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	
GREENWOOD ACTIVE DAY CENTER	Greenwood / Corporation	60
228 N CREEK BLVD	6 NESHAMINY INTERPLEX STE 401	
GREENWOOD, SC 29649-9006 FAC.#:864-388-0045	TREVOSE, PA 19053	
BOWEN SALLY PH#:	ACTIVE SC ONE INC	
Facility Email: CONTRACTS@ACTIVEDAY.COM	ADC-0123 / 10/31/2020	
Number of Participants:	60	
UPTOWN SENIOR	Greenwood / Limited Liability Compan	ıy 40
615 S MAIN ST	6mgl5ipA€Nmgmber)	
GREENWOOD, SC 29646 FAC.#:864-377-8042	GREENWOOD, SC 29646	
ADAMS ERICKA PH#: 864-554-4966	UPTOWN SENIOR LLC	
Facility Email: EADAMS@UPTOWNSENIOR.COM	ADC-0307 / 01/31/2021	
Number of Participants:	40	
Totals For Facility/License Type: Adult Day Car	re	

Totals For Facility/License Type: Adult Day Care

Number of Activities/Facilities licensed: 2 Number Licensed Units: 100

County: Greenwood

Facility Type: Amb	latory Surgery
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Number of Activities/Facilities licensed: 2

Facility Name Location Street Location City, State Administrator/Phone	*	icensed Units
GREENWOOD ENDOSCOPY CENTER	Greenwood / Corporation	4
103 LINER DR	103 LINER DR	
GREENWOOD, SC 29646-2311 FAC.#:864-396-2250	GREENWOOD, SC 29649-2311	
GREEN BRYAN T PH#: 864-227-3838	GREENWOOD ENDOSCOPY CENTER INC	
Facility Email: LAURAALICEYOUNG@GMAIL.COM	ASF-0022 / 05/31/2021	
Operating Rooms: 0 Procedure Ro	ooms: 0 Endoscopy Rooms: 4	
SURGERY CENTER OF THE LAKELANDS	Greenwood / Ltd. Liability	5
101 ACADEMY AVE	101 ACADEMY AVE	
GREENWOOD, SC 29646-3869 FAC.#:864-725-7500	GREENWOOD, SC 29646-3869	
	SURGERY CENTER AT SELF MEMORIAL HOSPITAL LI	ıC
PRICE VALARIE PH#: 864-725-7520	BORGERI CENTER AT BEEF MEMORIAL HOBITIAL EL	
PRICE VALARIE PH#: 864-725-7520 Facility Email: VPRICE@SCLAKELANDS.COM	ASF-0055 / 05/31/2021	

2

Number Licensed Units: 9

County: Greenwood

Facility Type: CDAP Outpatient

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	
CORNERSTONE	Greenwood / County	4
1612 RIVERS ST	PO BOX 50209	
GREENWOOD, SC 29649 FAC.#:864-227-1001	GREENWOOD, SC 29649-0021	
FALLAW LAURIE PH#: 864-227-1001	GREENWOOD-EDGEFIELD-MCCORMICK-ABBEVILLE	
Facility Email: LFALLAW@CORNERSTONECARES.ORG	COMMISSION ON ALCOHOL AND DRUG ABUSE OPF-0029 / 09/30/2021	
Certifications:None		
GREENWOOD TREATMENT SPECIALISTS	Greenwood / Corporation	1
110 COURT AVE W	200 WELLING CIR	
GREENWOOD, SC 29646-2749 FAC.#:864-407-4160	GREENWOOD, SC 29646	
SMITH HAYLEY M PH#: 509-209-3340	GREENWOOD TREATMENT SPECIALISTS INC	
Facility Email: BRENTBRADYSC@GMAIL.COM	OPFN-0169 / 05/31/2021	
Certifications:Narcotics Treatment Program, Metho	odone Treatment Program	
Totals For Facility/License Type: CDAP Outpat	ient	

3

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

Facility Name Location Street Location City, State Administrator/Phone	Facility County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date		Licensed Units
ASHLEY PLACE	Greenwood / Corporation		44
526 HALTIWANGER RD	330 N WABASH AVE STE	3700	
GREENWOOD, SC 29649-1799 FAC.#:864-943-1933	CHICAGO, IL 60611-76	05	
MIELECH DANIEL PH#:	ASHLEY AID OPCO LLC		
Facility Email: DMIELECH@ENLIVANT.COM	CRC-1404 / 11/30/2020	1	
Alzheimer Care:No Max # Resident:0	Alzheimer Unit: No	Max # Beds: 0	
Certifications:None			
BAYBERRY OF GREENWOOD	Greenwood / Limited I	iability Limited	d 23
116 ABBEY DR	Pastabbehi DR		
GREENWOOD, SC 29649-8536 FAC.#:864-223-6510	GREENWOOD, SC 29649-	8536	
PH#:	EVERGREEN VILLAGES LIMI	TED PARTNERSHIP	
Facility Email: GREENWOOD@THEBAYBERRYINN.COM	CRC-0589 / 05/31/2021		
Alzheimer Care:No Max # Resident:0	Alzheimer Unit: No	Max # Beds: 0	
Certifications:None			
BROOKDALE GREENWOOD	Greenwood / Limited I	iability	52
1408 PKWY RD	1408 PKWY RD		
GREENWOOD, SC 29646-4043 FAC.#:864-223-2281	GREENWOOD, SC 29646-	4043	
ROWE PAULA PH#:	BROOKDALE SENIOR LIVING COMMUNITIES INC		
Facility Email: PFOARD@BROOKDALE.COM	CRC-1309 / 11/30/2020		
Alzheimer Care:Yes Max # Resident:52	Alzheimer Unit: No	Max # Beds: 0	
Certifications:None			
EMERALD GARDENS OF GREENWOOD	Greenwood / Ltd. Liab	oility	66
201 OVERLAND DR	201 OVERLAND DR		
GREENWOOD, SC 29646-4097 FAC.#:864-953-2174	GREENWOOD, SC 29646-	4097	
THOMPSON GREGORY E PH#: 864-953-2174	EMERALD GARDENS OF GREED	NWOOD LLC	
Facility Email: MPATTERSON@EMERALDGARDENSASSISTEDLIVI	CRC-1378 / 10/31/2020		
NG. Alzheimer Care:Yes Max # Resident:15	Alzheimer Unit: Yes	Max # Beds: 16	
Certifications:None			
MORNINGSIDE OF GREENWOOD	Greenwood / Limited I	iability	49
116 ENTERPRISE CT			
GREENWOOD, SC 29649-1666 FAC.#:864-388-9433			
ERVIN JESSICA PH#: 864-388-9433	SNH SC TENANT LLC		
Facility Email: LICENSING@5SSL.COM	CRC-2131 / 01/31/2021		
Alzheimer Care:No Max # Resident:0	Alzheimer Unit: No	Max # Beds: 0	
Certifications:None			

Facility Type: Community Residential Care Facility

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

WARE SHOALS MANOR Greenwood / Ltd. Liability

10 N GREENWOOD AVE 10 N GREENWOOD AVE WARE SHOALS, SC 29692-1239 FAC.#:864-456-7127 WARE SHOALS, SC 29692

OBI-MELEKWE BERNICE O PH#: 864-456-7127 HARMONY RESIDENTIAL CARE CENTER LLC

Facility Email: OSKARMANI@AOL.COM CRC-1457 / 10/31/2020

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

Certifications:None

WESLEY COMMONS ASSISTED LIVING FACILITY & SPECIAL CAREFreenwood / Non-Profit Corporation

HOUSE

1110 MARSHALL RD 1110 MARSHALL RD

GREENWOOD, SC 29646-4299

GREENWOOD, SC 29646-4299 FAC. #:864-227-7480 WESLEY COMMONS

DAVIS DORIS E PH#: 864-227-7480 CRC-1218 / 08/31/2021

Facility Email: DDAVIS@WESLEYCOMMONS.ORG Alzheimer Care:Yes Max # Resident:11 Alzheimer Unit: Yes Max # Beds: 14

Certifications:None

Totals For Facility/License Type: Community Residential Care Facility

Number of Activities/Facilities licensed: _ Number Licensed Units: 328

5

24

County: Greenwood

Facility Type: <u>Habilitation R15</u>

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date		
HENRY & FREIDA BONDS HABILITATION CENTER	Greenwood / State	8	
310 JENKINS SPRING RD	PO BOX 4706, DDSN C/O RUFUS BRITT		
GREENWOOD, SC 29646-8617 FAC.#:864-942-8900	COLUMBIA, SC 29240-4706		
PH#:	SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS		
Facility Email: RBRITT@DDSN.SC.GOV	MR15-0111 / 08/31/2021		
J FELTON BURTON COMMUNITY RESIDENCE	Greenwood / State		
308 JENKINS SPRING RD	PO BOX 4706, DDSN C/O RUFUS BRITT		
GREENWOOD, SC 29646-8617 FAC.#:864-942-8947	COLUMBIA, SC 29240-4706		
PH#:	SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND		
Facility Email: RBRITT@DDSN.SC.GOV	SPECIAL NEEDS MR15-0072 / 05/31/2021		

Totals For Facility/License Type: Habili	itation R15			
Number of Activities/Facilities licensed:	2	Number Licensed	Units:	16

County: Greenwood

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 HOME CARE OF HOSPICECARE OF THE PIEDMONT Greenwood / Corporation 5 408 W ALEXANDER AVE 408 W ALEXANDER AVE GREENWOOD, SC 29646-4031 FAC. #:864-227-9393 GREENWOOD, SC 29646-4031 HOME CARE OF HOSPICECARE OF THE PIEDMONT INC CORLEY RN NANCY B PH#: 864-227-9393 Facility Email: NCORLEY@HOSPICEPIEDMONT.ORG HHA-0134 / 09/30/2019 (Renewal Pending)

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

HOME HEALTH SERVICES OF SELF REGIONAL HEALTHCARE

105 VINECREST CT STE 400

GREENWOOD, SC 29646-8031 FAC.#:864-725-7600

MANOS GEORGE PH#:

GREENWOOD COUNTY HOSPITAL BOARD DBA SELF
Facility Email: EWHITE@SELFREGIONAL.ORG

REGIONAL HEALTHCARE
HHA-0049 / 01/31/2021

Counties Served: Abbeville, Edgefield, Greenwood, Laurens, McCormick, Newberry, 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: SKILLED NURSING

NHC HOMECARE-GREENWOOD

Greenwood / Limited Liability Limited 5

452 E CAMBRIDGE AVE

GREENWOOD, SC 29646 FAC.#:864-229-9888

GREENWOOD, SC 29648-1708

GREENWOOD, SC 29646 FAC.#:864-229-9888 GREENWOOD, SC 29648-1708

OWENS ETHEL PH#: 864-229-9888 NHC/OP LP

Facility Email: LSMITH@NHCCARE.COM HHA-0182 / 06/30/2021

Counties Served: Abbeville, Greenwood, McCormick, Newberry, 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: DIETARY CONSULTATION

 WESLEY COMMONS HOME HEALTH CARE
 Greenwood / Non-Profit Corporation
 1

 1110 MARSHALL RD
 1110 MARSHALL RD
 1110 MARSHALL RD

 GREENWOOD, SC 29646-4299 FAC.#:864-227-7480
 GREENWOOD, SC 29646-4299

DAVIS DORIS E PH#: 864-227-7480 WESLEY COMMONS

Facility Email: DDAVIS@WESLEYCOMMONS.ORG HHA-0202 / 02/28/2021

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

nome hearth Ard: I medical supplies/Appliances/Durable medical Equipment: N

Other:

County: Greenwood

Facility Type: Home Health

Facility Name Location Street Location City, State Administrator/Phone County/Ownership Type Mailing/Billing Address Licensee

Licensed Units

dministrator/Phone License Nbr/Expiration Date

Totals For Facility/License Type: Home H	ealth		
Number of Activities/Facilities licensed:	4	Number Licensed Units:	18

October 2, 2020 South Carolina Department of Health & Environmental Control

Division of Health Licensing

County: Greenwood

Facility Type: Hospice Facility

Facility Name County/Ownership Type Licensed Location Street Mailing/Billing Address Location City, State Licensee Units Administrator/Phone License Nbr/Expiration Date HOSPICE HOUSE OF HOSPICE AND PALLIATIVE CARE OF THE Greenwood / Non-Profit Corporation 15 PIEDMONT 408 W ALEXANDER AVE 408 W ALEXANDER AVE GREENWOOD, SC 29646-4031 GREENWOOD, SC 29646-4031 FAC.#:864-227-9393 HOSPICECARE OF THE PIEDMONT INC GIRARD JOY PH#: 864-227-9393 HPF-0002 / 05/31/2021 Facility Email: NCORLEY@HOSPICEPIEDMONT.ORG

Totals For Facility/License Type: Hospice Facility Number of Activities/Facilities licensed: _____1 Number Licensed Units: ____15

Number of Activities/Facilities licensed: 1

County: Greenwood Facility Type: Hospice Program Facility Name County/Ownership Type Licensed Mailing/Billing Address Location Street Location City, State Licensee Units Administrator/Phone License Nbr/Expiration Date HOSPICE AND PALLIATIVE CARE OF THE PIEDMONT Greenwood / Non-Profit Corporation 8 408 W ALEXANDER AVE 408 W ALEXANDER AVE GREENWOOD, SC 29646-4031 FAC.#:864-227-9393 GREENWOOD, SC 29646-4031 GIRARD JOY PH#: 864-227-9393 HOSPICECARE OF THE PIEDMONT INC Facility Email: NCORLEY@HOSPICEPIEDMONT.ORG HPC-0010 / 05/31/2021 Counties Served: Abbeville, Anderson, Edgefield, Greenwood, Laurens, McCormick, Newberry, Saluda Totals For Facility/License Type: Hospice Program

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Number Licensed Units:

Facility Type: Hospital or Institutional Gen	neral Infirmary
Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensed Licensee Units License Nbr/Expiration Date
GREENWOOD REGIONAL REHABILITATION HOSPITAL	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
Facility Email: KRISTINMANSKE@ERNESTHEALTH.COM	HTL-0903 / 10/31/2020
Licensed Beds: General: 0 Psychiatric:	0 Rehab: 42 Substance Abuse: 0
Other Beds: NICU: 0 Neonatal Specia	al Care: 0
Certifications:JCAHO Accredited	
SELF REGIONAL HEALTHCARE	Greenwood / County 358
1325 SPRING ST	1325 SPRING ST
GREENWOOD, SC 29646-3875 FAC.#:864-725-4111	GREENWOOD, SC 29646-3875
PH#:	GREENWOOD COUNTY HOSPITAL BOARD
Facility Email: SARA.SEARS@SELFREGIONAL.ORG	HTL-0038 / 12/31/2020
Licensed Beds: General: 326 Psychiatric:	32 Rehab: 0 Substance Abuse: 0
Other Beds: NICU: 7 Neonatal Specia	al Care: 11
Certifications: Abortions, Trauma Center Level II	I, 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: <u>Inhome Care Provider</u>				
Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units		
180 HEALTH AND WELLNESS	Greenwood / Limited Liability	-	1	
104 MAXWELL AVE STE 345	PO BOX 49606			
GREENWOOD, SC 29646 FAC.#:864-377-8289	GREENWOOD, SC 29649-0011			
PH#:	180 HEALTH AND WELLNESS LLC			
Facility Email: 180HEALTHANDWELLNESSGWD@GMAIL.COM	IHCP-0248 / 07/31/2021			
ALWAYS BEST CARE OF GREENWOOD - ANDERSON	Greenwood / Corporation	-	1	
1201 CAMBRIDGE AVE E	1201 CAMBRIDGE AVE E			
GREENWOOD, SC 29646-3071 FAC.#:864-229-1211	GREENWOOD, SC 29646-3071			
PH#:	KAPPERMAN ENTERPRISES INC			
Facility Email: BKAPPERMAN@ABC-SENIORS.COM	IHCP-0102 / 03/31/2021			
BRIGHT HEARTS HOME CARE	Greenwood / Limited Liability	-	1	
2042 C MONTAGUE AVE EXT				
GREENWOOD, SC 29649 FAC.#:864-223-8020				
COATES CYNTHIA PH#: 864-223-8020	BRIGHT HEARTS HOME CARE LLC			
Facility Email: BRIGHTHEARTHOMECARE@GMAIL.COM	IHCP-1015 / 09/30/2021			
CAREGIVERS OF THE UPSTATE	Greenwood / Corporation	_	1	
712-A MONTAGUE AVE	712-A MONTAGUE AVE			
GREENWOOD, SC 29649 FAC.#:864-229-1488	GREENWOOD, SC 29469			
PH#:	CAREGIVERS OF THE UPSTATE INC			
Facility Email: SARA@CAREGIVERSOFTHEUPSTATE.COM	IHCP-0792 / 11/30/2020			
COMFORT HOME CARE-GREENWOOD	Greenwood / Corporation	_	1	
104 MAXWELL AVE STE 225				
GREENWOOD, SC 29646 FAC.#:864-223-3200				
LYONS CHASITY PH#: 803-261-1405	COMFORT HOME CARE INC			
Facility Email: SAM.CHHC@GMAIL.COM	IHCP-0956 / 07/31/2021			
ELITE HOME CARE OF SOUTH CAROLINA	Greenwood / Corporation	-	1	
231-D HAMPTON RD	1910 ABBOTT ST STE 202			
GREENWOOD, SC 29649 FAC.#:704-200-9924	CHARLOTTE, NC 28203			
PH#:	ELITE HOME HEALTH CARE INC			
Facility Email: TELLERBE@ELITEHEALTHINC.COM	IHCP-0562 / 10/31/2020			
HEALTH RELATED PERSONNEL SERVICES INC	Greenwood / Corporation	-	1	
1157 SPRING ST	1157 SPRING ST			
GREENWOOD, SC 29646-3833 FAC.#:864-229-6600	GREENWOOD, SC 29646-3833			
PH#:	HEALTH RELATED PERSONNEL SERVICES INC			
Facility Email: BRHODES@HRPSC.COM	IHCP-0129 / 04/30/2021			
JEREMIAH INVESTORS-GREENWOOD	Greenwood / Limited Liability	_	1	
132 MAXWELL AVE				
GREENWOOD, SC 29646 FAC.#:864-538-0155				
GUNTER ALEXUS N PH#:	JEREMIAH INVESTORS LLC			
Facility Email: AGUNTER@SENIORHELPERS.COM	IHCP-0831 / 03/31/2021			

County: Greenwood Facility Type: <u>Inhome Care Provider</u> Facility Name County/Ownership Type Mailing/Billing Address Licensed Location Street Location City, State Licensee Units Administrator/Phone License Nbr/Expiration Date LEGENDARY HEALTHCARE SERVICES Greenwood / 231 HAMPTON AVE STE D GREENWOOD, SC 29646 FAC. #:864-377-8048 LEGENDARY HEALTHCARE SERVICES LLC Facility Email: ANDERSON@LEGENDARYHCS.COM IHCP-1259 / 07/31/2021 Totals For Facility/License Type: Inhome Care Provider

Number of Activities/Facilities licensed: 9 Number Licensed Units: - 9

County: Greenwood

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

Administrator/Phone License Nbr/Expiration Date

GREENWOOD TRANSITIONAL REHABILITATION UNIT Greenwood / Ltd. Liability 12

1530 PKWY 1530 PKWY

GREENWOOD, SC 29646-4027 FAC.#:864-330-1800 GREENWOOD, SC 29646-4027

BENCEBI ELIZABETH PH#: 864-330-1800 GREENWOOD REGIONAL REHABILITATION HOSPITAL LLC

Facility Email: KRISTINMANSKE@ERNESTHEALTH.COM NCF-0944 / 10/31/2020

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

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

Certifications:None

MAGNOLIA MANOR-GREENWOOD Greenwood / Ltd. Liability 88

1415 PKWY 1415 PKWY

GREENWOOD, SC 29646-4044 FAC.#:864-227-9500 GREENWOOD, SC 29646-4044

GOFORTH EDITH C PH#: 864-227-9500 THI OF SOUTH CAROLINA AT GREENWOOD LLC

Facility Email: EDITH.GOFORTH@FUNDLTC.COM NCF-0866 / 08/31/2021

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

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

Certifications:None

NHC HEALTHCARE GREENWOOD Greenwood / Ltd. Liability 152

437 CAMBRIDGE AVE E 437 E CAMBRIDGE AVE

GREENWOOD, SC 29646-2244 FAC.#:864-223-1950 GREENWOOD, SC 29646-2244

SHEARER JACOB PH#: NHC HEALTHCARE/GREENWOOD LLC

Facility Email: JACOB.SHEARER@NHCCARE.COM NCF-0802 / 06/30/2021

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

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

Certifications:None

WESLEY COMMONS HEALTH AND REHABILITATION CENTER Greenwood / Non-Profit Corporation 80

1075 BYPASS 25 SE 1110 MARSHALL RD

GREENWOOD, SC 29646 FAC.#:864-227-7250 GREENWOOD, SC 29646-4299

HOLMES MOODY KIMBERLY K PH#: 864-227-7250 WESLEY COMMONS

Facility Email: KMOODY@WESLEYCOMMONS.ORG NCF-0304 / 03/31/2021

Licensed Beds: Nursing Home: 80 Institutional Nursing Home: 0

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

Certifications:None

Totals For Facility/License Type: Nursing Home

Number of Activities/Facilities licensed: 4 Number Licensed Units: 332

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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
CORONACA HOME DIALYSIS	Greenwood / Limited Liability	3
3337 72/221 E		
GREENWOOD, SC 29649 FAC.#:615-320-4286		
PH#:	JABINE DIALYSIS LLC	
Facility Email: SCL&C@DAVITA.COM	ERD-0250 / 02/28/2021	
Licensed Stations: Hemodialysis: 0 Peritor	neal: 3	
GREENWOOD DIALYSIS	Greenwood / Corporation	41
109 OVERLAND DR	5200 VIRGINIA WAY STE 400	
GREENWOOD, SC 29646-4053 FAC.#:864-227-6011	BRENTWOOD, TN 37027-7569	
JENNINGS DEANNA YELDELL PH#: 864-227-6011	DVA HEALTHCARE RENAL CARE INC	
Facility Email: SCL_C@DAVITA.COM	ERD-0026 / 12/31/2020	
Licensed Stations: Hemodialysis: 41 Peritor	neal: 2	

Totals For Facility/License Type: Renal Dialysis

Number of Activities/Facilities licensed: 2 Number Licensed Units: 44

County: Greenwood

Facility	Type:	Tattoo	Facility
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Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
7 SINS TATTOO	Greenwood / Sole Proprietorship	3
204 MONTAGUE AVE STE B	204 MONTAGUE AVE STE B	
GREENWOOD, SC 29649-1937 FAC.#:864-223-3583	GREENWOOD, SC 29649-1937	
JOHNSON II DAVID PH#:	BRANDT KAREN L	
Facility Email: SEVENSINSTATTOO@LIVE.COM	TF-0011 / 07/31/2021	
EMERALD CITY TATTOO LLC	Greenwood / Limited Liability	3
323 N EMERALD RD		
GREENWOOD, SC 29646 FAC.#:864-407-0563		
PH#:	EMERALD CITY TATTOO LLC	
Facility Email: EMERALDCITYTATTOOS@YAHOO.COM	TF-0360 / 07/31/2021	
FORBIDDEN ARTS	Greenwood /	5
1724 BYPASS 72 NE	1724 BYPASS 72 NE STE E	
GREENWOOD, SC 29649 FAC.#:864-538-4653	GREENWOOD, SC 29649	
SMITH J HAYDEN PH#:	BLACK HEART BODY ART LLC	
Facility Email: GREENWOODINK@GMAIL.COM	TF-0304 / 07/31/2021	

Totals For Facility/License Type: Tattoo Facility		
Number of Activities/Facilities licensed:3	Number Licensed Units:11	

Number of Activities/Facilities licensed in county of : Greenwood # Lics: _____41 Number Licensed Units : 1,277

Report Totals

Total Number of Activities/Facilities licensed: 41 Total Number Licensed Units: 1,277