

County: Berkeley

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
ACTIVE DAY OF LOW COUNTRY 104 SPRINGHALL DR GOOSE CREEK, SC 29445-5335 FAC.#:843-553-1805 MUNGIN EBONY PH#: Facility Email: DHOCKENBURY@ACTIVEDAY.COM	Berkeley / Corporation 6 NESHAMINY INTERPLEX DR STE 401 FEASTERVILLE TREVOSSE, PA 19053 ACSR INC ADC-0195 / 02/28/2021	97
Number of Participants:		97

<b>Totals For Facility/License Type: <u>Adult Day Care</u></b>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>97</u>

County: Berkeley

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>LOWCOUNTRY ENDOSCOPY CENTER</b> 207 MCBRIDE LN SUMMERVILLE, SC 29486 FAC.#:843-722-8000 ANDREWS STEPHANIE PH#: 843-793-5197 <b>Facility Email:</b> WANDA.PUNTENEY@CHARLESTONGI.COM	Berkeley / Limited Liability  LOWCOUNTRY ENDOSCOPY CENTER LLC <b>ASF-0147 / 09/30/2021</b>	3
<b>Operating Rooms: 0 Procedure Rooms: 0 Endoscopy Rooms: 3</b>		
<b>ROPER HOSPITAL AMBULATORY SURGERY-MONCKS CORNER                      MEDICAL PLAZA</b> 730 STONEY LANDING RD MONCKS CORNER, SC 29461-2948 FAC.#:843-719-5585 MANNARINO SHERRIE PH#:	Berkeley / Non-Profit Corporation 730 STONEY LANDING RD MONCKS CORNER, SC 29461-2948 ROPER HOSPITAL INC <b>ASF-0063 / 02/28/2021</b>	4
<b>Facility Email:</b> SHERRIE.MANNARINO@RSFH.COM <b>Operating Rooms: 3 Procedure Rooms: 1 Endoscopy Rooms: 0</b>		

<b>Totals For Facility/License Type: <u>Ambulatory Surgery</u></b>	
Number of Activities/Facilities licensed: <u>2</u>	Number Licensed Units: <u>7</u>

County: Berkeley

Facility Type: CDAP Outpatient

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
<b>ERNEST E KENNEDY CENTER</b> 306 AIRPORT DR MONCKS CORNER, SC 29461-2629 FAC.#:843-761-8272 CRAWFORD MICHELLE PH#: 843-719-3008 <b>Facility Email:</b> JTILGHMAN@EKCENTER.ORG	Berkeley / Non-Profit Corporation 306 AIRPORT DR MONCKS CORNER, SC 29461-2629 ERNEST E KENNEDY CENTER (INC) <b>OPF-0025 / 06/30/2021</b>	2

**Certifications:None**

<b>GOLDEN CARE SOLUTIONS</b> 108 CENTRAL AVE STE 3 GOOSE CREEK, SC 29445 FAC.#:843-789-4464 PH#: <b>Facility Email:</b> SBURGESS@GOLDENCARESOLUTIONSSC.COM	Berkeley / Limited Liability 267 BROOKSHIRE RD GOOSE CREEK, SC 29445 GOLDEN CARE SOLUTIONS LLC <b>OPF-0177 / 10/31/2020</b>	1
--	---	---

**Certifications:None**

<b>TRUE HEART COUNSELING</b> 255 N HWY 52 STE 1-G MONCKS CORNER, SC 29461-3927 FAC.#:843-761-1444 MANGLONA-ALEXANDER LORNA PH#: <b>Facility Email:</b> TRUEHEARTCOUNSELING@GMAIL.COM	Berkeley / Limited Liability 255 N HWY 52, HAYNES OFFICE PLAZA STE 1 MONCKS CORNER, SC 29461-3927 TRUE HEART COUNSELING LLC <b>OPF-0101 / 08/31/2021</b>	1
--	--	---

**Certifications:None**

<b>Totals For Facility/License Type: <u>CDAP Outpatient</u></b>	
<b>Number of Activities/Facilities licensed:</b> _____ <b>3</b>	<b>Number Licensed Units:</b> _____ <b>4</b>

County: Berkeley

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>BLAKE AT CARNES CROSSROADS</b> 4015 2ND AVE SUMMERVILLE, SC 29486 FAC.#:843-376-3996 TATE CRYSTAL PH#: 312-725-7000 Facility Email: CRYSTAL.TATE@BLAKELIVING.COM	Berkeley / Limited Liability 4015 2ND AVE SUMMERVILLE, SC 29486 BLAKE AT CARNES CROSSROADS LLC CRC-1896 / 07/31/2021	114
Alzheimer Care:Yes      Max # Resident:0	Alzheimer Unit: Yes      Max # Beds: 40	
Certifications:None		
<b>GOOSE CREEK MANOR #1</b> 104 MARILYN ST GOOSE CREEK, SC 29445-3104 FAC.#:843-572-7442 ADAIR MICHELE PH#: Facility Email: ADMIN@GOOSECREEKALF.COM	Berkeley / Limited Liability 104 MARILYN ST GOOSE CREEK, SC 29445-3104 STAR CAPITAL INC CRC-2027 / 06/30/2021	7
Alzheimer Care:No      Max # Resident:0	Alzheimer Unit: No      Max # Beds: 0	
Certifications:None		
<b>GOOSE CREEK MANOR #2</b> 104 MARILYN ST GOOSE CREEK, SC 29445-3104 FAC.#:843-572-7442 ADAIR MICHELE PH#: Facility Email: ADMIN@GOOSECREEKALF.COM	Berkeley / Corporation  STAR CAPITAL INC CRC-2028 / 06/30/2021	36
Alzheimer Care:No      Max # Resident:0	Alzheimer Unit: No      Max # Beds: 0	
Certifications:None		
<b>NEW BEGINNINGS OF PINEVILLE</b> 212 MITCHELLBAY LN PINEVILLE, SC 29468-3200 FAC.#:843-351-2240 RAVENELL HELEN W PH#: 843-351-2240 Facility Email: NEW.BEGINNINGS@TDS.NET	Berkeley / Corporation  NEW BEGININGS RESIDENTIAL CARE FACILITY CRC-1521 / 04/30/2021	4
Alzheimer Care:No      Max # Resident:0	Alzheimer Unit: No      Max # Beds: 0	
Certifications:None		
<b>OAKVIEW BOARDING HOME</b> 1818 S LIVE OAK DR MONCKS CORNER, SC 29461-7216 FAC.#:843-761-3273 BIASCAN ERLINDA M PH#: 843-761-3273 Facility Email: BIASCANA@YAHOO.COM	Berkeley / Corporation 1818 S LIVE OAK DR MONCKS CORNER, SC 29461-7216 OAKVIEW BOARDING HOME INC CRC-1153 / 04/30/2021	10
Alzheimer Care:No      Max # Resident:0	Alzheimer Unit: No      Max # Beds: 0	
Certifications:None		

County: Berkeley

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>PINEWOOD PLACE</b> 101 CENTENNIAL BLVD GOOSE CREEK, SC 29445-7079 FAC.#:846-569-2520 WHITTINGTON ELIZABETH JEAN PH#: 951-249-5278 Facility Email: EWHITTINGTON@ENLIVANT.COM	Berkeley / 330 N WABASH AVE STE 3700 CHICAGO, IL 60611-7605 PINEWOOD AID OPCO LLC CRC-1406 / 11/30/2020	44
Alzheimer Care:No      Max # Resident:0	Alzheimer Unit: No      Max # Beds: 0	
Certifications:None		
<b>QUALITY CARE RESIDENTIAL HOME</b> 107 ETLING AVE GOOSE CREEK, SC 29445-3001 FAC.#:843-863-0209 PH#: Facility Email: MARTINA@QUALITYCAREOFSC.COM	Berkeley / PO BOX 129 CHINA GROVE, NC 28023 QUALITY CARE RESIDENTIAL HOME SC LLC CRC-0715 / 01/31/2021	29
Alzheimer Care:No      Max # Resident:0	Alzheimer Unit: No      Max # Beds: 0	
Certifications:None		
<b>STRATFORD PLACE GOOSE CREEK - ASSISTED LIVING</b> 97 BRIDGETOWN RD GOOSE CREEK, SC 29445 FAC.#:843-300-1951 REINHEIMER CYNTHIA H PH#: 843-300-1951 Facility Email: GREGCANTERBURY8@GMAIL.COM	Berkeley / Corporation SPGCAL INC CRC-2096 / 01/31/2021	34
Alzheimer Care:No      Max # Resident:0	Alzheimer Unit: No      Max # Beds: 0	
Certifications:None		
<b>STRATFORD PLACE OF GOOSE CREEK MEMORY CARE</b> 95 BRIDGETOWN RD GOOSE CREEK, SC 29445 FAC.#:843-300-1952 REINHEIMER CYNTHIA H PH#: 843-300-1951 Facility Email: GREGCANTERBURY8@GMAIL.COM	Berkeley / Corporation 1327 SMYTHE ST DANIEL ISLAND, SC 29492 SPGCMC INC CRC-1919 / 02/28/2021	34
Alzheimer Care:Yes      Max # Resident:0	Alzheimer Unit: Yes      Max # Beds: 34	
Certifications:None		
<b>SUMMIT PLACE OF DANIEL ISLAND</b> 320 SEVEN FARMS DR DANIEL ISLAND, SC 29492-7532 FAC.#:843-884-4104 MIKELL TYLER G PH#: 843-278-0706 Facility Email: LICENSING@5SSL.COM	Berkeley / Limited Liability 400 CENTRE ST, LICENSING DEPT NEWTON, MA 02458-2094 SNH SE DANIEL ISLAND TENANT LLC CRC-1282 / 05/31/2021	76
Alzheimer Care:No      Max # Resident:0	Alzheimer Unit: No      Max # Beds: 0	
Certifications:None		

County: Berkeley

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
---	---	-------------------

WELLMORE OF DANIEL ISLAND 580 ROBERT DANIEL DR CHARLESTON, SC 29492 FAC.#:843-566-1000 BARBER JEFF PH#: 843-566-1000 Facility Email: MTREMBLE@MAXWELL-GROUP.COM	Berkeley / Limited Liability 3530 TORINGDON WAY STE 204 CHARLOTTE, NC 28277-3431 WELLMORE OF DANIEL ISLAND LLC CRC-1569 / 04/30/2021	174
---	--	-----

Alzheimer Care:Yes      Max # Resident:0      Alzheimer Unit: Yes      Max # Beds: 60

Certifications:None

Totals For Facility/License Type: <u>Community Residential Care Facility</u>	
Number of Activities/Facilities licensed: <u>11</u>	Number Licensed Units: <u>562</u>

County: Berkeley

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>CONIFER I COMMUNITY RESIDENCE</b> 110 RESINWOOD DR MONCKS CORNER, SC 29461 FAC.#:843-761-0300 PICCOINE KIM PH#: 843-761-0300 <b>Facility Email:</b> RBTRITT@DDSN.SC.GOV	Berkeley / State PO BOX 4706, DDSN C/O RUFUS BRITT COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS <b>MR15-0119 / 05/31/2021</b>	8
<b>CONIFER II COMMUNITY RESIDENCE</b> 114 RESINWOOD DR MONCKS CORNER, SC 29461 FAC.#:843-761-0300 PICCOINE KIM PH#: 843-761-0300 <b>Facility Email:</b> RBTRITT@DDSN.SC.GOV	Berkeley / State PO BOX 4706, DDSN C/O RUFUS BRITT COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS <b>MR15-0120 / 05/31/2021</b>	8

<b>Totals For Facility/License Type: <u>Habilitation R15</u></b>	
<b>Number of Activities/Facilities licensed:</b> <u>2</u>	<b>Number Licensed Units:</b> <u>16</u>

County: Berkeley

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
SUMMERVILLE COMMUNITY HOSPICE HOUSE 374 MYERS RD SUMMERVILLE, SC 29483 FAC.#:843-900-9840 LAFROSCIA TRACIE PH#: 843-553-7122 Facility Email: PAMELA.DUNCAN@HOSPICECARE.NET	Berkeley / Limited Liability 1053 CENTER ST WEST COLUMBIA, SC 29169-6749 AGAPE HOSPICE OF THE LOW COUNTRY LLC HPF-0032 / 07/31/2021	30

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

Number of Activities/Facilities licensed: 1      Number Licensed Units: 30



County: Berkeley

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
<b>PRUITTHEALTH HOSPICE-CHARLESTON</b> 139 GATEWAY DR LADSON, SC 29456 FAC.#:843-573-8623 JORDAN MICHAEL PH#: 843-573-8623 <b>Facility Email:</b> LEGALSERVICES@PRUITTHEALTH.COM	Berkeley / Corporation 171 CHURCH ST STE 210 CHARLESTON, SC 29401 PRUITTHEALTH HOSPICE INC <b>HPC-0114 / 11/30/2020</b>	15
<b>Counties Served: Aiken, Allendale, Bamberg, Barnwell, Berkeley, Calhoun, Charleston, Clarendon, Colleton, Dorchester, Edgefield, Lexington, McCormick, Orangeburg, Richland</b>		

<b>Totals For Facility/License Type: <u>Hospice Program</u></b>	
<b>Number of Activities/Facilities licensed: _____ 1</b>	<b>Number Licensed Units: _____ 15</b>

County: Berkeley

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	

ROPER ST FRANCIS BERKELEY HOSPITAL Berkeley / Corporation 50

100 CALLEN BLVD

SUMMERVILLE, SC 29486 FAC.#:854-529-3002

BROOME SCOTT PH#:

ROPER ST FRANCIS HOSPITAL - BERKELEY INC

Facility Email: ANTHONY.JACKSON@RSFH.COM

HTL-0940 / 09/30/2021

Licensed Beds: General: 50 Psychiatric: 0 Rehab: 0 Substance Abuse: 0

Other Beds : NICU: 0 Neonatal Special Care: 0

Certifications: Perinatal Level I

Totals For Facility/License Type: Hospital or Institutional General Infirmary

Number of Activities/Facilities licensed: 1 Number Licensed Units: 50

## County: Berkeley

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>AN ANGELS TOUCH</b> 219 N HWY 52 STE J MONCKS CORNER, SC 29461-3926 FAC.#:843-291-3355 PETERSON KIMBERLY L PH#: 843-761-8700 <b>Facility Email:</b> MFRANK@ANANGELSTOUCH.BIZ	Berkeley / Limited Liability PO BOX 938 MONCKS CORNER, SC 29461-0938 AN ANGELS TOUCH <b>IHCP-0338 / 08/31/2021</b>	- 1
<b>CARING FOR YOU HOME CARE</b> 9919 HWY 78 LOT 59 LADSON, SC 29456 FAC.#:843-327-7858 PH#: <b>Facility Email:</b> KATRINAJACKSON712671@ICLOUD.COM	Berkeley / Limited Liability CARING FOR YOU HOME CARE LLC <b>IHCP-1212 / 09/30/2021</b>	- 1
<b>COMPASSION HEARTS HOME CARE</b> 255 N HWY 52 STE 1D MONCKS CORNER, SC 29461 FAC.#:855-277-8885 BROUGHTON AISHA PH#: 843-568-9812 <b>Facility Email:</b> AISHASDIVINESETTING@GMAIL.COM	Berkeley / Limited Liability COMPASSION HEARTS HOME CARE LLC <b>IHCP-0654 / 03/31/2021</b>	- 1
<b>COMPLETE CARE</b> 204 SUMMER VIEW RD SUMMERVILLE, SC 29486 FAC.#:631-921-5886 PH#: <b>Facility Email:</b> COMPLETECARE@MAIL.COM	Berkeley / Sole Proprietorship 204 SUMMER VIEW RD SUMMERVILLE, SC 29483 BAILEY LAURA <b>IHCP-0400 / 12/31/2020</b>	- 1
<b>DIVINE CARE AT HOME</b> 221 ST JAMES AVE STE 13A GOOSE CREEK, SC 29445 FAC.#:843-793-2588 SIMMONS DANA PH#: 843-259-4617 <b>Facility Email:</b> DIVINECARE ATHOME@GMAIL.COM	Berkeley / Limited Liability DIVINE CARE AT HOME <b>IHCP-1160 / 01/31/2021</b>	- 1
<b>MECA HOME CARE</b> 1066 S LIVE OAK DR STE B MONCKS CORNER, SC 29461 FAC.#:843-761-1280 MUNGIN EBONY PH#: 843-494-3986 <b>Facility Email:</b> MUNGINEBONY@YAHOO.COM	Berkeley / Limited Liability MECA HOME HEALTH LLC <b>IHCP-1069 / 07/31/2021</b>	- 1
<b>TRUE VINE HOME CARE AGENCY</b> 113 SOUTH HWY 52 UNIT E MONCKS CORNER, SC 29461 FAC.#:843-761-0635 PH#: <b>Facility Email:</b> BARBSWILLIAMS2016@GMAIL.COM	Berkeley / Limited Liability TRUE VINE HOME CARE LLC <b>IHCP-1277 / 09/30/2021</b>	- 1
<b>UNITY VILLAGE HOMECARE SERVICES</b> 132 SLATE STONE DR UNIT A SUMMERVILLE, SC 29486 FAC.#:843-509-8213 RILEY VANESSA PH#: <b>Facility Email:</b> U.V.M.ORG@OUTLOOK.COM	Berkeley / Non-Profit Corporation UNITY VILLAGE MINISTRIES <b>IHCP-0989 / 05/31/2021</b>	- 1

County: Berkeley

Facility Type: Inhome Care Provider

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: Inhome Care Provider

Number of Activities/Facilities licensed: 8      Number Licensed Units: - 8

County: Berkeley

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>HEARTLAND HEALTH AND REHABILITATION CARE CENTER-HANAHAN</b> 1800 EAGLE LANDING BLVD HANAHAN, SC 29410-8517 FAC.#:843-553-0656 PH#:	Berkeley / Limited Liability 1800 EAGLE LANDING BLVD HANAHAN, SC 29410-8517 HEARTLAND-CHARLESTON OF HANAHAN SC LLC <b>NCF-0526 / 12/31/2020</b>	135
--	---	-----

Facility Email: 4015ADMIN@HCR-MANORCARE.COM  
Licensed Beds: Nursing Home: 135 Institutional Nursing Home: 0

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

Certifications:None

<b>LAKE MOULTRIE NURSING HOME</b> 1038 MCGILL LN SAINT STEPHEN, SC 29479-3196 FAC.#:843-567-2307 DRIGGERS JOANN C PH#: 843-567-2307	Berkeley / District PO BOX 57 MANNING, SC 29102-0057 CLARENDON HOSPITAL DISTRICT <b>NCF-0738 / 12/31/2020</b>	88
--	---	----

Facility Email: RMATTHEWS@CLARENDONLTC.ORG

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

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

Certifications:None

<b>PRUITTHEALTH-MONCKS CORNER</b> 505 S LIVE OAK DR MONCKS CORNER, SC 29461-3554 FAC.#:843-761-8368 WALROND JEFF PH#: 843-761-8368	Berkeley / Limited Liability 505 S LIVE OAK DR MONCKS CORNER, SC 29461-3554 PRUITTHEALTH-MONCKS CORNER LLC <b>NCF-0943 / 10/31/2020</b>	132
---	---	-----

Facility Email: LEGALSERVICES@PRUITTHEALTH.COM

Licensed Beds: Nursing Home: 132 Institutional Nursing Home: 0

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

Certifications:None

<b>RETREAT AT WELLMORE OF DANIEL ISLAND</b> 580 ROBERT DANIEL DR CHARLESTON, SC 29492 FAC.#:843-566-1000 BARBER JEFF PH#: 843-566-1000	Berkeley / Limited Liability 3530 TORINGDON WAY STE 204 CHARLOTTE, NC 28277-3431 WELLMORE OF DANIEL ISLAND LLC <b>NCF-0965 / 03/31/2021</b>	60
---	---	----

Facility Email: DANIELISLAND.LICENSING@WELL-MORE.COM

Licensed Beds: Nursing Home: 60 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: _____
	415

County: Berkeley

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>DCI GOOSE CREEK</b> 98 HAMLET CIR GOOSE CREEK, SC 29445-8100 FAC.#:843-863-8633 SALVADOR IMELDA P PH#: <b>Facility Email:</b> MARIQUETO.PIDLAOAN@DCIINC.ORG	Berkeley / Non-Profit Corporation 1411 KING ST CHARLESTON, SC 29403-3008 DIALYSIS CLINIC INC <b>ERD-0172 / 09/30/2021</b>	17
<b>Licensed Stations: Hemodialysis: 17 Peritoneal: 0</b>		
<b>FLOWER TOWN HOME TRAINING</b> 2143 N MAIN ST SUMMERVILLE, SC 29483-6415 FAC.#:843-875-1779 DYLEY TAMMY PH#: <b>Facility Email:</b> SCL_C@DAVITA.COM	Berkeley / Limited Liability L & C DEPARTMENT, 5200 VIRGINIA WAY BRENTWOOD, TN 37027 ATELL DIALYSIS LLC <b>ERD-0237 / 04/30/2021</b>	4
<b>Licensed Stations: Hemodialysis: 0 Peritoneal: 4</b>		
<b>FRESENIUS KIDNEY CARE CARNES CROSSROADS</b> 300 BAXTER BROWN WAY SUMMERVILLE, SC 29486-8105 FAC.#:843-879-5959 DURANT ANNE O PH#: <b>Facility Email:</b> ANNE.DURANT@FMC-NA.COM	Berkeley / Corporation 421 WANDO PARK BLVD STE 220 MOUNT PLEASANT, SC 29464 BIO-MEDICAL APPLICATIONS OF SOUTH CAROLINA INC <b>ERD-0249 / 04/30/2021</b>	11
<b>Licensed Stations: Hemodialysis: 11 Peritoneal: 0</b>		
<b>FRESENIUS MEDICAL CARE LOWCOUNTRY HOME DIALYSIS</b> 1980 N MAIN ST SUMMERVILLE, SC 29483-7812 FAC.#:843-695-0061 BYRNE MICHAEL CUNNINGHAM PH#: <b>Facility Email:</b> CLINIC3349@FMC-NA.COM	Berkeley / Limited Liability 1980 N MAIN ST SUMMERVILLE, SC 29483-7812 FRESENIUS MEDICAL CARE GOOSE CREEK HOME DIALYSIS LLC <b>ERD-0218 / 02/28/2021</b>	6
<b>Licensed Stations: Hemodialysis: 0 Peritoneal: 6</b>		
<b>FRESENIUS MEDICAL CARE MONCKS CORNER</b> 112 MCCORMICK CIR MONCKS CORNER, SC 29461-3152 FAC.#:843-899-4953 HOWLETT PRESLEY FULTZ PH#: 843-554-9313 <b>Facility Email:</b> ANNE.DURANT@FMC-NA.COM	Berkeley / Limited Liability 112 MCCORMICK CIR MONCKS CORNER, SC 29461-3152 RAI CARE CENTERS OF SOUTH CAROLINA I LLC <b>ERD-0152 / 11/30/2020</b>	25
<b>Licensed Stations: Hemodialysis: 25 Peritoneal: 0</b>		
<b>GOOSE CREEK DIALYSIS</b> 109 GREENLAND DR GOOSE CREEK, SC 29445-5354 FAC.#:843-377-1199 SINGLETTARY RN CHERYL S PH#: 000-000-0000 <b>Facility Email:</b> SCL_C@DAVITA.COM	Berkeley / Corporation 5200 VIRGINIA WAY STE 400, LICENSING AND CERTIFICATION BRENTWOOD, TN 37027-7569 TOTAL RENAL CARE INC <b>ERD-0164 / 09/30/2021</b>	17
<b>Licensed Stations: Hemodialysis: 17 Peritoneal: 0</b>		

County: Berkeley

Facility Type: Renal Dialysis

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: <u>Renal Dialysis</u>	
Number of Activities/Facilities licensed: <u>6</u>	Number Licensed Units: <u>80</u>

## County: Berkeley

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>ARTISTIC INK III</b> 1111 N MAIN ST STE C SUMMERVILLE, SC 29483-7319 FAC.#:843-771-2902 BROWN TIM DEAN PH#: <b>Facility Email:</b> PHILHORNE86@YAHOO.COM	Berkeley / Sole Proprietorship  BROWN TIM DEAN <b>TF-0085 / 05/31/2021</b>	4
<b>BLACK SPARROW TATTOO STUDIO</b> 445 N HWY 52 STE 101 MONCKS CORNER, SC 29461-3978 FAC.#:843-790-4465 WILLIAMS KC MICHAEL PH#: 843-593-2808 <b>Facility Email:</b> BLACKSPARROWTATTOOS@GMAIL.COM	Berkeley / Limited Liability  BLACK SPARROW TATTOO STUDIO LLC <b>TF-0341 / 09/30/2021</b>	4
<b>BLACK SPARROW TATTOO STUDIO GOOSE CREEK</b> 1316 RED BANK RD STE 3 GOOSE CREEK, SC 29445 FAC.#:843-593-2808 PH#: <b>Facility Email:</b> BLACKSPARROWTATTOOS@GMAIL.COM	Berkeley / Limited Liability  BLACK SPARROW TATTOO STUDIO LLC <b>TF-0315 / 02/28/2021</b>	4
<b>BLU GORILLA II TATTOO</b> 105 EAGLE RD STE 3 GOOSE CREEK, SC 29445-5991 FAC.#:843-573-7341 DENNIS TIMOTHY A PH#: 843-805-8071 <b>Facility Email:</b> BLUGORILLA.ALYX@GMAIL.COM	Berkeley / Corporation 1409 KING ST CHARLESTON, SC 29403-3008 BLU GORILLA TATTOO INC <b>TF-0018 / 12/31/2020</b>	5
<b>IVORY TIGER STUDIOS</b> 1319 COLLEGE PARK ROAD UNIT D SUMMERVILLE, SC 29486 FAC.#:843-821-8145 PH#: <b>Facility Email:</b> PONYCHICK78@GMAIL.COM	Berkeley / Limited Liability  CANVAS SOUL LLC <b>TF-0326 / 02/28/2021</b>	4
<b>LUCK OF THE DRAW KUSTOM TATTOO</b> 1907 VARNER ST STE C2 SUMMERVILLE, SC 29486 FAC.#:843-900-3080 PH#: <b>Facility Email:</b> CWCAISON@GMAIL.COM	Berkeley / 1907 VARNER ST STE C2 SUMMERVILLE, SC 29486 CHRISTOPHER CAISON <b>TF-0313 / 07/31/2021</b>	5
<b>MOTORCITY INK</b> 2072 N MAIN ST SUMMERVILLE, SC 29483-7866 FAC.#:843-714-4042 MARSON MICHELLE PH#: 843-714-4042 <b>Facility Email:</b> JONWAKEFIELDSC@MSN.COM	Berkeley / Limited Liability 2072 N MAIN ST SUMMERVILLE, SC 29483-7866 MOTORCITY INK LLC <b>TF-0154 / 04/30/2021</b>	6
<b>MYSTIC TIKI TATTOO &amp; GALLERY</b> 1204 N MAIN ST STE E SUMMERVILLE, SC 29483-7343 FAC.#:843-851-8287 REED JASON C PH#: 843-819-1003 <b>Facility Email:</b> JR9716@MSN.COM	Berkeley / 1204 N MAIN ST STE E SUMMERVILLE, SC 29483-7343 FLAMING TIKI LLC <b>TF-0032 / 12/31/2020</b>	4



County: Berkeley

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
RED KIRIN TATTOO STUDIO 1258 REDBANK RD STE 101 GOOSE CREEK, SC 29445 FAC.#:843-459-2085 KINLOCH JR ISIAH R PH#: 843-252-1054 Facility Email: ISIAHKINLOCH59@GMAIL.COM	Berkeley / Limited Liability   RED KIRIN TATTOO STUDIO LLC TF-0350 / 03/31/2021	4

<b>Totals For Facility/License Type: <u>Tattoo Facility</u></b>	
Number of Activities/Facilities licensed: <u>9</u>	Number Licensed Units: <u>40</u>

Number of Activities/Facilities licensed in county of : <u>Berkeley</u>	# Lics: <u>49</u>
	Number Licensed Units : <u>1,308</u>

Report Totals

Total Number of Activities/Facilities licensed: 49 Total Number Licensed Units: 1,308