC 29910-3827 CARE OF THE LOWCOUNTRY INC 8 / 04/30/2021   |
| , Hampton, Jasper  t / Non-Profit Corporation 4  TH ST  YAL, SC 29935-1938  OF CAROLINE HOSPICE OF BEAUFORT INC  7 / 06/30/2021  t / Non-Profit Corporation 2  3827  N, SC 29910-3827  CARE OF THE LOWCOUNTRY INC  8 / 04/30/2021   |
| t / Non-Profit Corporation 4  TH ST  YAL, SC 29935-1938  OF CAROLINE HOSPICE OF BEAUFORT INC  7 / 06/30/2021  t / Non-Profit Corporation 2  3827  N, SC 29910-3827  CARE OF THE LOWCOUNTRY INC  8 / 04/30/2021  |
| TH ST YAL, SC 29935-1938 OF CAROLINE HOSPICE OF BEAUFORT INC 7 / 06/30/2021  t / Non-Profit Corporation 2 3827 N, SC 29910-3827 CARE OF THE LOWCOUNTRY INC 8 / 04/30/2021   |
| YAL, SC 29935-1938  OF CAROLINE HOSPICE OF BEAUFORT INC  7 / 06/30/2021  t / Non-Profit Corporation 2  3827  N, SC 29910-3827  CARE OF THE LOWCOUNTRY INC  8 / 04/30/2021   |
| OF CAROLINE HOSPICE OF BEAUFORT INC 7 / 06/30/2021  t / Non-Profit Corporation 2 3827  N, SC 29910-3827  CARE OF THE LOWCOUNTRY INC 8 / 04/30/2021  |
| 7 / 06/30/2021  t / Non-Profit Corporation 2 3827  N, SC 29910-3827  CARE OF THE LOWCOUNTRY INC  8 / 04/30/2021   |
| t / Non-Profit Corporation 2 3827 N, SC 29910-3827 CARE OF THE LOWCOUNTRY INC 8 / 04/30/2021  |
| 3827  N, SC 29910-3827  CARE OF THE LOWCOUNTRY INC  8 / 04/30/2021  |
| 3827 N, SC 29910-3827 CARE OF THE LOWCOUNTRY INC 8 / 04/30/2021   |
| N, SC 29910-3827  CARE OF THE LOWCOUNTRY INC  8 / 04/30/2021  |
| CARE OF THE LOWCOUNTRY INC 8 / 04/30/2021   |
| 8 / 04/30/2021  |
|   |
| t / Corporation A   |
| t / Corporation   |
| t / Colporation 4   |
| RTH ST  |
| T, SC 29902-4815  |
| ALTH HOSPICE INC  |
| 7 / 06/30/2021  |
|   |
| t / Partnership 46  |
| INGHAM PLANTATION DR STE A  |
| N, SC 29910-6503  |
| R HOSPICE PA  |
| 9 / 02/28/2021  |
| berg, Barnwell, Beaufort, Berkeley,<br>esterfield, Clarendon, Colleton,<br>Fairfield, Florence, Georgetown,<br>per, Kershaw, Lancaster, Laurens, Lee,<br>wberry, Oconee, Orangeburg, Pickens,<br>on, Williamsburg, York   |
| K O E 1 mih   |

County: Beaufort

Facility Type: Hospital or Institutional General Infirmary Facility Name County/Ownership Type Mailing/Billing Address Licensed Location Street Location City, State Licensee Units Administrator/Phone License Nbr/Expiration Date BEAUFORT MEMORIAL HOSPITAL 197 Beaufort / County 955 RIBAUT RD 955 RIBAUT RD BEAUFORT, SC 29902-5541 FAC.#:843-522-5200 BEAUFORT, SC 29902-5454 BEAUFORT COUNTY MEMORIAL HOSPITAL Facility Email: ASOBIECH@BMHSC.ORG HTL-0026 / 11/30/2020 Licensed Beds: General: 169 Psychiatric: 14 Rehab: 14 Substance Abuse: 0 Other Beds : NICU: Neonatal Special Care: 5 Certifications: Perinatal Level II, JCAHO Accredited ENCOMPASS HEALTH REHABILITATION HOSPITAL OF BLUFFTON Beaufort / Limited Liability 38 107 SEAGRASS STATION RD 107 SEAGRASS STATION RD BLUFFTON, SC 29910 FAC.#:843-836-8200 BLUFFTON, SC 29910 MOLINA RICKY PH#: 843-836-8200 ENCOMPASS HEALTH REHABILITATION HOSPITAL OF BLUFFTON LLC Facility Email: CASSIA.DAVIS@ENCOMPASSHEALTH.COM HTL-0943 / 06/30/2021 Licensed Beds: General: 0 Psychiatric: 0 Rehab: 38 Substance Abuse: Other Beds : NICU: 0 Neonatal Special Care: 0 Certifications:None HILTON HEAD HOSPITAL Beaufort / Limited Liability Limited 109 25 HOSPITAL CENTER BLVD Barhospatal Center BLVD HILTON HEAD ISLAND, SC 29926-2738 FAC.#:843-689-8206HILTON HEAD ISLAND, SC 29926-2738 CLARK JEREMY PH#: 843-689-8206 HILTON HEAD HEALTH SYSTEM LP Facility Email: HHH-CEO@TENETHEALTH.COM HTL-0646 / 10/31/2020 Licensed Beds: General: 93 Psychiatric: 16 Rehab: 0 Substance Abuse: 0 Other Beds: NICU: Neonatal Special Care: 0 Certifications: Perinatal Level I, JCAHO Accredited Totals For Facility/License Type: Hospital or Institutional General Infirmary Number of Activities/Facilities licensed: \_\_\_\_\_3 3<u>44</u> Number Licensed Units:

Facility Email: AMY@HOMEHELPERSLOWCOUNTRY.COM

| County: Beaufort  |   |              |   |
|---|---|--------------|---|
| Facility Type: Inhome Care Provider   |   |              |   |
| Facility Name<br>Location Street<br>Location City, State<br>Administrator/Phone | County/Ownership Type<br>Mailing/Billing Address<br>Licensee<br>License Nbr/Expiration Date | Licen<br>Uni |   |
| ACTI-KARE RESPONSIVE IN-HOME CARE-HILTON HEAD                                   | Beaufort / Limited Liability  | _            | 1 |
| 2 CORPUS CHRISTI PL STE 200   | •   |              |   |
| HILTON HEAD ISLAND, SC 29928 FAC.#:843-996-1497                                 |   |              |   |
| BRANCHE NATALIE PH#: 843-683-1513   | 11:11 ROSE LLC  |              |   |
| Facility Email: NBRANCHE@ACTIKARE.COM   | IHCP-0837 / 04/30/2021  |              |   |
| BRIGHTSTAR CARE LOW COUNTRY   | Beaufort / Limited Liability  | _            | 1 |
| 29 PLANTATION PARK DR STE 105   | 177 MOORING BUOY  |              |   |
| BLUFFTON, SC 29910-9010 FAC.#:843-837-3773                                      | HILTON HEAD ISLAND, SC 29928-5287   |              |   |
| PH#:  | SS&J ASSOCIATES LLC   |              |   |
| Facility Email: LOWCOUNTRY@BRIGHTSTARCARE.COM                                   | IHCP-0342 / 11/30/2020  |              |   |
| COASTAL TRINITY HOMECARE SOLUTIONS LTD  | Beaufort / Limited Liability  | _            | 1 |
| 333 BUCK ISLAND ROAD UNIT A   |   |              |   |
| BLUFFTON, SC 29910 FAC.#:843-815-8288   |   |              |   |
| JACKSON KURTIS PH#: 843-815-8288  | TRINITY NATIONAL HEALTHCARE LTD   |              |   |
| Facility Email: KURTIS.JACKSON@MYTNHCARE.COM                                    | IHCP-1146 / 01/31/2021  |              |   |
| DAWSON & DAWSON HOMECARE  | Beaufort / Limited Liability  | _            | 1 |
| 69 ROBERT SMALLS PKWY STE 3F  |   |              |   |
| BEAUFORT, SC 29902 FAC.#:843-812-0874   |   |              |   |
| DAWSON-THOMPSON NAKEISHA PH#: 843-812-0874                                      | DAWSON & DAWSON HOMECARE LLC  |              |   |
| Facility Email: NAKEISHA@DAWSONHOMECARE.COM                                     | IHCP-0993 / 04/30/2021  |              |   |
| EMERSON CARE  | Beaufort /  | -            | 1 |
| 216 CHINABACK DR  |   |              |   |
| LADYS ISLAND, SC 29907 FAC.#:843-694-1201                                       |   |              |   |
| EMERSON LISA D PH#: 843-694-7894  | EMERSON FAMILY CARE LLC   |              |   |
| Facility Email: LISAEMERSON1967@YAHOO.COM                                       | IHCP-0916 / 01/31/2021  |              |   |
| GRISWOLD HOME CARE OF LOW COUNTRY   | Beaufort / Limited Liability  | _            | 1 |
| 25 BUCHINGHAM PLANTATION DR STE A   | 1000 MAIN ST STE 200E   |              |   |
| BLUFFTON, SC 29910 FAC.#:843-785-6400   | HILTON HEAD ISLAND, SC 29926-1695   |              |   |
| PH#:  | CAERKILLIAN LLC   |              |   |
| Facility Email: MICHAEL.FALVO@GRISWOLDHOMECARE.COM                              | IHCP-0051 / 01/31/2021  |              |   |
| HELPING HANDS HEALING HEARTS  | Beaufort / Limited Liability  | _            | 1 |
| 110 TRADER CROSS 1ST FLOOR  |   |              |   |
| BLUFFTON, SC 29909 FAC.#:843-227-3165<br>PH#:                                   | HELPIG HANDS HEALING HEARTS LLC   |              |   |
| Facility Email: SHAWNTRALBRIMM75@GMAIL.COM                                      | IHCP-1187 / 06/30/2021  |              |   |
| HOME HELPERS OF THE LOWCOUNTRY  | Beaufort / Limited Liability  |              | 1 |
| 14 WESTBURY PARK WAY STE 102  | 14 WESTBURY PARK WAY STE 102  | _            | 1 |
| BLUFFTON, SC 29910 FAC.#:843-837-3041   | BLUFFTON, SC 29910  |              |   |
| PROPST AMY PH#: 843-837-3041  | M & C GROUP LLC   |              |   |
| INOIDI INII EIIM. OID OIL DOIT  |   |              |   |

IHCP-0034 / 11/30/2020

| County: Beaufort  |   |               |   |
|---|---|---------------|---|
| Facility Type: <u>Inhome Care Provider</u>                                      |   |               |   |
| Facility Name<br>Location Street<br>Location City, State<br>Administrator/Phone | County/Ownership Type<br>Mailing/Billing Address<br>Licensee<br>License Nbr/Expiration Date | Licen<br>Unit |   |
| HOME SWEET HOME IN-HOME CARE SERVICES   | Beaufort / Limited Liability  | _             | 1 |
| 299 BUCK ISLAND RD  |   |               |   |
| BLUFFTON, SC 29910 FAC.#:843-227-0485   |   |               |   |
| BROWN JACQUELYN PH#:  | HOME SWEET HOME IN-HOME CARE SERVICES LLC   | 2             |   |
| Facility Email: CONTACT@HOMESWEETINHOMECARE.COM                                 | IHCP-1255 / 09/30/2021  |               |   |
| INTEGRITY HOME CARE   | Beaufort / Limited Liability  | -             | 1 |
| 400 MAIN ST STE 200A-2  |   |               |   |
| HILTON HEAD ISLAND, SC 29926 FAC.#:843-681-2110                                 |   |               |   |
| JOHNSON STEPHANI PH#: 843-683-0123  | INTEGRITY HEALTH SERVICES LLC   |               |   |
| Facility Email: INTEGRITYHOMECARE@YAHOO.COM                                     | IHCP-1097 / 08/31/2021  |               |   |
| OMEGA HEALTHCARE SERVICES   | Beaufort / Limited Liability  | -             | 1 |
| 69 ROBERT SMALL PKWY UNIT 3A  | PO BOX 61306  |               |   |
| BEAUFORT, SC 29906 FAC.#:843-972-3939   | RALEIGH, NC 27661   |               |   |
| OKAFOR CRYSTAL U PH#: 919-858-6618  | OMEGA HEALTHCARE SERVICES LLC   |               |   |
| Facility Email: COKAFOR@OMEGAHEALTHCARESERVICES.COM                             | IHCP-0776 / 12/31/2020  |               |   |
| RIGHT AT HOME OF BLUFFTON   | Beaufort / Corporation  | _             | 1 |
| 29 PLANTATION PARK DR STE 704   | 29 PLANTATION PARK DR STE 704   |               |   |
| BLUFFTON, SC 29910-9003 FAC.#:843-815-7890                                      | BLUFFTON, SC 29910-9003   |               |   |
| PH#:  | RALPH DONALD CORPORATION DBA RIGHT AT HO  | ME            |   |
| Facility Email: GREGG@RAHLOWCOUNTRY.COM   | IHCP-0026 / 10/31/2020  |               |   |
| SENIOR HELPERS HILTON HEAD SC   | Beaufort / Corporation  | -             | 1 |
| 1541 FORDING ISLAND RD STE 2  | 17 SAW TIMBER DR  |               |   |
| HILTON HEAD ISLAND, SC 29926 FAC.#:843-815-3333                                 | HILTON HEAD ISLAND, SC 29926  |               |   |
| PH#:  | SUSTAINED CARE SERVICES INC   |               |   |
| Facility Email: SWELLINGER@SENIORHELPERS.COM                                    | IHCP-0780 / 10/31/2020  |               |   |
| SERENE HOME CARE  | Beaufort / Limited Liability  | -             | 1 |
| 200 MAIN ST STE 102H  |   |               |   |
| HILTON HEAD ISLAND, SC 29926 FAC.#:843-298-1556                                 |   |               |   |
| GREEN NADESHA PH#: 843-298-1556   | SERENE HOME CARE LLC  |               |   |
| Facility Email: UNIQUENADDY@AOL.COM   | IHCP-1067 / 03/31/2021  |               |   |
| SORINITY SUPPORT SERVICES   | Beaufort / Limited Liability  | _             | 1 |
| 2 CORPUS CHRISTI PL STE 200   | 2 CORPUS CHRISTI PL STE 200   |               |   |
| HILTON HEAD ISLAND, SC 29928 FAC.#:866-494-4734                                 | HILTON HEAD ISLAND, SC 29928  |               |   |
| PH#:  | SORINITY SUPPORT SERVICES LLC   |               |   |
| Facility Email: DIRECTOR@SORINITYHEALTH.COM                                     | IHCP-0818 / 04/30/2019 (Renewal Pend  | ing)          |   |
| SYNERGY HOMECARE OF THE LOWCOUNTRY  | Beaufort / Limited Liability  | _             | 1 |
| 301 CENTRAL AVENUE UNIT B   |   |               |   |
| HILTON HEAD ISLAND, SC 29926 FAC.#:917-689-7467                                 |   |               |   |
| RISK ROBERT PH#:  | MATCH POINT HILTON HEAD LLC   |               |   |
| Facility Email: MARKPIEGZA@SYNERGYHOMECARE.COM                                  | IHCP-1140 / 11/30/2020  |               |   |

County: Beaufort

Facility Type: <u>Inhome Care Provider</u>

| Facility Name<br>Location Street<br>Location City, State<br>Administrator/Phone | County/Ownership Type<br>Mailing/Billing Address<br>Licensee<br>License Nbr/Expiration Date | Licensed<br>Units |
|---|---|-------------------|
| VISITING ANGELS BLUFFTON  | Beaufort / Limited Liability  | - 1               |
| 29 PLANTATION PARK DR STE 114   | 29 PLANTATION PARK DR STE 114   |                   |
| BLUFFTON, SC 29910-9015 FAC.#:843-757-1002                                      | BLUFFTON, SC 29910-9015   |                   |
| BLAKE SYLVIA PH#: 843-757-1002  | HHI SENIOR HOME CARE LLC  |                   |
| Facility Email: RDESALLE@VISITINGANGELS.COM                                     | IHCP-0103 / 04/30/2021  |                   |

Totals For Facility/License Type: Inhome Care Provider Number of Activities/Facilities licensed: \_\_\_\_\_17 Number Licensed Units: - 17

County: Beaufort

Facility Type: Nursing Home

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

BAYVIEW MANOR Beaufort / Ltd. Liability 170

11 TODD DR 11 TODD DR

BEAUFORT, SC 29902-6113 FAC.#:843-524-8911 BEAUFORT, SC 29902-6113

FERGUSON SANDRA Y PH#: BAYVIEW MANOR LLC

Facility Email: ADMIN@BEAUFORTNURSING.COM NCF-0898 / 05/31/2021

Licensed Beds: Nursing Home: 170 Institutional Nursing Home: 0

Alzheimer Care: Yes Max # Resident: 0 Alzheimer Unit: Yes Max # Beds: 0

Certifications:None

BROAD CREEK CARE CENTER SKILLED NURSING Beaufort / Corporation 25

801 LEMON GRASS CT 71 S WACKER DR STE 900 HILTON HEAD ISLAND, SC 29928-3022 FAC.#:843-341-730@HICAGO, IL 60606-4610

JACKSON WILLIAM F PH#: 843-341-7300 CC-HILTON HEAD INC

Facility Email: TKOSZYLKO@VILIVING.COM NCF-0753 / 07/31/2021

Licensed Beds: Nursing Home: 25 Institutional Nursing Home: 0

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

Certifications:None

FRASER HEALTH CARE Beaufort / Non-Profit Corporation 33

300 WOODHAVEN DR 300 WOODHAVEN DR

HILTON HEAD ISLAND, SC 29928-4682 FAC.#:843-842-3747HILTON HEAD ISLAND, SC 29928-4682

MARSHALL PETER C PH#: 843-842-3747 SEABROOK OF HILTON HEAD INC

Facility Email: PMARSHALL@THESEABROOK.COM NCF-0414 / 09/30/2020 (Renewal Pending)

Licensed Beds: Nursing Home: 19 Institutional Nursing Home: 14

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

Certifications:None

LIFE CARE CENTER OF HILTON HEAD Beaufort / Corporation 88

120 LAMOTTE DR 120 LAMOTTE DR

HILTON HEAD ISLAND, SC 29926-2792 FAC.#:843-681-6006HILTON HEAD ISLAND, SC 29926-2792

LEWIS DANIEL PH#: 843-681-6006 LIFE CARE CENTERS OF AMERICA INC

Facility Email: DANIEL\_LEWIS@LCCA.COM NCF-0725 / 05/31/2021

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

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

Certifications:None

County: Beaufort

Facility Type: Nursing Home

Facility Name

Location Street

Location City, State

Administrator/Phone

County/Ownership Type

Mailing/Billing Address

Licensed

Licensee

Units

NHC HEALTHCARE BLUFFTON Beaufort / Limited Liability 120

3039 OKATIE HWY 3039 OKATIE HWY

Licensed Beds: Nursing Home: 120 Institutional Nursing Home:

BLUFFTON, SC 29909-5101 FAC.#:843-705-8220 BLUFFTON, SC 29909-5101

YOKLEY STEVEN T PH#: 843-705-8220 NHC HEALTHCARE/BLUFFTON LLC

Facility Email: STEVEN.YOKLEY@NHCCARE.COM NCF-0958 / 01/31/2021

102 0350 , 02, 20,

Alzheimer Care: Yes Max # Resident: 0 Alzheimer Unit: Yes Max # Beds: 0

Certifications:None

PRESTON HEALTH CENTER Beaufort / Limited Liability Limited 77

87 BIRDSONG WAY BATERBENER WAY

HILTON HEAD ISLAND, SC 29926-1365 FAC.#:843-689-707 HILTON HEAD ISLAND, SC 29926-1365
WALKER-MCRAE MONIQUE PH#: CYPRESS OF HILTON HEAD ISLAND ASSOCIATES LP

Facility Email: MMCRAE@THECYPRESS.COM NCF-0576 / 04/30/2021

Licensed Beds: Nursing Home: 69 Institutional Nursing Home: 8

Alzheimer Care: Yes Max # Resident: 0 Alzheimer Unit: Yes Max # Beds: 0

Certifications:None

SPRENGER HEALTHCARE OF BLUFFTON Beaufort / Corporation 60

60 OKATIE VILLAGE DR 60 OKATIE VILLAGE DR OKATIE, SC 29909 FAC.#:843-548-2500 OKATIE, SC 29909

QUANDAHL EMILY PH#: SPRENGER HEALTHCARE OF BLUFFTON INC

Facility Email: JSHAW@SPRENGERHEALTHCARE.COM NCF-0996 / 03/31/2021

Licensed Beds: Nursing Home: 60 Institutional Nursing Home: 0

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

Certifications:None

SPRENGER HEALTHCARE OF PORT ROYAL Beaufort / Corporation 65

1810 RICHMOND AVE 3905 OBERLIN AVE
PORT ROYAL, SC 29935 FAC.#:843-781-7700 LORAIN, OH 44053

OEHLER JOHN FRITZ PH#: SPRENGER HEALTHCARE OF PORT ROYAL INC (DELAWARE

Institutional Nursing Home:

Facility Email: FOEHLER@SPRENGERHEALTHCARE.COM CORP)

NCF-0980 / 05/31/2021

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

Certifications:None

Licensed Beds: Nursing Home: 65

Totals For Facility/License Type: Nursing Home

Number of Activities/Facilities licensed: \_\_\_\_\_8 Number Licensed Units: \_\_\_\_638

20 hlfactcc.rdf

County: Beaufort Facility Type: Renal Dialysis Facility Name County/Ownership Type Mailing/Billing Address Licensed Location Street Location City, State Licensee Units Administrator/Phone License Nbr/Expiration Date **BLUFFTON DIALYSIS** Beaufort / Limited Liability 12 101 OKATIE CENTER BLVD S 5200 VIRGINIA WAY, LICENSING AND CERTIFICATION BLUFFTON, SC 29909 FAC. #:843-706-9900 BRENTWOOD, TN 37027-7569 CONRAD RN SHANE EDWARD PH#: 843-706-9900 SHOALS DIALYSIS LLC Facility Email: SCL\_C@DAVITA.COM ERD-0209 / 02/28/2021 Licensed Stations: Hemodialysis: 11 Peritoneal: Beaufort / Non-Profit Corporation DCI PORT ROYAL 8 PRESNELL CIR 1411 KING ST BEAUFORT, SC 29902 FAC.#:843-521-4300 CHARLESTON, SC 29403-3008 DIALYSIS CLINIC INC WILLIAMS ALFREDA PH#: Facility Email: ALFREDA.WILLIAMS@DCIINC.ORG ERD-0132 / 05/31/2021 Licensed Stations: Hemodialysis: 30 Peritoneal: 3 FMC DIALYSIS SERVICES-HILTON HEAD Beaufort / Corporation 17 25 HOSPITAL CENTER BLVD STE 108, MEDICAL PAVILION 25 HOSPITAL CENTER BLVD STE 108, MEDICAL HILTON HEAD ISLAND, SC 29926-2735 FAC.#:843-681-584@PAVILION HILTON HEAD ISLAND, SC 29926-2735 COLE JENNIFER PH#: BIO-MEDICAL APPLICATIONS OF SOUTH CAROLINA INC Facility Email: JENNIFER.COLE@FMC-NA.COM ERD-0123 / 07/31/2021 Licensed Stations: Hemodialysis: 16 Peritoneal: FMC DIALYSIS SERVICES-LOW COUNTRY DIALYSIS Beaufort / Corporation 24 10 JOHNNY MORRALL CIR 10 JOHNNY MORRALL CIR PORT ROYAL, SC 29935-1148 FAC.#:843-524-2373 PORT ROYAL, SC 29935-1148 BIO-MEDICAL APPLICATIONS OF SOUTH CAROLINA INC COLEMAN JESSICA PH#: 843-681-5840 Facility Email: JANE.CASTELLINI@FMC-NA.COM ERD-0097 / 05/31/2021 Licensed Stations: Hemodialysis: 22 Peritoneal: 2

4

21

Totals For Facility/License Type: Renal Dialysis

Number of Activities/Facilities licensed: \_\_\_

84

Number Licensed Units:

#### County: Beaufort

| Facility Type: <u>Tattoo Facility</u><br>Facility Name  | County/Ownership Type   |             |
|---|---|-------------|
| Location Street   | Mailing/Billing Address   | Licensed    |
| Location City, State<br>Administrator/Phone   | Licensee<br>License Nbr/Expiration Date   | Units       |
| Administrator/Fhone   | Dicense NDI/Expiracion Date   |             |
| BEAUFORT TATTOO KOMPANY   | Beaufort /  | 4           |
| 2443 BOUNDARY ST  |   |             |
| BEAUFORT, SC 29906 FAC.#:206-854-4417   |   |             |
| PH#:  | THE BEAUFORT KOMPANY LLC  |             |
| Facility Email: BEAUFORTTATTOO@GMAIL.COM  | TF-0337 / 07/31/2021  |             |
| BEAUTY MARKS TATTOOS  | Beaufort / Limited Liability  | 3           |
| 220 SAVANNAH HWY STE B  | 220 SAVANNAH HWY STE B  |             |
| BEAUFORT, SC 29906-6724 FAC.#:843-470-0304  | BEAUFORT, SC 29906-6724   |             |
| WILLS DALE D JR PH#: 843-470-0304   | GOTHIC PIERCING AND BEAUTY MARKS TATT   | OOS LLC     |
| Facility Email: GOTHICPIERCING@YAHOO.COM  | TF-0064 / 04/30/2021  |             |
| DARK TIDE GALLERY   | Beaufort / Sole Proprietorship  | 2           |
| 5 MARINA BLVD   |   |             |
| BEAUFORT, SC 29902-6947 FAC.#:843-986-0221  |   |             |
| BARNARD RAYMOND PH#: 843-812-8838   | GREGORY RADER   |             |
| Facility Email: DARKTIDEGALLERY@GMAIL.COM   | TF-0353 / 03/31/2021  |             |
| INCREDIBLE INK  | Beaufort / Limited Liability  | 4           |
| 37 NEW ORLEANS RD STE Y, ORLEANS PLAZA  | PO BOX 7872   |             |
| HILTON HEAD ISLAND, SC 29928-4747 FAC.#:843-686   | -4657HILTON HEAD ISLAND, SC 29938-787   | 2           |
| MESTANEK ROBERT PH#: 843-686-4657   | INCREDIBLE INK LLC  |             |
| Facility Email: 1INCREDIBLEINK@GMAIL.COM  | TF-0153 / 03/31/2021  |             |
| ISLAND TATTOO COMPANY   | Beaufort / Corporation  | 5           |
| 115 ARROW RD UNIT 1   | 130 ARROW RD STE 103A   |             |
| HILTON HEAD ISLAND, SC 29928-7314 FAC.#:843-785-  | -334 <b>4</b> HILTON HEAD ISLAND, SC 29928-734  | 1           |
| BITTON AMIR M PH#: 843-785-3344   | ISLAND TATTOO COMPANY INC   |             |
| Facility Email: ALLSTAR00000@HOTMAIL.COM  | TF-0057 / 10/31/2020  |             |
| SUGAR SHACK CANVAS & INK  | Beaufort / Limited Liability  | 4           |
| 70 PENNINGTON DR STE 22   | 70 PENNINGTON DR STE 22   |             |
| BLUFFTON, SC 29910-6059 FAC.#:843-836-2211  | BLUFFTON, SC 29910-6059   |             |
| SMITH MARK E PH#: 843-837-5545  | SUGAR SHACK CANVAS & INK LLC  |             |
| Facility Email: MARK@SUGARSHACKINK.COM  | TF-0162 / 10/30/2020  |             |
| 70 PENNINGTON DR STE 22<br>BLUFFTON, SC 29910-6059 FAC.#:843-836-2211<br>SMITH MARK E PH#: 843-837-5545 | 70 PENNINGTON DR STE 22 BLUFFTON, SC 29910-6059 SUGAR SHACK CANVAS & INK LLC TF-0162 / 10/30/2020 |             |
| Number of Activities/Facilities licensed:  Number of Activities/Facilities licensed in cour             | - <del></del>   | 22<br>s: 82 |
|   |   |             |

Total Number of Activities/Facilities licensed: 82 Total Number Licensed Units: 2,618

22

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