### ADVANCED HOME CARE

<table>
<thead>
<tr>
<th>Name of Facility</th>
<th>License# / Expiration</th>
<th>County / Ownership Type</th>
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<tbody>
<tr>
<td>ADVANCED HOME CARE</td>
<td>HHA-0326 / 06/30/2020</td>
<td>York / Corporation</td>
</tr>
<tr>
<td>2424 INDIA HOOK RD STE 130</td>
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<tr>
<td>ROCK HILL, SC 29732-1278</td>
<td></td>
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<tr>
<td>FACILITY #: 803-285-2026</td>
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<tr>
<td>KALBAUGH MIKE PH#</td>
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<tr>
<td>Facility Email:</td>
<td><a href="mailto:CREDENTIALING@ADVHOMECARE.ORG">CREDENTIALING@ADVHOMECARE.ORG</a></td>
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<td>Fac. Cont. Email:</td>
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<tr>
<td>Name of Facility</td>
<td>License#/Expiration</td>
<td>County/Ownership Type</td>
</tr>
<tr>
<td>----------------------------</td>
<td>-----------------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>AMEDISYS HOME HEALTH OF BEAUFORT</td>
<td>HHA-0189 / 01/31/2020</td>
<td>Beaufort / Ltd. Liability</td>
</tr>
<tr>
<td>AMEDISYS HOME HEALTH OF BLUFFTON</td>
<td>HHA-0203 / 02/29/2020</td>
<td>Beaufort / Ltd. Liability</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location Street, Location City, State</th>
<th>Administrator</th>
<th>License/Expiration</th>
<th>County/Ownership Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>35 PROFESSIONAL VILLAGE CIR, LADYS ISLAND, SC 29907</td>
<td>SNYDER SHAUN</td>
<td>HHA-0189 / 01/31/2020</td>
<td>Beaufort / Ltd. Liability</td>
</tr>
<tr>
<td>59 SHERIDAN PARK CIR STE A, BLUFFTON, SC 29910-6029</td>
<td>BARRY HANK</td>
<td>HHA-0203 / 02/29/2020</td>
<td>Beaufort / Ltd. Liability</td>
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<table>
<thead>
<tr>
<th>Facility Email</th>
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<tbody>
<tr>
<td><a href="mailto:ALEXANDRA.DUPUIS@AMEDISYS.COM">ALEXANDRA.DUPUIS@AMEDISYS.COM</a></td>
<td>No Facility Contact Email on Record</td>
</tr>
<tr>
<td><a href="mailto:ALEXANDRA.DUPUIS@AMEDISYS.COM">ALEXANDRA.DUPUIS@AMEDISYS.COM</a></td>
<td><a href="mailto:2224@AMEDISYS.COM">2224@AMEDISYS.COM</a></td>
</tr>
</tbody>
</table>

**Total Counties Served:** 2

**County/Counties Served:** Jasper, Beaufort

**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 Services:**
- Y

<table>
<thead>
<tr>
<th>Name of Facility</th>
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<th>County/Ownership Type</th>
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<tbody>
<tr>
<td>AMEDISYS HOME HEALTH OF BLUFFTON</td>
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<td>Beaufort / Ltd. Liability</td>
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<td>Beaufort / Ltd. Liability</td>
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<td>HHA-0189 / 01/31/2020</td>
<td>Beaufort / Ltd. Liability</td>
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<td>BARRY HANK</td>
<td>HHA-0203 / 02/29/2020</td>
<td>Beaufort / Ltd. Liability</td>
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<td><a href="mailto:2224@AMEDISYS.COM">2224@AMEDISYS.COM</a></td>
</tr>
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</table>

**Total Counties Served:** 4

**County/Counties Served:** Allendale, Jasper, Beaufort, Hampton

**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 Services:**
- Y
<table>
<thead>
<tr>
<th>Name of Facility</th>
<th>Location Street</th>
<th>Location City, State</th>
<th>Administrator PH#</th>
<th>License#/Expiration</th>
<th>County/Ownership Type</th>
<th>Mailing Address</th>
<th>Licensee</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AMEDISYS HOME HEALTH OF CAMDEN</strong></td>
<td>1110 BROAD ST STE B</td>
<td>CAMDEN, SC 29020-3624</td>
<td>803-713-9774</td>
<td>HHA-0194 / 02/29/2020</td>
<td>Kershaw / Ltd. Liability</td>
<td>1110 BROAD ST STE B</td>
<td>Kershaw / Ltd. Liability</td>
</tr>
<tr>
<td><strong>AMDISYS HOME HEALTH OF SOUTH CAROLINA LLC</strong></td>
<td></td>
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<td></td>
<td></td>
<td>AMDISYS SC LLC</td>
</tr>
<tr>
<td><strong>Facility Email:</strong></td>
<td><a href="mailto:PATRICIA.GOFF@AMEDISYS.COM">PATRICIA.GOFF@AMEDISYS.COM</a></td>
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**Total Counties Served:** 9

**County/Counties Served:** Calhoun, Darlington, Orangeburg, Marlboro, Newberry, Kershaw, Lexington, Richland, Fairfield

**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 Services:**
- Y
- Y
- Y
- Y

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<tr>
<th>Satellite Location</th>
<th>Phone</th>
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<tbody>
<tr>
<td>WEST COLUMBIA OFFICE</td>
<td></td>
</tr>
<tr>
<td>Address: 2611 FOREST DRIVE SUITE 120</td>
<td></td>
</tr>
<tr>
<td>City: COLUMBIA</td>
<td>State:SC</td>
</tr>
<tr>
<td>AMEDISYS HOME HEALTH OF CHARLESTON</td>
<td>HHA-0172 / 09/30/2019</td>
</tr>
<tr>
<td>2675 LAKE PARK DR</td>
<td>Charleston / Limited Liability</td>
</tr>
<tr>
<td>NORTH CHARLESTON, SC 29406-9100 FACILITY #:843-553-1263</td>
<td>2675 LAKE PARK DR</td>
</tr>
<tr>
<td>CRAVEN KAREN L PH#:</td>
<td>NORTH CHARLESTON, SC 29406-9100</td>
</tr>
<tr>
<td>Facility Email:</td>
<td><a href="mailto:KAREN.CRAVEN@AMEDISYS.COM">KAREN.CRAVEN@AMEDISYS.COM</a></td>
</tr>
<tr>
<td>Fac. Cont. Email:</td>
<td>No Facility Contact Email on Record</td>
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</tbody>
</table>

**Total Counties Served:** 3

**County/Counties Served:** Charleston, Dorchester, Berkeley

**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 Services:**
### AMEDISYS HOME HEALTH OF CHARLESTON EAST

- **Address:** 1027 PHYSICIANS DR STE 210
- **Location City, State:** CHARLESTON, SC 29414-5352
- **Facility Email:** ALEXANDRA.DUPUIS@AMEDISYS.COM
- **Fac. Cont. Email:** No Facility Contact Email on Record
- **License #:** HHA-0191 / 01/31/2020
- **County ownership type:** Charleston / Ltd. Liability
- **Administrator:** BARBER MELISSA BLANTON PH#:

### Total Counties Served: 5

<table>
<thead>
<tr>
<th>County/Counties Served</th>
<th>License Restrictions</th>
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</thead>
</table>

### Satellite Locations:

#### Mount Pleasant Office
- **Address:** 950 HOUSTON NORTHCUTT BLVD STE 105
- **City:** MOUNT PLEASANT  
- **State:** SC  
- **Zip Code:** 29464-564
- **Phone:** 843-972-0416

#### Walterboro Office
- **Address:** 305 ROBERTSON BLVD
- **City:** WALTERBORO  
- **State:** SC  
- **Zip Code:** 29488
- **Phone:** 843-542-9020

### AMEDISYS HOME HEALTH OF SOUTH CAROLINA LLC

- **Address:** 1027 PHYSICIANS DR STE 210
- **Location City, State:** CHARLESTON, SC 29414-5352
- **Facility Email:** ALEXANDRA.DUPUIS@AMEDISYS.COM
- **Fac. Cont. Email:** 2204@AMEDISYS.COM
- **License #:** HHA-0186 / 01/31/2020
- **County ownership type:** Laurens / Limited Liability
- **Administrator:** SUMNER WENDY C PH#:

### Total Counties Served: 10

<table>
<thead>
<tr>
<th>County/Counties Served</th>
<th>License Restrictions</th>
</tr>
</thead>
</table>

### Satellite Locations:

#### Greenville Office
- **Address:** 440 ROPER MOUNTAIN RD STE G-1
- **City:** GREENVILLE  
- **State:** SC  
- **Zip Code:** 29615-422
- **Phone:** 864-288-9441
<table>
<thead>
<tr>
<th>Name of Facility</th>
<th>Location Street</th>
<th>Location City, State</th>
<th>License#/Expiration</th>
<th>County/Ownership Type</th>
<th>Mailing Address</th>
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</thead>
<tbody>
<tr>
<td>AMEDISYS HOME HEALTH OF CONWAY</td>
<td>176 WACCAMAW MEDICAL PARK CT</td>
<td>CONWAY, SC 29526-8965</td>
<td>HHA-0195 / 03/31/2020</td>
<td>Horry / Limited Liability</td>
<td>176 WACCAMAW MEDICAL PARK CT</td>
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<tr>
<td>JONES BRITTANY PH#: 843-347-5899</td>
<td>Facility #:866-205-4247</td>
<td>CONWAY, SC 29526-8965</td>
<td>176 WACCAMAW MEDICAL PARK CT</td>
<td></td>
<td>2503 HIGHMARKET ST</td>
</tr>
<tr>
<td>Facility Email: <a href="mailto:ALEXANDRA.DUPUIS@AMEDISYS.COM">ALEXANDRA.DUPUIS@AMEDISYS.COM</a></td>
<td>AMEDISYS HOME HEALTH OF SOUTH CAROLINA LLC</td>
<td>AMEDISYS HOME HEALTH OF SOUTH CAROLINA LLC</td>
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<td></td>
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</tr>
<tr>
<td>Fac. Cont. Email: <a href="mailto:2222@AMEDISYS.COM">2222@AMEDISYS.COM</a></td>
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**Total Counties Served:** 3

**County/Counties Served:** Dillon, Marion, Horry

**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

<table>
<thead>
<tr>
<th>Other Services:</th>
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</table>

<table>
<thead>
<tr>
<th>Name of Facility</th>
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<th>County/Ownership Type</th>
<th>Mailing Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMEDISYS HOME HEALTH OF GEORGETOWN</td>
<td>2503 HIGHMARKET ST</td>
<td>GEORGETOWN, SC 29440-2900</td>
<td>HHA-0192 / 01/31/2020</td>
<td>Georgetown / Limited Liability</td>
<td>2503 HIGHMARKET ST</td>
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<tr>
<td>LANGSTON JENNIFER PH#:</td>
<td>Facility #:843-546-1730</td>
<td>GEORGETOWN, SC 29440-2900</td>
<td></td>
<td></td>
<td>GEORGETOWN HOSPITAL HOME HEALTH LLC</td>
</tr>
<tr>
<td>Facility Email: <a href="mailto:ALEXANDRA.DUPUIS@AMEDISYS.COM">ALEXANDRA.DUPUIS@AMEDISYS.COM</a></td>
<td>GEORGETOWN HOSPITAL HOME HEALTH LLC</td>
<td>AMEDISYS HOME HEALTH OF SOUTH CAROLINA LLC</td>
<td></td>
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<tr>
<td>Fac. Cont. Email: No Facility Contact Email on Record</td>
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**Total Counties Served:** 2

**County/Counties Served:** Georgetown, Williamsburg

**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

<table>
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<tr>
<th>Other Services:</th>
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**AMDISYS HOME HEALTH OF LEXINGTON**  
714 S LAKE DR STE 250  
LEXINGTON, SC  29072-3462   FACILITY #:803-359-2253  
BURLESON ANDREA PH#:  
LEXINGTON, SC  29072-3462  
Facility Email: ALEXANDRA.DUPUIS@AMEDISYS.COM  
Fac. Cont. Email: No Facility Contact Email on Record

**Total Counties Served: 13**

County/Counties Served: Aiken, Calhoun, Lee, Orangeburg, Sumter, McCormick, Newberry, Bamberg, Barnwell, Lexington, Edgefield, Richland, Saluda

License Restrictions:  
Medical Supplies/Appliances/Durable Medical Equipment: N  
Other Services:

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<th>Satellite Location</th>
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<tbody>
<tr>
<td>SUMTER OFFICE</td>
<td>803-720-5244</td>
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<tr>
<td>NEWBERRY OFFICE</td>
<td>803-276-9359</td>
</tr>
<tr>
<td>ORANGEBURG OFFICE</td>
<td>803-534-2022</td>
</tr>
<tr>
<td>AIKEN OFFICE</td>
<td>Phone:</td>
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<table>
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<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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<tbody>
<tr>
<td>3481 DECLARATION BLVD</td>
<td>SUMTER</td>
<td>SC</td>
<td>29154</td>
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<tr>
<td>184 COMMERCE DR</td>
<td>NEWBERRY</td>
<td>SC</td>
<td>29108</td>
</tr>
<tr>
<td>1704 VILLAGE PARK DR</td>
<td>ORANGEBURG</td>
<td>SC</td>
<td>29118</td>
</tr>
<tr>
<td>6240 WOODSIDE EXECUTIVE COURT</td>
<td>AIKEN</td>
<td>SC</td>
<td>29803</td>
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</table>
AMEDISYS HOME HEALTH OF MYRTLE BEACH
1309 PROFESSIONAL DR STE 100
MYRTLE BEACH, SC  29577-5701   FACILITY #:843-916-0931
NEASBITT LEISA VICTORIA PH#: 843-916-0931
Facility Email:   ALEXANDRA.DUPUIS@AMEDISYS.COM
Fac. Cont. Email: No Facility Contact Email on Record

Total Counties Served:  1
County/Counties Served:  Horry

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 Services: 

ANMED HEALTH HOME HEALTH AGENCY
1926 MCCONNELL SPRINGS RD
ANDERSON, SC  29621-2642   FACILITY #:864-512-6410
GETSINGER CHRISTI A PH#: 864-512-6410
Facility Email:   DONNA.RICHARDSON@ANMEDHEALTH.ORG
Fac. Cont. Email: No Facility Contact Email on Record

Total Counties Served:  2
County/Counties Served:  Anderson, Pickens

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 Services: 

<table>
<thead>
<tr>
<th>Name of Facility</th>
<th>License#/Expiration</th>
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<th>Mailing Address</th>
<th>Administrator</th>
<th>License Restrictions</th>
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**BETHEA HOME HEALTH**

157 HOME AVE  
DARLINGTON, SC 29532-7625  
FACILITY #: 843-393-2867  
MCKITTRICK RN PATRICIA M PH#: 843-393-2867  
Facility Email: BSPURLING@SCBMA.COM  
Fac. Cont. Email: BSPURLING@SCBMA.COM

**License# / Expiration:**  
HHA-0143 / 07/31/2019  
Darlington / Non-Profit Corporation

**County / Ownership Type:**  
Darlington / Non-Profit Corporation

**Mailing Address:**  
157 HOME AVE

**License Restrictions:**  
SERVING CAMPUS RESIDENTS ONLY

**Other Services:**

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<th>Service Type</th>
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<td>Occupational Therapy</td>
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<td>Medical Supplies/Appliances</td>
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<td>Durable Medical Equipment</td>
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**BIOSCRIP INFUSION SERVICES**

160 CONGRESS BLVD STE D  
DUNCAN, SC 29334-8890  
FACILITY #: 864-583-8190  
NEAL TONI R PH#: 864-583-8190  
Facility Email: LICENSURE@BIOSCRIP.COM  
Fac. Cont. Email: TNEAL@BIOSCRIP.COM

**License# / Expiration:**  
HHA-0211 / 11/30/2019  
Spartanburg / Corporation

**County / Ownership Type:**  
Spartanburg / Corporation

**Mailing Address:**  
1600 BROADWAY STE 700

**License Restrictions:**

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<td>Physical Therapy</td>
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<tr>
<td>Home Health Aid</td>
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<tr>
<td>Medical Supplies/Appliances</td>
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<tr>
<td>Durable Medical Equipment</td>
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**Other Services:**

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<tbody>
<tr>
<td>SKILLED NURSING</td>
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### BRIGHTSTAR CARE

**Address:** 2012 HWY 160 W STE 4  
**City, State:** FORT MILL, SC 29708-8401  
**Facility #:** 803-578-9900  
**Administrator:** SAPORITO DAVID  
**Contact #:** 803-578-9900  
**Facility Email:** SMITH400@VERIZON.NET  
**Fac. Cont. Email:** No Facility Contact Email on Record

**County/Counties Served:** Lancaster, York  
**License Restrictions:**  
- Physical Therapy: Y  
- Speech Therapy: N  
- Occupational Therapy: N  
- Med. Social Services: N  
- Home Health Aid: Y  
- Medical Supplies/Appliances/Durable Medical Equipment: N  
- Other Services: SKILLED NURSING SERVICES

**County/Counties Served:** 2

### BRIGHTSTAR CARE OF CHARLESTON

**Address:** 4130 FABER PL DR STE 108  
**City, State:** NORTH CHARLESTON, SC 29405-8502  
**Facility #:** 843-300-3008  
**Administrator:** JAMES KRISTIN H  
**Contact #:** 843-300-3008  
**Facility Email:** KRISTIN.JAMES@BRIGHTSTARCARE.COM  
**Fac. Cont. Email:** No Facility Contact Email on Record

**County/Counties Served:** Charleston  
**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 Services: IV-IG INFUSION

**County/Counties Served:** 1
### BRIGHTSTAR CARE-BLUFFTON

- **Name of Facility:** BRIGHTSTAR CARE-BLUFFTON
- **Location Street:** 29 PLANTATION PARK DR STE 105
- **Location City, State:** BLUFFTON, SC 29910-9010
- **Facility #:** FACILITY #:843-837-3773
- **Administrator:** WHITTELSEY SUSAN
- **Ph#:** 843-837-3773
- **License#/Expiration:** HHA-0223 / 12/31/2019
- **County/Ownership Type:** Beaufort / Limited Liability
- **Mailing Address:** 177 MOORING BUOY
- **Facility Email:** SHMITTELSEY@BRIGHTSTARCARE.COM
- **Fac. Cont. Email:** LOWCOUNTRY@BRIGHTSTARCARE.COM

**Total Counties Served:** 2

**County/Counties Served:** Jasper, Beaufort

**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 Services:** INFUSION THERAPY

### BRIGHTSTAR OF SPARTANBURG

- **Name of Facility:** BRIGHTSTAR OF SPARTANBURG
- **Location Street:** 110 W CHURCH ST STE A
- **Location City, State:** GREER, SC 29650-0000
- **Facility #:** FACILITY #:864-599-0452
- **Administrator:** SANDERS FRANK J
- **Ph#:** 864-599-0452
- **License#/Expiration:** HHA-0328 / 06/30/2019
- **County/Ownership Type:** Greenville / Limited Liability
- **Mailing Address:** HILTON HEAD ISLAND, SC 29928-5287
- **Facility Email:** FRANK.SANDERS@BRIGHTSTARCARE.COM
- **Fac. Cont. Email:** SANDERS HEALTHCARE LLC

**Total Counties Served:** 2

**County/Counties Served:** Greenville, Spartanburg

**License Restrictions:**
- Physical Therapy: Y
- Speech Therapy: N
- Occupational Therapy: N
- Med. Social Services: N
- Home Health Aid: Y
- Medical Supplies/Appliances/Durable Medical Equipment: N

**Other Services:** INFUSION THERAPY
<table>
<thead>
<tr>
<th>Name of Facility</th>
<th>License#/Expiration</th>
<th>County/Ownership Type</th>
<th>Mailing Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAROLINAS HOME HEALTH</td>
<td>HHA-0109 / 12/31/2019</td>
<td>Florence / Limited Liability</td>
<td>FLORENCE HOME CARE SERVICES LLC</td>
</tr>
<tr>
<td>1945 W PALMETTO ST STE 405</td>
<td></td>
<td>121 E CEDAR ST</td>
<td></td>
</tr>
<tr>
<td>FLORENCE, SC 29501 FACILITY #:843-629-6811</td>
<td></td>
<td>FLORENCE, SC 29506-2576</td>
<td></td>
</tr>
<tr>
<td>POSTON JOE A PH#: 843-629-6811</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facility Email:</td>
<td><a href="mailto:LRA@LHCGROUP.COM">LRA@LHCGROUP.COM</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fac. Cont. Email:</td>
<td>No Facility Contact Email on Record</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Counties Served: 4

County/Counties Served: Darlington, Dillon, Marlboro, Florence

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 Services: SKILLED NURSING

<table>
<thead>
<tr>
<th>Name of Facility</th>
<th>License#/Expiration</th>
<th>County/Ownership Type</th>
<th>Mailing Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHESTERFIELD VISITING NURSES SERVICE</td>
<td>HHA-0065 / 08/31/2019</td>
<td>Chesterfield / Corporation</td>
<td></td>
</tr>
<tr>
<td>918 CHESTERFIELD HWY</td>
<td></td>
<td>PO BOX 813</td>
<td></td>
</tr>
<tr>
<td>CHERAW, SC 29520-7008 FACILITY #:843-537-3020</td>
<td></td>
<td>CHERAW, SC 29520-0813</td>
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</tr>
<tr>
<td>WILLIAMS ROBIN PH#:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facility Email:</td>
<td><a href="mailto:JJOHNSON@AHCE.NET">JJOHNSON@AHCE.NET</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fac. Cont. Email:</td>
<td>No Facility Contact Email on Record</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Counties Served: 3

County/Counties Served: Darlington, Marlboro, Chesterfield

License Restrictions:
- Physical Therapy: Y
- Speech Therapy: N
- Occupational Therapy: N
- Med. Social Services: N
- Home Health Aid: Y
- Medical Supplies/Appliances/Durable Medical Equipment: N
- Other Services: SKILLED NURSING
### COVENANT PLACE CCRC HOME HEALTH SERVICES

- **Address:** 2825 CARTER RD, SUMTER, SC 29150-1712
- **Facility #:** 803-469-7007
- **Administrator:** WILSEY JENNIFER, PH#: 803-469-7007
- **County/Ownership Type:** Sumter / Non-Profit Corporation
- **License#:** HHA-0209 / 05/31/2019 (Renewal Pending)
- **Facility Email:** RLINDER@COVENANTPLACE.ORG
- **Fac. Cont. Email:** No Facility Contact Email on Record

#### Total Counties Served: 1

**County/Counties Served:** Sumter, Special Note - RESTRICTED TO RESIDENTS OF COVENANT PLACE OF SUMTER CAMPUS ONLY

**License Restrictions:** SERVING CAMPUS RESIDENTS ONLY

- Physical Therapy: N
- Speech Therapy: N
- Occupational Therapy: N
- Med. Social Services: N
- Home Health Aid: N
- Medical Supplies/Appliances/Durable Medical Equipment: N
- Other Services: HOME HEALTH SERVICES

### CYPRESS CLUB HOME HEALTH AGENCY

- **Address:** 20 LADY SLIPPER LN, HILTON HEAD ISLAND, SC 29926-1372
- **Facility #:** 843-689-7017
- **Administrator:** HARRISON ANN E, PH#: 843-689-7017
- **County/Ownership Type:** Beaufort / Corporation
- **License#:** HHA-0146 / 07/31/2019
- **Facility Email:** AHARRISON@THECYPRESS.COM
- **Fac. Cont. Email:** AHARRISON@THECYPRESS.COM

#### Total Counties Served: 1

**County/Counties Served:** Beaufort, Special Note - Restricted to Residents of The Cypress Club Only on 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 Services: NURSING
<table>
<thead>
<tr>
<th>Name of Facility</th>
<th>License#/Expiration</th>
<th>County/Ownership Type</th>
<th>Mailing Address</th>
</tr>
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<tbody>
<tr>
<td>ENCOMPASS HEALTH HOME HEALTH-AIKEN</td>
<td>HHA-0218 / 10/31/2019</td>
<td>Aiken / Limited Liability</td>
<td>6688 N CENTRAL EXPRESSWAY STE 1300</td>
</tr>
<tr>
<td>ENCOMPASS HEALTH HOME HEALTH-BLUFFTON</td>
<td>HHA-0330 / 10/31/2019</td>
<td>Beaufort / Limited Liability</td>
<td>DALLAS, TX 75206</td>
</tr>
<tr>
<td>JONES SYLVIA</td>
<td>PH#: 803-335-0977</td>
<td>Facility Email: LISA <a href="mailto:ARBUCKLE@ENCOMPASSHEALTH.COM">ARBUCKLE@ENCOMPASSHEALTH.COM</a></td>
<td></td>
</tr>
<tr>
<td>Administrator</td>
<td></td>
<td>Fac. Cont. Email: <a href="mailto:LICENSING@EHHI.COM">LICENSING@EHHI.COM</a></td>
<td>CARESOUTH HHA HOLDINGS OF SOUTH CAROLINA LLC</td>
</tr>
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</table>

**Total Counties Served:** 3

**County/Counties Served:** Aiken, Lexington, Richland

**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 Services:**
- Home Health Aid: Y

**Satellite Location:** WEST COLUMBIA

**Address:** 200 CENTER POINT CIRCLE, SUITE 150

**City:** COLUMBIA  **State:** SC  **Zip Code:** 29210

**Phone:** 803-638-4212

<table>
<thead>
<tr>
<th>Name of Facility</th>
<th>License#/Expiration</th>
<th>County/Ownership Type</th>
<th>Mailing Address</th>
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</thead>
<tbody>
<tr>
<td>ENCOMPASS HEALTH HOME HEALTH-BLUFFTON</td>
<td>HHA-0330 / 10/31/2019</td>
<td>Beaufort / Limited Liability</td>
<td>DALLAS, TX 75206</td>
</tr>
<tr>
<td>HINSON MELISSA</td>
<td>PH#:</td>
<td>Facility Email: LISA <a href="mailto:ARBUCKLE@ENCOMPASSHEALTH.COM">ARBUCKLE@ENCOMPASSHEALTH.COM</a></td>
<td></td>
</tr>
<tr>
<td>Administrator</td>
<td>Number:</td>
<td>Fac. Cont. Email:</td>
<td>CARESOUTH HHA HOLDINGS OF SOUTH CAROLINA LLC</td>
</tr>
</tbody>
</table>

**Total Counties Served:** 2

**County/Counties Served:** Jasper, Beaufort

**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 Services:**
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<thead>
<tr>
<th><strong>Name of Facility</strong></th>
<th><strong>Location Street</strong></th>
<th><strong>Location City, State</strong></th>
<th><strong>Administrator</strong></th>
<th><strong>License#/Expiration</strong></th>
<th><strong>County/Ownership Type</strong></th>
<th><strong>Mailing Address</strong></th>
<th><strong>Facility Email</strong></th>
<th><strong>Fac. Cont. Email</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FIRST PRIORITY HOME HEALTH CARE</strong></td>
<td>111 WILDEWOOD PARK DR</td>
<td>COLUMBIA, SC 29223</td>
<td>JACKSON EDWINA PH#</td>
<td>HHA-0354 / 03/31/2020</td>
<td>Richland / Limited Liability</td>
<td>PO BOX 1485</td>
<td>FIRSTPRIORITYHOMEÇARE@GMAIÇ.COM</td>
<td>No Facility Contact Email on Record</td>
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<tr>
<td><strong>Total Counties Served:</strong></td>
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<tr>
<td><strong>County/Counties Served:</strong></td>
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</tr>
<tr>
<td><strong>License Restrictions:</strong></td>
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<td><strong>Speech Therapy:</strong> N</td>
<td><strong>Occupational Therapy:</strong> N</td>
<td><strong>Med. Social Services:</strong> N</td>
<td><strong>Home Health Aid:</strong> N</td>
<td><strong>Medical Supplies/Appliances/Durable Medical Equipment:</strong> N</td>
<td><strong>Other Services:</strong></td>
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| **FLORENCE VISITING NURSES SERVICE** | 2527 CASHUA DR | FLORENCE, SC 29501 | JACKSON-MEEKINS JONATHAN PH#: 843-667-1515 | HHA-0064 / 01/31/2020 | Florence / Corporation | PO BOX 1485 | JJOHNSON@AHCE.NET | JJOHNSON@AHCE.NET |
| **Total Counties Served:** | **4** |
| **County/Counties Served:** | **Dillon, Lee, Marion, Florence** |
| **License Restrictions:** | **Physical Therapy:** Y | **Speech Therapy:** N | **Occupational Therapy:** N | **Med. Social Services:** N | **Home Health Aid:** Y | **Medical Supplies/Appliances/Durable Medical Equipment:** N | **Other Services:** SKILLED NURSING |
### HEALTH RELATED HOME CARE

<table>
<thead>
<tr>
<th>Name of Facility</th>
<th>License#/Expiration</th>
<th>County/Ownership Type</th>
<th>Mailing Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>104 W PICKENS ST</td>
<td>HHA-0116 / 12/31/2019</td>
<td>Abbeville / County</td>
<td>ABBEVILLE COUNTY MEMORIAL HOSPITAL</td>
</tr>
<tr>
<td>ABBEVILLE, SC 29620-2427</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NORRYCE SHARON D PH#: 864-366-9151</td>
<td>104 W PICKENS ST</td>
<td>Abbeville, SC 29620-2427</td>
<td></td>
</tr>
<tr>
<td>Facility Email</td>
<td><a href="mailto:EGOSNELL@HRHC.NET">EGOSNELL@HRHC.NET</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fac. Cont. Email</td>
<td>N/A</td>
<td></td>
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</tbody>
</table>

**Total Counties Served:** 9

**County/Counties Served:** Abbeville, Anderson, Edgefield, Greenville, 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: Y
- Other Services: Y

#### Satellite Location: CLINTON OFFICE
- Address: 500 PLAZA CIR
- Phone: 864-833-1999

#### Satellite Location: GREENWOOD OFFICE
- Address: 520 EPTING AVENUE
- Phone: 864-833-1999

#### Satellite Location: LAURENS OFFICE
- Address: 500 PLAZA CIRCLE
- Phone: 864-833-1999

---

### HEALTHY @ HOME-YORK

<table>
<thead>
<tr>
<th>Name of Facility</th>
<th>License#/Expiration</th>
<th>County/Ownership Type</th>
<th>Mailing Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>226 NORTH PARK DR STE 120</td>
<td>HHA-0327 / 06/30/2020</td>
<td>York / Limited Liability</td>
<td>CAROLINAS MEDICAL CENTER AT HOME LLC</td>
</tr>
<tr>
<td>ROCK HILL, SC 29730</td>
<td></td>
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<td></td>
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<tr>
<td>MCCARTER-FROHNA MARIE PH#: 803-327-8874</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facility Email</td>
<td><a href="mailto:GLENDAB.LBLACKBURN@ATRIUMHEALTH.ORG">GLENDAB.LBLACKBURN@ATRIUMHEALTH.ORG</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fac. Cont. Email</td>
<td>MARIE.MCARTERFROHNA@CAROLINASHEALTHCARE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total Counties Served:** 2

**County/Counties Served:** Lancaster, York

**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 Services: RESPIRATORY THERAPY

---
### Home Care of Hospicecare of the Piedmont

- **Name of Facility:** HOME CARE OF HOSPICE
- **Location:** CUMBERLAND, SC
- **Street:** 408 W ALEXANDER AVE
- **City, State:** GREENWOOD, SC 29646-4031
- **Administrator:** CORLEY RN NANCY
- **License#/Expiration:** HHA-0134 / 09/30/2019
- **County/Ownership Type:** Greenwood / Corporation
- **Mailing Address:** 408 W ALEXANDER AVE
- **Facility Email:** NCORLEY@HOSPICEPIEDMONT.ORG
- **Fac. Cont. Email:** NCORLEY@HOSPICEPIEDMONT.ORG

#### Total Counties Served: 5

- **County/Counties Served:** Abbeville, Laurens, McCormick, Greenwood, 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 Services:** SKILLED NURSING, SPIRITUAL COUNSELING

### Home Care of Lancaster

- **Name of Facility:** HOME CARE OF LANCASTER
- **Location:** LANCASTER, SC
- **Street:** 901 W MEETING ST STE 201
- **City, State:** LANCASTER, SC 29720-6209
- **Administrator:** SNEAD DEBORAH
- **License#/Expiration:** HHA-0050 / 12/31/2019
- **County/Ownership Type:** Lancaster / Limited Liability
- **Mailing Address:** 901 W MEETING ST STE 201
- **Facility Email:** LRA@LHCGROUP.COM
- **Fac. Cont. Email:** No Facility Contact Email on Record

#### Total Counties Served: 1

- **County/Counties Served:** Lancaster

#### 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 Services:** REGISTERED DIETITION
Name of Facility: HOME HEALTH SERVICES OF SELF REGIONAL HEALTHCARE
Location Street: 105 VINECREST CT STE 400
Location City, State: GREENWOOD, SC 29646-8031
Administrator: WRIGHT JEFFERY
License#/Expiration: HHA-0049 / 01/31/2020
County/Ownership Type: Greenwood / Non-Profit Corporation
Mailing Address: 105 VINECREST CT STE 400
Facility Email: JEFFERY.WRIGHT@SELFREGIONAL.ORG
Fac. Cont. Email: JEFFERY.WRIGHT@SELFREGIONAL.ORG

Total Counties Served: 7
County/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 Services: SKILLED NURSING

Name of Facility: HOMECARE OF THE REGIONAL MEDICAL CENTER
Location Street: 1895 SAINT MATTHEWS RD
Location City, State: ORANGEBURG, SC 29118-2403
Administrator: WILLIAMS CHARLES
License#/Expiration: HHA-0122 / 01/31/2020
County/Ownership Type: Orangeburg / County
Mailing Address: PO BOX 2352
Facility Email: CEWILLIAMS@REGMED.COM
Fac. Cont. Email: BDGRUBBS@REGMED.COM

Total Counties Served: 3
County/Counties Served: Calhoun, Orangeburg, Bamberg
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 Services: SKILLED NURSING
<table>
<thead>
<tr>
<th>Name of Facility</th>
<th>License#/Expiration</th>
<th>County/Ownership Type</th>
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<tbody>
<tr>
<td>INTERIM HEALTHCARE</td>
<td>HHA-0208 / 03/31/2020</td>
<td>Charleston / Limited Liability</td>
</tr>
<tr>
<td>INTERIM HEALTHCARE OF THE TRIAD INC</td>
<td>HHA-0169 / 11/30/2019</td>
<td>York / Corporation</td>
</tr>
<tr>
<td>INTERIM HEALTHCARE OF ROCK HILL</td>
<td>HHA-0169 / 11/30/2019</td>
<td>York / Corporation</td>
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<table>
<thead>
<tr>
<th>Location Street</th>
<th>Mailing Address</th>
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</thead>
<tbody>
<tr>
<td>4995 LACROSS RD STE 1300</td>
<td>N CHARLESTON, SC 29418</td>
</tr>
<tr>
<td>154 AMENDMENT AVE STE 106</td>
<td>2526 WARD BLVD</td>
</tr>
<tr>
<td>ROCK HILL, SC 29732-3156</td>
<td>WILSON, NC 27893-1600</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Administrator</th>
<th>Licensee</th>
</tr>
</thead>
<tbody>
<tr>
<td>PITTMAN ASHLEE</td>
<td>LOWCOUNTRY NURSING GROUP LLC</td>
</tr>
<tr>
<td>WEBB MARGARET D</td>
<td>INTERIM HEALTHCARE OF THE TRIAD INC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Facility Email</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="mailto:DABAKER@INTERIMHEALTHCARE.COM">DABAKER@INTERIMHEALTHCARE.COM</a></td>
</tr>
<tr>
<td><a href="mailto:TPIKINGTON@INTERIMHEALTHCARE.COM">TPIKINGTON@INTERIMHEALTHCARE.COM</a></td>
</tr>
<tr>
<td><a href="mailto:TERRIPILKINGTON@INTERIM-MGI.COM">TERRIPILKINGTON@INTERIM-MGI.COM</a></td>
</tr>
</tbody>
</table>

**Total Counties Served:**

- **INTERIM HEALTHCARE:** 4 Counties
  - Berkeley, Charleston, Dorchester, Beaufort
  - 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 Services: BEAUFORT IS RESTRICTED TO PEDIATRIC HOME HEALTH 0-18 YOA ONLY

- **INTERIM HEALTHCARE OF ROCK HILL:** 1 County
  - York
  - 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 Services:
<table>
<thead>
<tr>
<th>Name of Facility</th>
<th>Location Street</th>
<th>Location City, State</th>
<th>Administrator</th>
<th>License#/Expiration</th>
<th>County/Ownership Type</th>
<th>Mailing Address</th>
<th>Licensee</th>
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</thead>
<tbody>
<tr>
<td>INTERIM HEALTHCARE OF THE UPSTATE</td>
<td>16 HYLAND RD</td>
<td>GREENVILLE, SC 29615-5756 FACILITY #864-627-1200</td>
<td>GRAY JACQUELINE PH#: 864-627-1200</td>
<td>HHA-0332 / 01/31/2020</td>
<td>Greenville / Limited Liability</td>
<td>Greenville, SC 29615-5756</td>
<td>INVESTSOUTH IHC LLC</td>
</tr>
<tr>
<td>Facility Email:</td>
<td><a href="mailto:JOE.NYGARD@INTERIMCARES.COM">JOE.NYGARD@INTERIMCARES.COM</a></td>
<td>Fac. Cont. Email: No Facility Contact Email on Record</td>
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<td></td>
</tr>
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**Total Counties Served:** 8

**County/Counties Served:** Greenville, Laurens, Oconee, Union, Anderson, Pickens, Spartanburg, Cherokee

**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: Y
- Other Services:

<table>
<thead>
<tr>
<th>Name of Facility</th>
<th>Location Street</th>
<th>Location City, State</th>
<th>Administrator</th>
<th>License#/Expiration</th>
<th>County/Ownership Type</th>
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<tbody>
<tr>
<td>INTREPID USA HEALTHCARE SERVICES</td>
<td>2694 LAKE PARK DR 1ST FLOOR</td>
<td>NORTH CHARLESTON, SC 29406-9826 FACILITY #:843-569-3516</td>
<td>MCLAUGHLIN JEFFERY'S PH#:</td>
<td>HHA-0180 / 06/30/2020</td>
<td>Charleston / Corporation</td>
<td>4055 VALLEY VIEW LN STE 500</td>
<td>FC OF SOUTH CAROLINA INC</td>
</tr>
<tr>
<td>Facility Email:</td>
<td><a href="mailto:KYLE.CHANDLER@INTREPIDUSA.COM">KYLE.CHANDLER@INTREPIDUSA.COM</a></td>
<td>Fac. Cont. Email: No Facility Contact Email on Record</td>
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</tbody>
</table>

**Total Counties Served:** 6

**County/Counties Served:** Allendale, Charleston, Dorchester, Berkeley, Georgetown, Colleton

**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 Services:

**Satellite Location:** WALTERBORO OFFICE
| Address: 302 MEDICAL PARK DRIVE SUITE 215 |
| City: WALTERBORO | State: SC | Zip Code: 29488 |

<table>
<thead>
<tr>
<th>License#/Expiration</th>
<th>County/Ownership Type</th>
<th>Mailing Address</th>
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<tbody>
<tr>
<td>HHA-0332 / 01/31/2020</td>
<td>Greenville / Limited Liability</td>
<td>Greenville, SC 29615-5756</td>
<td>INVESTSOUTH IHC LLC</td>
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<tr>
<td>HHA-0180 / 06/30/2020</td>
<td>Charleston / Corporation</td>
<td>4055 VALLEY VIEW LN STE 500</td>
<td>FC OF SOUTH CAROLINA INC</td>
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<td>Name of Facility</td>
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</tr>
<tr>
<td>ISLAND HEALTH CARE</td>
<td>HHA-0111 / 02/29/2020</td>
<td>Jasper / Corporation</td>
<td>PO BOX 8011</td>
</tr>
<tr>
<td>300 NEW RIVER PKWY, STE 7</td>
<td></td>
<td></td>
<td>SAVANNAH, GA 31412-8011</td>
</tr>
<tr>
<td>HARDEEVILLE, SC 29927-4450</td>
<td>HHA-0321 / 07/31/2019</td>
<td>Kershaw / County</td>
<td>PO BOX 8011</td>
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<tr>
<td>BOLCH ELLEN B PH#: 843-208-3660</td>
<td></td>
<td></td>
<td>SAVANNAH, GA 31412-8011</td>
</tr>
<tr>
<td>Facility Email:</td>
<td><a href="mailto:EBOLCH@THAGROUP.ORG">EBOLCH@THAGROUP.ORG</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fac. Cont. Email:</td>
<td><a href="mailto:EBOLCH@THAGROUP.ORG">EBOLCH@THAGROUP.ORG</a></td>
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</tbody>
</table>

**Total Counties Served:** 2

**County/Counties Served:** Jasper, Beaufort

**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 Services: Y

**Satellite Location:** BEAUFORT OFFICE

- **Address:** 1211 NEW CASTLE ST
- **City:** BEAUFORT
- **State:** SC
- **Zip Code:** 29902

- **Phone:**

- **KERSHAWHEALTH HOME HEALTH**
  - **1165 HWY 1 S STE 400**
  - **LUGOFF, SC 29078-0340 FACILITY #:803-425-1182**
  - **FRY TERESA PH#: 803-425-1182**
  - **Facility Email:** TREY.BRAZELL@KERSHAWHEALTH.ORG
  - **Fac. Cont. Email:** TFRY@KERSHAWHEALTH.ORG

**Total Counties Served:** 1

**County/Counties Served:** Kershaw

**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 Services: Y
### Home Health Agencies

**SCDHEC**

**Home Health Agencies**

**DHEC Regulation 61-77**

<table>
<thead>
<tr>
<th>Name of Facility</th>
<th>License#/Expiration</th>
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<tbody>
<tr>
<td>KINDRED AT HOME</td>
<td>HHA-0154 / 11/30/2019</td>
<td>Richland / Limited Liability</td>
<td>12900 FOSTER ST STE 400</td>
</tr>
<tr>
<td>KINDRED AT HOME-ANDERSON</td>
<td>HHA-0001 / 12/31/2019</td>
<td>Anderson / Limited Liability</td>
<td>OVERLAND PARK, KS 66213-2696</td>
</tr>
</tbody>
</table>

**Total Counties Served:** 4

- Calhoun, Orangeburg, Lexington, Richland

**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 Services:**
- Physical Therapy: Y
- Speech Therapy: Y
- Occupational Therapy: Y
- Med. Social Services: Y
- Home Health Aid: Y

### Kindred at Home-Anderson

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Facility Email</th>
<th>Facility Contact Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000 CENTER POINT RD STE 2300</td>
<td><a href="mailto:JANET.COMBS@GENTIVA.COM">JANET.COMBS@GENTIVA.COM</a></td>
<td>No Facility Contact Email on Record</td>
</tr>
<tr>
<td>2000 CENTER POINT RD STE 2300</td>
<td><a href="mailto:JANET.COMBS@GENTIVA.COM">JANET.COMBS@GENTIVA.COM</a></td>
<td>No Facility Contact Email on Record</td>
</tr>
<tr>
<td>2000 CENTER POINT RD STE 2300</td>
<td><a href="mailto:JANET.COMBS@GENTIVA.COM">JANET.COMBS@GENTIVA.COM</a></td>
<td>No Facility Contact Email on Record</td>
</tr>
</tbody>
</table>

**Total Counties Served:** 11

- Abbeville, Anderson, Cherokee, Greenville, Greenwood, Laurens, Oconee, Union, McCormick, Pickens, Spartanburg

**License Restrictions:**
- Physical Therapy: Y
- Speech Therapy: Y
- Occupational Therapy: Y
- Med. Social Services: Y
- Home Health Aid: Y

**Other Services:**
- Physical Therapy: Y
- Speech Therapy: Y
- Occupational Therapy: Y
- Med. Social Services: Y
- Home Health Aid: Y

### Satellite Location: Pickens Office

- Phone: 864-898-5839
- Address: 200 MCDANIEL AVENUE
  - City: PICKENS
  - State: SC
  - Zip Code: 29671

### Satellite Location: Spartanburg Office

- Phone: 864-596-3320
- Address: 151 EAST WOOD STREET
  - City: SPARTANBURG
  - State: SC
  - Zip Code: 29303

### Satellite Location: Clinton Office

- Phone: 864-898-5839
- Address: 93 HUMAN SERVICE RD
  - City: CLINTON
  - State: SC
  - Zip Code: 29325
KINDRED AT HOME-CHARLESTON
4975 LACROSS RD STE 354
CHARLESTON, SC 29406-6525  FACILITY #: 843-744-1191
HENNING ALISON PH#: 843-744-1191
Facility Email: ALISON.HENNING@GENTIVA.COM
Fac. Cont. Email: JANET.COMBS@GENTIVA.COM

Total Counties Served: 3
County/Counties Served: Charleston, Dorchester, Berkeley
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

KINDRED AT HOME-COASTAL
1240 21ST AVE N STE 200
MYRTLE BEACH, SC 29577-7401  FACILITY #: 843-448-7060
MILLER AMANDA J PH#: 843-448-7060
Facility Email: JANET.COMBS@GENTIVA.COM
Fac. Cont. Email: No Facility Contact Email on Record

Total Counties Served: 3
County/Counties Served: Horry, Georgetown, Williamsburg
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 Services:
- Y
- Y
- Y
- Y
- N
<table>
<thead>
<tr>
<th>Name of Facility</th>
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<tbody>
<tr>
<td>KINDRED AT HOME-GREENVILLE</td>
<td>HHA-0158 / 01/31/2020</td>
<td>Greenville / Limited Liability</td>
</tr>
<tr>
<td>KINDRED AT HOME-LOW COUNTRY</td>
<td>HHA-0011 / 12/31/2019</td>
<td>Colleton / Limited Liability</td>
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### KINDRED AT HOME-GREENVILLE
- **Location Street**: 15 BRENDAN WAY STE 250
- **City, State**: GREENVILLE, SC 29615-3562
- **Facility #:**: 864-297-5711
- **Phone**: 12900 FOSTER ST STE 400
- **Facility Email**: JANET.COMBS@GENTIVA.COM
- **County/Counties Served**: Anderson, Cherokee, Greenville, Laurens, Oconee, Union, Pickens, Spartanburg

### KINDRED AT HOME-LOW COUNTRY
- **Location Street**: 415 ROBERTSON BLVD STE E
- **City, State**: WALTERBORO, SC 29488-5713
- **Facility #:**: 843-542-9540
- **Phone**: 12900 FOSTER ST STE 400
- **Facility Email**: JANET.COMBS@GENTIVA.COM
- **County/Counties Served**: Allendale, Charleston, Dorchester, Bamberg, Jasper, Beaufort, Berkeley, Hampton, Colleton

---

**Total Counties Served:**
- **KINDRED AT HOME-GREENVILLE**: 8
- **KINDRED AT HOME-LOW COUNTRY**: 9
<table>
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<th>Name of Facility</th>
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<tbody>
<tr>
<td>KINDRED AT HOME-MIDLANDS</td>
<td>HHA-0040 / 12/31/2019</td>
<td>Newberry / Limited Liability</td>
<td>12900 FOSTER ST STE 400</td>
<td>CAPITAL CARE RESOURCES OF SOUTH CAROLINA LLC</td>
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<td>Total Counties Served: 11</td>
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<td></td>
<td></td>
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<tr>
<td>County/Counties Served: Aiken, Edgefield, Newberry, Barnwell, Lancaster, Lexington, Richland, Fairfield, York, Saluda, Chester</td>
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<td></td>
<td></td>
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<tr>
<td>License Restrictions:</td>
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<tr>
<td>Medical Supplies/Appliances/Durable Medical Equipment: N</td>
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<td>Other Services: REGISTERED NURSE</td>
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<tbody>
<tr>
<td>BARNWELL OFFICE</td>
<td>803-541-1190</td>
</tr>
<tr>
<td>Address: 11015 ELLENTON STREET</td>
<td></td>
</tr>
<tr>
<td>City: BARNWELL</td>
<td>State:SC</td>
</tr>
<tr>
<td>LANCASTER OFFICE</td>
<td></td>
</tr>
<tr>
<td>Address: 1822 PAGELAND HIGHWAY</td>
<td></td>
</tr>
<tr>
<td>City: LANCASTER</td>
<td>State:SC</td>
</tr>
<tr>
<td>FORT MILL OFFICE</td>
<td></td>
</tr>
<tr>
<td>Address: 1061 RED VENTURES DR STE 165</td>
<td></td>
</tr>
<tr>
<td>City: FORT MILL</td>
<td>State:SC</td>
</tr>
<tr>
<td>Phone: 803-547-7612</td>
<td></td>
</tr>
</tbody>
</table>
### KINDRED AT HOME-PEE DEE

- **Name of Facility**: KINDRED AT HOME-PEE DEE
- **Location Street**: 702 PAMPLICO HWY STE B
- **Location City, State**: FLORENCE, SC 29505-6199
- **Facility #**: FACILITY #843-317-9686
- **Administrator**: ODOM EDITH
- **Phone**: PH#: 864-488-0898

#### License Information:
- **License#:** HHA-0009 / 12/31/2019
- **County/Ownership Type**: Florence / Limited Liability
- **Mailing Address**: 12900 FOSTER ST STE 400
- **Facility Email**: JANET.COMBS@GENTIVA.COM

#### Total Counties Served: 13
- **County/Counties Served**: Darlington, Dillon, Lee, Marion, Marlboro, Kershaw, Horry, Florence, Georgetown, Williamsburg, Sumter, Chesterfield, Clarendon

### 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 Services**: REGISTERED NURSE

### KINDRED AT HOME-UPSTATE

- **Name of Facility**: KINDRED AT HOME-UPSTATE
- **Location Street**: 206 CHESNEE HWY STE G & H
- **Location City, State**: GAFFNEY, SC 29341-2709
- **Facility #**: FACILITY #864-488-0898
- **Administrator**: RANDOLPH TERESA
- **Phone**: PH#: 864-488-0898

#### License Information:
- **License#:** HHA-0178 / 11/30/2019
- **County/Ownership Type**: Cherokee / Limited Liability
- **Mailing Address**: LICENSING & CERTIFICATION DEPT., 12900 FOSTER ST STE 40
- **Facility Email**: JANET.COMBS@GENTIVA.COM

#### Total Counties Served: 4
- **County/Counties Served**: Cherokee, Union, York, Chester

### 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 Services**: N/A
LAUREL CREST HOME HEALTH

100 JOSEPH WALKER DR
WEST COLUMBIA, SC 29169-6939 FACILITY #: 803-796-0370
DEEL JAMES F PH#: 803-796-0370
Facility Email: JIM.DEEL@LAURELCREST.ORG
Fac. Cont. Email: JIM.DEEL@LAURELCREST.ORG

Total Counties Served: 0

County/Counties Served: Lexington
License Restrictions: RESTRICTED TO RESIDENTS OF LAUREL CREST CAMPUS ONLY

LIBERTY HOME CARE-MYRTLE BEACH

1293 PROFESSIONAL DR STE C
MYRTLE BEACH, SC 29577-5754 FACILITY #: 843-839-2273
HARRIS KAREN PH#: 843-839-2273
Facility Email: TZIZZAMIA@LIBERTYHOMEicare.COM
Fac. Cont. Email: No Facility Contact Email on Record

Total Counties Served: 2

County/Counties Served: Horry, Georgetown
License Restrictions:
Other Services:
<table>
<thead>
<tr>
<th>Name of Facility</th>
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<tbody>
<tr>
<td>MLLEOD HOME HEALTH</td>
<td>HHA-0085 / 05/31/2020</td>
<td>Florence / Non-Profit Corporation</td>
<td>300 S DARGAN ST</td>
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<tr>
<td>FLORENCE, SC 29506-2537</td>
<td>FACILITY #843-777-3050</td>
<td>300 S DARGAN ST</td>
<td>FLORENCE, SC 29506-2537</td>
</tr>
<tr>
<td>MELTON DENISE J PH#: 803-435-4494</td>
<td></td>
<td>MCLEOD REGIONAL MEDICAL CENTER OF THE PEE DEE INC</td>
<td></td>
</tr>
<tr>
<td>Facility Email: <a href="mailto:DMELETON@MCLEODHEALTH.ORG">DMELETON@MCLEODHEALTH.ORG</a></td>
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**Total Counties Served: 10**

County/Counties Served: Darlington, Dillon, Lee, Marion, Marlboro, Horry, Florence, Sumter, Chesterfield, Clarendon

License Restrictions:
- Physical Therapy: Y
- Speech Therapy: Y
- Occupational Therapy: N
- Med. Social Services: Y
- Home Health Aid: Y
- Medical Supplies/Appliances/Durable Medical Equipment: N
- Other Services: Y

| Satellite Location: MCLEOD HOME HEALTH - CHERAW | Phone: 843-320-5510 |
| City: CHERAW | State:SC |
| Address: 711 CHESTERFIELD HIGHWAY |
| Zip Code: 29520 |

| Satellite Location: MCLEOD HOME HEALTH - Horry | Phone: 843-716-7337 |
| City: LORIS | State:SC |
| Address: 3655 MITCHELL STREET |
| Zip Code: 29569 |

| Satellite Location: MCLEOD HOME HEALTH - CLARENDON | Phone: 803-435-4494 |
| City: MANNING | State:SC |
| Address: 619 SOUTH MANNING STREET |
| Zip Code: 29102 |

**MEDICAL SERVICES OF AMERICA - COASTAL**

<table>
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<tbody>
<tr>
<td>HHA-0039 / 02/29/2020</td>
<td>Horry / Corporation</td>
<td>4685 HWY 17 BYP S</td>
</tr>
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<td>4685 HWY 17 BYP S</td>
<td>MYRTLE BEACH, SC 29577-6681</td>
<td></td>
</tr>
<tr>
<td>FACILITY #:843-293-4614</td>
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<tr>
<td>MOORE TONYA PH#:</td>
<td>INCARE HOME HEALTH INC</td>
<td></td>
</tr>
<tr>
<td>Facility Email: <a href="mailto:LICENSING@MSA-CORP.COM">LICENSING@MSA-CORP.COM</a></td>
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<tr>
<td>Fac. Cont. Email: No Facility Contact Email on Record</td>
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</table>

**Total Counties Served: 11**

County/Counties Served: Charleston, Darlington, Dillon, Marion, Marlboro, Berkeley, Horry, Florence, Georgetown, Williamsburg, Chesterfield

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: Y
- Other Services: DIETARY

| Satellite Location: GEORGETOWN OFFICE | Phone: |
| Address: 107 QUEEN ST |
| UNIT A |
| City: GEORGETOWN | State:SC |
| Zip Code: 29440-36: |
# Home Health Agencies

**SCDHEC**

**Home Health Agencies**

**DHEC Regulation 61-77**

<table>
<thead>
<tr>
<th>Name of Facility</th>
<th>License#/Expiration</th>
<th>County/Ownership Type</th>
<th>Mailing Address</th>
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<tbody>
<tr>
<td>MEDICAL SERVICES OF AMERICA HOME HEALTH</td>
<td>HHA-0026 / 12/31/2019</td>
<td>Lexington / Corporation</td>
<td>PO BOX 609</td>
</tr>
<tr>
<td>2 PALMETTO WOOD PKWY STE 201</td>
<td></td>
<td></td>
<td>LEXINGTON, SC 29071</td>
</tr>
<tr>
<td>IRMO, SC 29063-2881 FACILITY #:803-561-7680</td>
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</tr>
<tr>
<td>THORPE MELISSA PH#:</td>
<td></td>
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<tr>
<td>Facility Email:</td>
<td><a href="mailto:LICENSING@MSA-CORP.COM">LICENSING@MSA-CORP.COM</a></td>
<td>TRI-COUNTY HOME HEALTH CARE &amp; SERVICES INC</td>
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<tr>
<td>Fac. Cont. Email:</td>
<td>No Facility Contact Email on Record</td>
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## Total Counties Served: 35

County/Counties Served: Abbeville, Aiken, Allendale, Anderson, Calhoun, Cherokee, Dorchester, Edgefield, Greenville, Greenwood, Laurens, Lee, Oconee, Orangeburg, Union, McCormick, Newberry, Bamberg, Barnwell, Jasper, Kershaw, Lancaster, Lexington, Beaufort, Hampton, Pickens, Richland, Fairfield, York, Saluda, Spartanburg, Sumter, Chester, Clarendon, Colleton

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 Services: 

<table>
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<tbody>
<tr>
<td>Aiken Office</td>
<td>803-641-1127</td>
</tr>
<tr>
<td>Address: 2130 WOODSIDE EXECUTIVE COURT</td>
<td></td>
</tr>
<tr>
<td>City: Aiken</td>
<td>State:SC Zip Code:29803</td>
</tr>
<tr>
<td>Union Office</td>
<td>864-427-8322</td>
</tr>
<tr>
<td>Address: 101 SOUTH BOYCE ST STE B</td>
<td></td>
</tr>
<tr>
<td>City: Union</td>
<td>State:SC Zip Code:29379</td>
</tr>
<tr>
<td>Aiken Office</td>
<td>Phone:</td>
</tr>
<tr>
<td>Address: 186 FABIAN DIVE</td>
<td></td>
</tr>
<tr>
<td>Name of Facility</td>
<td>License#/Expiration</td>
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<tr>
<td>--------------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>METHODIST MANOR HOME HEALTH</td>
<td>HHA-0207 / 02/29/2020</td>
</tr>
<tr>
<td>2100 TWIN CHURCH RD</td>
<td>Florence / Non-Profit Corporation</td>
</tr>
<tr>
<td>FLORENCE, SC 29501-8200</td>
<td>2100 TWIN CHURCH RD</td>
</tr>
<tr>
<td>FACILITY #:843-664-0700</td>
<td>FLORENCE, SC 29501-8200</td>
</tr>
<tr>
<td>TABOR TERESSA L PH#: 843-664-0700</td>
<td>UNITED METHODIST MANOR OF THE PEE DEE</td>
</tr>
<tr>
<td>Facility Email:</td>
<td><a href="mailto:TTABOR@THEMANORSENIORLIVING.COM">TTABOR@THEMANORSENIORLIVING.COM</a></td>
</tr>
<tr>
<td>Fac. Cont. Email:</td>
<td><a href="mailto:TTABOR@THEMANORSENIORLIVING.COM">TTABOR@THEMANORSENIORLIVING.COM</a></td>
</tr>
</tbody>
</table>

**Satellite Location:**
- **SUMTER OFFICE**
  - Address: 2560 TAHOE DRIVE
  - City: SUMTER
  - State: SC
  - Zip Code: 29150

- **BATESBURG OFFICE**
  - Address: 120 W CHURCH ST STE D
  - City: BATESBURG
  - State: SC
  - Zip Code: 29006

**Total Counties Served:** 1

**County/Counties Served:** Florence

**License Restrictions:** RESTRICTED TO CCRC RESIDENTS OF THE METHODIST MANOR RETIREMENT COMMUNITY

- 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 Services:
<table>
<thead>
<tr>
<th>Name of Facility</th>
<th>License#/Expiration</th>
<th>County/Ownership Type</th>
<th>Mailing Address</th>
</tr>
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<tbody>
<tr>
<td>MUSC HEALTH AT HOME BY BAYADA - CONWAY</td>
<td>HHA-0329 / 01/31/2020</td>
<td>Horry / Limited Liability</td>
<td>1300 S CAROLINA HWY 544 STE F-107, CONWAY, SC 29526 FACILITY #:843-492-6602, BLASZCYZK BRYAN PH#: 843-492-6602, Facility Email: <a href="mailto:BBLASZCYZK@BAYADA.COM">BBLASZCYZK@BAYADA.COM</a>, Fac. Cont. Email: No Facility Contact Email on Record</td>
</tr>
<tr>
<td>MUSC HEALTH AT HOME BY BAYADA-CHARLESTON</td>
<td>HHA-0324 / 12/31/2019</td>
<td>Charleston / Limited Liability</td>
<td>1671 BELLE ISLE DR STE 115-B, MOUNT PLEASANT, SC 29464 FACILITY #:843-576-5378, KUKULKA DIANE PH#: 176 CROGHAN SPUR RD STE 102, CHARLESTON, SC 29407, Facility Email: <a href="mailto:DKUKULKA@BAYADA.COM">DKUKULKA@BAYADA.COM</a>, Fac. Cont. Email: No Facility Contact Email on Record</td>
</tr>
</tbody>
</table>

**Total Counties Served:** 2

**County/Counties Served:** Georgetown, Horry

**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 Services: SKILLED NURSING SERVICES

**Total Counties Served:** 3

**County/Counties Served:** Berkeley, Charleston, Dorchester

**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 Services:
### Neighbors Care Home Health Agency

**Name of Facility:**

- **NEIGHBORS CARE HOME HEALTH AGENCY AN AMEDISYS COMPANY**

**Location:**

- **1645 J A COCHRAN BYP STE I**
- **CHESTER, SC 29706-3101**

**Administrator:**

- **GATLIFF LISA PH#: 803-581-6775**

**Facility Email:**

- **ALEXANDRA.DUPUIS@AMEDISYS.COM**

**Total Counties Served:**

- **4**

**County/Counties Served:**

- Cherokee, Lancaster, York, Chester

**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 Services:**

- DIETARY CONSULTATION

---

### NHC HomeCare-Aiken

**Name of Facility:**

- **NHC HOME CARE-AIKEN**

**Location:**

- **74 PHYSICIAN DR**
- **AIKEN, SC 29803**

**Administrator:**

- **GRIFFIS SARAH PH#: 803-643-1701**

**Facility Email:**

- **LSMITH@NHCCARE.COM**

**Total Counties Served:**

- **5**

**County/Counties Served:**

- Aiken, Allendale, Edgefield, Orangeburg, Barnwell

**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 Services:**

- DIETARY CONSULTATION
<table>
<thead>
<tr>
<th>Name of Facility</th>
<th>Location Street</th>
<th>Location City, State</th>
<th>Administrator</th>
<th>License#/Expiration</th>
<th>County/Ownership Type</th>
<th>Mailing Address</th>
<th>Licensee</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHC HOME CARE-BEAUFORT</td>
<td>22 PLANTATION PARK DR STE 105B</td>
<td>BLUFFTON, SC 29910</td>
<td>FORTSON CHASITY PH#</td>
<td>HHA-0216 / 09/30/2019</td>
<td>Beaufort / Limited Liability</td>
<td>PO BOX 1199</td>
<td>NHC HOME CARE-SOUTH CAROLINA LLC</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NHC HOME CARE-GREENWOOD</td>
<td>452 E CAMBRIDGE AVE</td>
<td>GREENWOOD, SC 29646</td>
<td>JOHNSON MATTHEW PH#</td>
<td>HHA-0182 / 06/30/2020</td>
<td>Greenwood / Limited Liability Limited Partnership</td>
<td>PO BOX 1708</td>
<td>NHC/OP LP</td>
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</table>

Total Counties Served: 4
County/Counties Served: Colleton, Jasper, Beaufort, Hampton
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 Services: DIETARY CONSULTATION

Total Counties Served: 5
County/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 Services: DIETARY CONSULTATION
### NHC HOMECARE- LAURENS

<table>
<thead>
<tr>
<th>Name of Facility</th>
<th>Location Street</th>
<th>Location City, State</th>
<th>Administrator</th>
<th>License#/Expiration</th>
<th>County/Ownership Type</th>
<th>Mailing Address</th>
<th>Licensee</th>
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</thead>
<tbody>
<tr>
<td>NHC HOMECARE- LAURENS</td>
<td>700 PLAZA CIR STE O</td>
<td>CLINTON, SC 29325-7556</td>
<td>HOPKINS GREG PH#: 803-481-3131</td>
<td>HHA-0183 / 06/30/2020</td>
<td>Laurens / Limited Liability Limited Partnership</td>
<td>PO BOX 309</td>
<td>NHC/OP LP</td>
</tr>
<tr>
<td>Facility Email:</td>
<td><a href="mailto:LSMITH@NHCCARE.COM">LSMITH@NHCCARE.COM</a></td>
<td>Facility Cont. Email:</td>
<td>Fac. Cont. Email:</td>
<td>No Facility Contact Email on Record</td>
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</table>

**Total Counties Served:** 6

**County/Counties Served:** Anderson, Greenville, Laurens, Oconee, Pickens, Spartanburg

**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 Services: DIETARY CONSULTATION

<table>
<thead>
<tr>
<th>Satellite Location:</th>
<th>Address:</th>
<th>Phone:</th>
</tr>
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<tbody>
<tr>
<td>GREENVILLE OFFICE</td>
<td>111 SMITH HINES ROAD, SUITE L</td>
<td>864-289-9982</td>
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<table>
<thead>
<tr>
<th>NHC HOMECARE-LOW COUNTRY</th>
<th>Location Street</th>
<th>Location City, State</th>
<th>Administrator</th>
<th>License#/Expiration</th>
<th>County/Ownership Type</th>
<th>Mailing Address</th>
<th>Licensee</th>
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<tbody>
<tr>
<td>2070 NORTHBROOK BLVD STE B1</td>
<td>NORTH CHARLESTON, SC 29406</td>
<td>POTTS SALLY PH#:</td>
<td><a href="mailto:LSMITH@NHCCARE.COM">LSMITH@NHCCARE.COM</a></td>
<td>NHC HOMEFCARE-SOUTH CAROLINA LLC</td>
<td>NHC HOMEFCARE-SOUTH CAROLINA LLC</td>
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</table>

**Total Counties Served:** 6

**County/Counties Served:** Charleston, Dorchester, Bamberg, Berkeley, Williamsburg, Clarendon

**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 Services: DIETARY CONSULTATION
<table>
<thead>
<tr>
<th>Name of Facility</th>
<th>License#/Expiration</th>
<th>County/Ownership Type</th>
<th>Mailing Address</th>
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<tbody>
<tr>
<td>NHC HOMECARE-MIDLANDS</td>
<td>HHA-0151 / 04/30/2020</td>
<td>Lexington / Limited Liability</td>
<td>PO BOX 3876</td>
</tr>
<tr>
<td>3229 SUNSET BLVD STE N</td>
<td></td>
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<td>WEST COLUMBIA, SC 29169-3202</td>
</tr>
<tr>
<td>WEST COLUMBIA, SC 29169-3202</td>
<td>FACILITY #:803-939-0266</td>
<td></td>
<td>MARCOS TOM PH#: 803-939-0266</td>
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<tr>
<td>MARCOS TOM PH#: 803-939-0266</td>
<td></td>
<td></td>
<td>WEST COLUMBIA, SC 29171-3876</td>
</tr>
<tr>
<td>Facility Email: <a href="mailto:LSMITH@NHCCARE.COM">LSMITH@NHCCARE.COM</a></td>
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</tr>
<tr>
<td>Fac. Cont. Email: <a href="mailto:NHC@NHCHOMECAREMIDLANDS.COM">NHC@NHCHOMECAREMIDLANDS.COM</a></td>
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**Total Counties Served:** 6

County/Counties Served: Calhoun, Kershaw, Lexington, Richland, Fairfield, Sumter

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 Services: DIETARY CONSULTATION

<table>
<thead>
<tr>
<th>Name of Facility</th>
<th>License#/Expiration</th>
<th>County/Ownership Type</th>
<th>Mailing Address</th>
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</thead>
<tbody>
<tr>
<td>NHC HOMECARE-MURRELLS INLET</td>
<td>HHA-0215 / 09/30/2019</td>
<td>Horry / Limited Liability</td>
<td>MURRELLS INLET, SC 29576-9301</td>
</tr>
<tr>
<td>780 HWY 17 S STE D</td>
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<td></td>
<td>SURFSIDE BEACH, SC 29575</td>
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<tr>
<td>SURFSIDE BEACH, SC 29575</td>
<td>FACILITY #:843-945-9850</td>
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<td>SIMMONS JULIE C PH#: 803-641-9955</td>
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<tr>
<td>SIMMONS JULIE C PH#: 803-641-9955</td>
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<td></td>
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<tr>
<td>Facility Email: <a href="mailto:LSMITH@NHCCARE.COM">LSMITH@NHCCARE.COM</a></td>
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<tr>
<td>Fac. Cont. Email: No Facility Contact Email on Record</td>
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**Total Counties Served:** 4

County/Counties Served: Dillon, Georgetown, Marion, Horry

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 Services: DIETARY CONSULTATION
### NHC HOMECARE-PIEDMONT

**Location:** 1674 CRANIUM DR STE 101
**City:** ROCK HILL, SC  29732-3506
**Administrator:** WILLIAMSON BONNIE
**Phone:** 803-643-0001
**FACILITY #:** 803-325-1455

**County/Ownership Type:** York / Limited Liability
**Mailing Address:** PO BOX 2525
**License #:** HHA-0099 / 04/30/2020

**Fac. Email:** LSMITH@NHCCARE.COM

**Total Counties Served:** 4

**County/Counties Served:** Union, Lancaster, York, Chester

**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 Services: DIETARY CONSULTATION

### OAKS HOME HEALTH

**Location:** 1000 METHODIST OAKS DR
**City:** ORANGEBURG, SC  29116
**Administrator:** TILL ELAINE
**Phone:** 803-643-0001
**FACILITY #:** 803-325-1455

**County/Ownership Type:** Orangeburg / Non-Profit Corporation
**Mailing Address:** PO BOX 327
**License #:** HHA-0200 / 01/31/2020

**Fac. Email:** ETILL@THEOAKSSC.COM

**Total Counties Served:** 1

**County/Counties Served:** Orangeburg, Special Note - SERVING CAMPUS RESIDENTS ONLY

**License Restrictions:** SERVING CAMPUS RESIDENTS 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 Services:
<table>
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<tr>
<th>Name of Facility</th>
<th>License#/Expiration</th>
<th>County/Ownership Type</th>
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</thead>
<tbody>
<tr>
<td>OPTUM WOMEN’S AND CHILDREN’S HEALTH LLC</td>
<td>HHA-0130 / 03/31/2020</td>
<td>Lexington / Limited Liability</td>
</tr>
<tr>
<td>107 WESTPARK BLVD STE 110</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COLUMBIA, SC 29210 FACILITY #:800-950-3963</td>
<td></td>
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<tr>
<td>SHULER AUSLINN PH#:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facility Email:</td>
<td><a href="mailto:CARI.DAHLAGER@OPTUM.COM">CARI.DAHLAGER@OPTUM.COM</a></td>
<td>OPTUM WOMEN’S AND CHILDREN’S HEALTH LLC</td>
</tr>
<tr>
<td>Fac. Cont. Email:</td>
<td>No Facility Contact Email on Record</td>
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**Total Counties Served: 13**

<table>
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<th>County/Counties Served:</th>
<th>Aiken, Charleston, Dorchester, Newberry, Kershaw, Lancaster, Lexington, Beaufort, Berkeley, Richland, Fairfield, Georgetown, Colleton</th>
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<tbody>
<tr>
<td>License Restrictions:</td>
<td>OBSTETRIC PATIENTS ONLY</td>
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<tr>
<td>Physical Therapy:</td>
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<td>Home Health Aid:</td>
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<td>Other Services:</td>
<td>IV THERAPY &amp; SERVICE TO OBSTETRICAL PATIENTS</td>
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<table>
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<th>Name of Facility</th>
<th>License#/Expiration</th>
<th>County/Ownership Type</th>
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</thead>
<tbody>
<tr>
<td>OPTUM WOMEN’S AND CHILDREN’S HEALTH-PIEDMONT</td>
<td>HHA-0128 / 03/31/2020</td>
<td>Greenville / Limited Liability</td>
</tr>
<tr>
<td>2 INDEPENDENCE POINTE</td>
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<tr>
<td>GREENVILLE, SC 29615 FACILITY #:800-950-3963</td>
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<tr>
<td>ACKERMAN KRISTI PH#:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facility Email:</td>
<td><a href="mailto:CARI.DAHLAGER@OPTUM.COM">CARI.DAHLAGER@OPTUM.COM</a></td>
<td>OPTUM WOMEN’S AND CHILDREN’S HEALTH LLC</td>
</tr>
<tr>
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**Total Counties Served: 33**

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<th>County/Counties Served:</th>
<th>Abbeville, Allendale, Anderson, Calhoun, Cherokee, Darlington, Dillon, Edgefield, Greenville, Greenwood, Laurens, Lee, Oconee, Orangeburg, Union, Marion, Marlboro, McCormick, Bamberg, Barnwell, Jasper, Hampton, Horry, Pickens, Florence, Williamsburg, York, Saluda, Spartanburg, Sumter, Chester, Chesterfield, Clarendon</th>
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<tbody>
<tr>
<td>License Restrictions:</td>
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<td>Physical Therapy:</td>
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<td>Med. Social Services:</td>
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<td>Home Health Aid:</td>
<td>N</td>
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<tr>
<td>Medical Supplies/Appliances/Durable Medical Equipment:</td>
<td>N</td>
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<tr>
<td>Other Services:</td>
<td>IV THERAPY</td>
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</table>
### PALLIATIVE CARE OF THE LOWCOUNTRY

**Name of Facility:** PALLIATIVE CARE OF THE LOWCOUNTRY  
**Location Street:** 7 PLANTATION PARK DR UNIT 4 STE C2  
**Location City, State:** BLUFFTON, SC 29910  
**Administrator:** BRASINGTON RN JENNY PH#: 843-706-2296  
**License #/Expiration:** HHA-0117 / 09/30/2019  
**County/Ownership Type:** Beaufort / Non-Profit Corporation  
**Mailing Address:** PO BOX 3827  
**Licensee:** HOSPICE CARE OF THE LOWCOUNTRY INC  
**Facility Email:** CCOHEN@HOSPICECARELC.ORG  
**Fac. Cont. Email:** INFO@HOSPICECARELC.ORG

**Total Counties Served:** 2

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

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

**Other Services:**

---

### PHC HOME HEALTH

**Name of Facility:** PHC HOME HEALTH  
**Location Street:** 408 FOLLY RD  
**Location City, State:** CHARLESTON, SC 29412-2625  
**Administrator:** DURRENCE HUGH D PH#: 843-762-3601  
**License #/Expiration:** HHA-0084 / 04/30/2020  
**County/Ownership Type:** Charleston / Corporation  
**Mailing Address:** 1923-D MAYBANK HWY  
**Licensee:** HEDGEMARK BRENTWOOD MEDICAL SERVICES INC  
**Facility Email:** SARAHWILBANKS@PHCHEALTH.COM  
**Fac. Cont. Email:** LORIWOOD@PHCHEALTH.COM

**Total Counties Served:** 3

**County/Counties Served:** Charleston, Dorchester, Berkeley

**License Restrictions:**

**Other Services:**
PHC HOME HEALTHCARE
2460 INDIA HOOK RD STE 201-G
ROCK HILL, SC 29732
FACILITY #: 704-522-6144
PH#:
Facility Email: PHC_NC@BELLSOUTH.NET
Fac. Cont. Email: No Facility Contact Email on Record

Total Counties Served: 1

County/Counties Served: York

License Restrictions:
Medical Supplies/Appliances/Durable Medical Equipment: N
Other Services: NURSING

PRESBYTERIAN COMMUNITIES OF SC HOME HEALTH AGENCY
2817 ASHLAND RD
COLUMBIA, SC 29210-5009
STAMPER AMANDA L PH#: 803-772-5885
Facility Email: MANDY.STAMPER@PRESCOMM.ORG
Fac. Cont. Email: MANDY.STAMPER@PRESHOMESC.ORG

Total Counties Served: 7

County/Counties Served: Berkeley, Dorchester, Laurens, Lexington, Pickens, Florence, Richland, Special Note - Berkeley, Dorchester, Florence, Laurens, Lexington Pickens & Richland CCRC campus residents only

License Restrictions: SERVING CONTINUING CARE RETIREMENT COMMUNITY CAMPUSES ONLY IN 7 COUNTIES AS LISTED
Medical Supplies/Appliances/Durable Medical Equipment: N
Other Services:  

Satellite Location: CLINTON BRANCH
Address: 801 MUSGROVE ST
City: CLINTON State:SC Zip Code: 29325

Satellite Location: COLUMBIA BRANCH
Address: 700 DAVEGA DR
City: LEXINGTON State:SC Zip Code: 29073-961

Satellite Location: FLORENCE BRANCH
Address: 2350 W LUCAS ST
City: FLORENCE State:SC Zip Code: 29501
PRISMA HEALTH HOME HEALTH
1400 PICKENS ST
COLUMBIA, SC 29201-3465  FACILITY #:803-296-3100
PH#: PO BOX 7275
COLUMBIA, SC 29202-7275

Facility Email: KIM.PRICE@PRISMAHEALTH.ORG
Fac. Cont. Email: No Facility Contact Email on Record

County/Counties Served: Lexington, Richland

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 Services: CHAPLAINERY, DIETARY AND ENTEROSTOMAL THERAPIST

Total Counties Served: 2
<table>
<thead>
<tr>
<th>Name of Facility</th>
<th>License#/Expiration</th>
<th>County/Ownership Type</th>
<th>Mailing Address</th>
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<tbody>
<tr>
<td>PRISMA HEALTH HOME HEALTH AGENCY</td>
<td>HHA-0323 / 10/31/2019</td>
<td>Greenville / Corporation</td>
<td>440 ROPER MOUNTAIN RD</td>
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<tr>
<td>440 ROPER MOUNTAIN RD</td>
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<td>GLENDALE, SC 29615</td>
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<tr>
<td>WOODS LANDACE PH#: 864-455-8140</td>
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<td>440 ROPER MOUNTAIN RD</td>
<td>GREENVILLE, SC 29615</td>
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<tr>
<td>Facility Email:</td>
<td><a href="mailto:LHEISLER@GHS.ORG">LHEISLER@GHS.ORG</a></td>
<td></td>
<td>PRISMA HEALTH - UPSTATE</td>
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<tr>
<td>Fac. Cont. Email:</td>
<td>No Facility Contact Email on Record</td>
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**Total Counties Served: 4**

**County/Counties Served:** Greenville, Oconee, Anderson, Pickens

**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 Services: INTRAVENOUS THERAPY

<table>
<thead>
<tr>
<th>Name of Facility</th>
<th>License#/Expiration</th>
<th>County/Ownership Type</th>
<th>Mailing Address</th>
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<tbody>
<tr>
<td>PRISMA HEALTH TUOMEY HOME HEALTH</td>
<td>HHA-0315 / 12/31/2019</td>
<td>Sumter /</td>
<td>129 N WASHINGTON ST</td>
</tr>
<tr>
<td>500 PINEWOOD RD STE 2</td>
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<td>SUMTER, SC 29150-4983</td>
</tr>
<tr>
<td>SUMTER, SC 29154-6197</td>
<td>HAA-0315 / 12/31/2019</td>
<td>Sumter /</td>
<td>129 N WASHINGTON ST</td>
</tr>
<tr>
<td>Facility Email:</td>
<td><a href="mailto:KIM.PRICE@PRISMAHEALTH.ORG">KIM.PRICE@PRISMAHEALTH.ORG</a></td>
<td></td>
<td>PRISMA HEALTH - MIDLANDS</td>
</tr>
<tr>
<td>Fac. Cont. Email:</td>
<td>No Facility Contact Email on Record</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total Counties Served: 3**

**County/Counties Served:** Sumter, Lee, Clarendon

**License Restrictions:**

- Physical Therapy: Y
- Speech Therapy: Y
- Occupational Therapy: N
- Med. Social Services: Y
- Home Health Aid: Y
- Medical Supplies/Appliances/Durable Medical Equipment: N
- Other Services:
<table>
<thead>
<tr>
<th>Name of Facility</th>
<th>License#/Expiration</th>
<th>County/Ownership Type</th>
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</thead>
<tbody>
<tr>
<td>PROVIDENCE CARE AT HOME</td>
<td>HHA-0363 / 05/31/2020</td>
<td>Greenville / Limited Liability</td>
</tr>
<tr>
<td>202 WALL ST</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PIEDMONT, SC 29673</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANSTEY LENORA PH#: 803-325-1455</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facility Email:</td>
<td><a href="mailto:JOHNNIE@PROVIDENCECANHELP.COM">JOHNNIE@PROVIDENCECANHELP.COM</a></td>
<td>PROVIDENCE HOME HEALTH LLC</td>
</tr>
<tr>
<td>Fac. Cont. Email:</td>
<td><a href="mailto:NHC@NHCHOMECAPIEDEDMONT.COM">NHC@NHCHOMECAPIEDEDMONT.COM</a></td>
<td></td>
</tr>
</tbody>
</table>

**Total Counties Served:** 9

County/Counties Served: Greenville, Lancaster, Laurens, Anderson, Pickens, York, Spartanburg, Cherokee, Chester

License Restrictions:
- Physical Therapy: N
- Speech Therapy: N
- Occupational Therapy: N
- Med. Social Services: N
- Home Health Aid: N
- Medical Supplies/Appliances/Durable Medical Equipment: N

Other Services:

---

<table>
<thead>
<tr>
<th>Name of Facility</th>
<th>License#/Expiration</th>
<th>County/Ownership Type</th>
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<tbody>
<tr>
<td>PROVIDENCE HOME HEALTH</td>
<td>HHA-0361 / 03/31/2020</td>
<td>Richland / Limited Liability</td>
</tr>
<tr>
<td>140 STONERIDGE DR STE 620</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COLUMBIA, SC 29210-8258</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OWENS JENNIFER PH#: 803-939-2788</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facility Email:</td>
<td><a href="mailto:LRA@LHCGROUP.COM">LRA@LHCGROUP.COM</a></td>
<td>SOUTH CAROLINA IN-HOME PARTNER-I LLC</td>
</tr>
<tr>
<td>Fac. Cont. Email:</td>
<td><a href="mailto:dhansard@portsbridgehospice.com">dhansard@portsbridgehospice.com</a></td>
<td></td>
</tr>
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</table>

**Total Counties Served:** 2

County/Counties Served: Sumter, Richland

License Restrictions:
- Physical Therapy: N
- Speech Therapy: N
- Occupational Therapy: N
- Med. Social Services: N
- Home Health Aid: N
- Medical Supplies/Appliances/Durable Medical Equipment: N

Other Services:
## Home Health Agencies

### DHEC Regulation 61-77

<table>
<thead>
<tr>
<th>Name of Facility</th>
<th>License#/Expiration</th>
<th>County/Ownership Type</th>
<th>Mailing Address</th>
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</thead>
<tbody>
<tr>
<td>PRUITTHEALTH @ HOME - COLUMBIA</td>
<td>HHA-0232 / 01/31/2020</td>
<td>Richland / Corporation</td>
<td>118 YORK ST</td>
</tr>
<tr>
<td>240 STONERIDGE DR STE 100</td>
<td>COLUMBIA, SC 29210-8013 FACILITY #:803-626-0089</td>
<td>CHESTER, SC 29706-1484</td>
<td></td>
</tr>
<tr>
<td>YOUNG STEPHANIE PH#: 803-359-2253</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Facility Email: <a href="mailto:LEGALSERVICES@PRUITTHEALTH.COM">LEGALSERVICES@PRUITTHEALTH.COM</a></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fac. Cont. Email: <a href="mailto:2211@AMEDISYS.COM">2211@AMEDISYS.COM</a></td>
<td></td>
<td></td>
<td></td>
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</table>

**Total Counties Served: 20**

**County/Counties Served:** Abbeville, Calhoun, Greenville, Lancaster, Laurens, Newberry, Oconee, Sumter, Union, Anderson, Kershaw, Lexington, Greenwood, Pickens, Fairfield, York, Richland, Spartanburg, Cherokee, Chester

**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

<table>
<thead>
<tr>
<th>Name of Facility</th>
<th>License#/Expiration</th>
<th>County/Ownership Type</th>
<th>Mailing Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRUITTHEALTH @ HOME - FLORENCE</td>
<td>HHA-0233 / 02/29/2020</td>
<td>Florence / Corporation</td>
<td>609 S COIT ST</td>
</tr>
<tr>
<td>2051 ELIJAH LUDD RD STE 1</td>
<td>FLORENCE, SC 29501-5222 FACILITY #:843-665-1759</td>
<td>FLORENCE, SC 29501-5222</td>
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<tr>
<td>MOORE SHARON PH#: 843-662-8633</td>
<td></td>
<td></td>
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<tr>
<td>Facility Email: <a href="mailto:LEGALSERVICES@PRUITTHEALTH.COM">LEGALSERVICES@PRUITTHEALTH.COM</a></td>
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<tr>
<td>Fac. Cont. Email: No Facility Contact Email on Record</td>
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</table>

**Total Counties Served: 11**

**County/Counties Served:** Darlington, Dillon, Georgetown, Marion, Marlboro, Horry, Lee, Florence, Williamsburg, Chesterfield, Clarendon

**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

## Total Counties Served: 20

**County/Counties Served:** Abbeville, Calhoun, Greenville, Lancaster, Laurens, Newberry, Oconee, Sumter, Union, Anderson, Kershaw, Lexington, Greenwood, Pickens, Fairfield, York, Richland, Spartanburg, Cherokee, Chester

**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

## Total Counties Served: 11

**County/Counties Served:** Darlington, Dillon, Georgetown, Marion, Marlboro, Horry, Lee, Florence, Williamsburg, Chesterfield, Clarendon

**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
<table>
<thead>
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<tbody>
<tr>
<td>PRUITTHEALTH @ HOME - LOW COUNTRY</td>
<td>HHA-0214 / 04/30/2020</td>
<td>Beaufort / Corporation</td>
<td>108 TRADERS CROSS STE 100</td>
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<td>BLUFFTON, SC 29909</td>
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<tr>
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<td>108 TRADERS CROSS STE 100</td>
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<tr>
<td></td>
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<td></td>
<td>KINARD ROBIN PH#: 843-322-0280</td>
</tr>
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<td></td>
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<td>Facility Email: <a href="mailto:LEGALSERVICES@PRUITTHEALTH.COM">LEGALSERVICES@PRUITTHEALTH.COM</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Fac. Cont. Email: <a href="mailto:RKINARD@PRUITTHEALTH.COM">RKINARD@PRUITTHEALTH.COM</a></td>
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<td>Total Counties Served:</td>
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<td>County/Counties Served:</td>
<td>Aiken, Allendale, Berkeley, Charleston, Colleton, Dorchester, McCormick, Bamberg, Jasper, Barnwell, Beaufort, Hampton, Orangeburg, Edgefield, Saluda</td>
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<td></td>
<td>Medical Supplies/Appliances/Durable Medical Equipment: N</td>
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<td></td>
<td>Other Services:</td>
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<table>
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<tr>
<th>ROLLING GREEN VILLAGE HOME HEALTH AGENCY</th>
<th>HHA-0213 / 12/31/2019</th>
<th>Greenville / Non-Profit Corporation</th>
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<tbody>
<tr>
<td>1 HOKE SMITH BLVD</td>
<td>Greenville, SC 29615-5399</td>
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<tr>
<td>GREENVILLE, SC 29615-5308 FACILITY #:864-987-9800</td>
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<td></td>
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<tr>
<td>TOERNER RYAN PH#: 864-987-9800</td>
<td>GREENVILLE, SC 29615-5399</td>
<td></td>
</tr>
<tr>
<td>Facility Email: <a href="mailto:RYANT@ROLLINGGREENVILLAGE.COM">RYANT@ROLLINGGREENVILLAGE.COM</a></td>
<td>ROLLING GREEN VILLAGE</td>
<td></td>
</tr>
<tr>
<td>Fac. Cont. Email: <a href="mailto:RYANT@ROLLINGGREENVILLAGE.COM">RYANT@ROLLINGGREENVILLAGE.COM</a></td>
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</table>

| Total Counties Served:   | 1                             |                                  |
| County/Counties Served:  | Greenville                     |                                  |
| License Restrictions:    | SERVING CONTINUING CARE RETIREMENT COMMUNITY AT ROLLING GREEN VILLAGE RESIDENTS ONLY. |
|                          | Medical Supplies/Appliances/Durable Medical Equipment: N |
|                          | Other Services: HOME HEALTH AGENCY FOR RGC RESIDENTS ONLY |


## ROPER-ST FRANCIS HOME HEALTH CARE

<table>
<thead>
<tr>
<th>Name of Facility</th>
<th>Location Street</th>
<th>Location City, State</th>
<th>Administrator</th>
<th>License#/Expiration</th>
<th>County/Ownership Type</th>
<th>Mailing Address</th>
<th>Licensee</th>
</tr>
</thead>
<tbody>
<tr>
<td>ST FRANCIS HOME HEALTH</td>
<td>1483 TOBIAS GADSON BLVD</td>
<td>CHARLESTON, SC</td>
<td>MELLO BONNIE C</td>
<td>HHA-0062 / 12/31/2019</td>
<td>Charleston / Non-Profit Corporation</td>
<td>1483 TOBIAS GADSON BLVD STE 208</td>
<td>ROPER HOSPITAL INC</td>
</tr>
<tr>
<td>HOME HEALTH CARE</td>
<td>STE 208</td>
<td>29407-4796</td>
<td>PH#: 843-402-7000</td>
<td></td>
<td></td>
<td>CHARLESTON, SC 29407-4796</td>
<td></td>
</tr>
<tr>
<td></td>
<td>300 WOODHAVEN DR</td>
<td>29928-4682</td>
<td>MELLO BONNIE C</td>
<td>HHA-0173 / 11/30/2019</td>
<td>Beaufort / Non-Profit Corporation</td>
<td>300 WOODHAVEN DR OFC</td>
<td>SEABROOK OF HILTON HEAD INC</td>
</tr>
<tr>
<td></td>
<td>OFC</td>
<td>29928-7512</td>
<td>PH#: 843-842-3747</td>
<td></td>
<td></td>
<td>HILTON HEAD ISLAND, SC 29928-7512</td>
<td></td>
</tr>
</tbody>
</table>

**Facility Email:** BONNIE.MELLO@RSFH.COM  
**Fac. Cont. Email:** ROPERSAINTFRANCIS.COM

---

### Total Counties Served: 3

**County/Counties Served:** Charleston, Dorchester, Berkeley

**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 Services: REGISTERED DIETITIAN/CDE; CERTIFIED WOUND AND OSTOMY NURSES; TELEMONITORING

---

## SEABROOK WELLNESS AND HOME HEALTH CARE

<table>
<thead>
<tr>
<th>Name of Facility</th>
<th>Location Street</th>
<th>Location City, State</th>
<th>Administrator</th>
<th>License#/Expiration</th>
<th>County/Ownership Type</th>
<th>Mailing Address</th>
<th>Licensee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seabrook Wellness</td>
<td>300 WOODHAVEN DR</td>
<td>HILTON HEAD ISLAND, SC</td>
<td>LEE ROBERT M PH#: 843-842-3747</td>
<td>HHA-0173 / 11/30/2019</td>
<td>Beaufort / Non-Profit Corporation</td>
<td>300 WOODHAVEN DR OFC</td>
<td>SEABROOK OF HILTON HEAD INC</td>
</tr>
<tr>
<td>Home Health Care</td>
<td>29928-4682</td>
<td>29928-7512</td>
<td>MELLO BONNIE C</td>
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<td>HILTON HEAD ISLAND, SC 29928-7512</td>
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<td>PH#: 843-842-3747</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**Facility Email:** RLEE@THESEABROOK.COM  
**Fac. Cont. Email:** RLEE@THESEABROOK.COM

---

### Total Counties Served: 1

**County/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 Services:
<table>
<thead>
<tr>
<th>Name of Facility</th>
<th>License#/Expiration</th>
<th>County/Ownership Type</th>
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<tbody>
<tr>
<td>SPARTANBURG MEDICAL CENTER HOME HEALTH</td>
<td>HHA-0038 / 09/30/2019</td>
<td>Spartanburg / District</td>
<td>SPARTANBURG REGIONAL HEALTH SERVICES DISTRICT INC</td>
</tr>
<tr>
<td>SPARTANBURG, SC 29302-1211 FACILITY #:864-560-3900</td>
<td>120 HEYWOOD AVE STE 300</td>
<td>Spartanburg / District</td>
<td>SPARTANBURG REGIONAL HEALTH SERVICES DISTRICT INC</td>
</tr>
<tr>
<td>ANDERSON DAVID PH#:</td>
<td><a href="mailto:DANDERSON3@SRHS.COM">DANDERSON3@SRHS.COM</a></td>
<td>Spartanburg / District</td>
<td>SPARTANBURG REGIONAL HEALTH SERVICES DISTRICT INC</td>
</tr>
<tr>
<td>Facility Email:</td>
<td>No Facility Contact Email on Record</td>
<td>Spartanburg / District</td>
<td>SPARTANBURG REGIONAL HEALTH SERVICES DISTRICT INC</td>
</tr>
<tr>
<td>Fac. Cont. Email:</td>
<td><a href="mailto:DANDERSON3@SRHS.COM">DANDERSON3@SRHS.COM</a></td>
<td>Spartanburg / District</td>
<td>SPARTANBURG REGIONAL HEALTH SERVICES DISTRICT INC</td>
</tr>
</tbody>
</table>

**Total Counties Served:** 4

County/Counties Served: Cherokee, Greenville, Union, Spartanburg

**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 Services: SKILLED NURSING

<table>
<thead>
<tr>
<th>Name of Facility</th>
<th>License#/Expiration</th>
<th>County/Ownership Type</th>
<th>Mailing Address</th>
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<tbody>
<tr>
<td>ST FRANCIS HOSPITAL HOME CARE</td>
<td>HHA-0167 / 12/31/2019</td>
<td>Greenville / Corporation</td>
<td>ST FRANCIS HOSPITAL INC</td>
</tr>
<tr>
<td>10 PATEWOOD DR BLDG 6 STE 300</td>
<td></td>
<td>Greenville / Corporation</td>
<td>ST FRANCIS HOSPITAL INC</td>
</tr>
<tr>
<td>GREENVILLE, SC 29615-6341 FACILITY #:864-233-5300</td>
<td>10 PATEWOOD DR BLDG 6 STE 300</td>
<td>Greenville / Corporation</td>
<td>ST FRANCIS HOSPITAL INC</td>
</tr>
<tr>
<td>CAMPBELL DENISE PH#: 864-255-1856</td>
<td><a href="mailto:REGINA_ERVIN@BSHSI.ORG">REGINA_ERVIN@BSHSI.ORG</a></td>
<td>Greenville / Corporation</td>
<td>ST FRANCIS HOSPITAL INC</td>
</tr>
<tr>
<td>Facility Email:</td>
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<td>Greenville / Corporation</td>
<td>ST FRANCIS HOSPITAL INC</td>
</tr>
<tr>
<td>Fac. Cont. Email:</td>
<td><a href="mailto:REGINA_ERVIN@BSHSI.ORG">REGINA_ERVIN@BSHSI.ORG</a></td>
<td>Greenville / Corporation</td>
<td>ST FRANCIS HOSPITAL INC</td>
</tr>
</tbody>
</table>

**Total Counties Served:** 4

County/Counties Served: Anderson, Greenville, Pickens, Spartanburg

**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 Services: 
### STILL HOPES HOME HEALTH

- **Name of Facility**: STILL HOPES HOME HEALTH
- **Location Street**: 1 STILL HOPES DR
- **Location City, State**: WEST COLUMBIA, SC 29169-7164
- **FACILITY #:**: 803-223-6173
- **Administrator**: ROBERTSON NIKKI W
- **PH#:**: 803-796-6490
- **Facility Email**: EILDERTON@STILLHOPES.ORG
- **COUNTY/OwneSHIP Type**: Lexington / Corporation
- **License#/Expiration**: HHA-0199 / 12/31/2019
- **Mailing Address**: PO BOX 2959
- **Licensee**: SOUTH CAROLINA EPISCOPAL HOME AT STILL HOPES INC

**Total Counties Served**: 1

- **County/Counties Served**: Lexington, 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 Services**: 

---

### TRINITY HOME HEALTH OF AIKEN

- **Name of Facility**: TRINITY HOME HEALTH OF AIKEN
- **Location Street**: 690 MEDICAL PARK DR 400
- **Location City, State**: Aiken, SC 29801
- **FACILITY #:**: 803-641-8220
- **Administrator**: KEATING RN JULIE
- **PH#:**: 803-641-8220
- **Facility Email**: LRA@LHCGROUP.COM
- **Fac. Cont. Email**: No Facility Contact Email on Record
- **COUNTY/OwneSHIP Type**: Aiken / Limited Liability
- **License#/Expiration**: HHA-0316 / 11/30/2019
- **Mailing Address**: 690 MEDICAL PARK DR STE 400
- **Licensee**: AUGUSTA HOME CARE SERVICES LLC

**Total Counties Served**: 3

- **County/Counties Served**: Aiken, Barnwell, Edgefield

**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 Services**: SKILLED NURSING
### UNIVERSITY HOME HEALTH NORTH AUGUSTA

**Address:** 106 E MARTINTOWN RD UNIT B  
**City:** NORTH AUGUSTA, SC 29841-3425  
**License #:** HHA-0137  
**Expiration:** 10/31/2019  
**Administrator:** HARDEN RN MARY J  
**Phone #:** 803-278-0770  
**Facility Email:** M HARDEN@UH.ORG

**County/Ownership Type:** Aiken / Corporation

**Facility Email:** M HARDEN@UH.ORG

**Total Counties Served:** 2

**Facility Email:** No Facility Contact Email on Record

---

### VNA OF GREATER BAMBERG

**Address:** 923 MIDWAY ST  
**City:** BAMBERG, SC 29003-1957  
**License #:** HHA-0045  
**Expiration:** 12/31/2019  
**Administrator:** WEATHERFORD JENNIFER  
**Phone #:** 803-245-5611  
**Facility Email:** VNABAMBERG@YAHOO.COM

**County/Ownership Type:** Bamberg / Corporation

**Facility Email:** VNABAMBERG@YAHOO.COM

**Total Counties Served:** 7

**Facility Email:** No Facility Contact Email on Record
<table>
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<tr>
<td><a href="mailto:WCOLEY@WELLCAREHEALTH.COM">WCOLEY@WELLCAREHEALTH.COM</a></td>
<td></td>
<td></td>
<td>MYRTLE BEACH, SC 29577 FACILITY #:843-712-7095</td>
<td>Other Services: SKILLED NURSING</td>
</tr>
<tr>
<td>Fac. Cont. Email:</td>
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<td>WELL CARE HOME HEALTH OF THE LOWCOUNTRY INC</td>
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**Total Counties Served: 4**

County/Counties Served: Georgetown, Marion, Horry, Williamsburg

<table>
<thead>
<tr>
<th>Name of Facility</th>
<th>License#/Expiration</th>
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<tr>
<td><a href="mailto:WCOLEY@WELLCAREHEALTH.COM">WCOLEY@WELLCAREHEALTH.COM</a></td>
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<td>FLORENCE, SC 29501 FACILITY #:854-400-4940</td>
<td>Other Services: SKILLED NURSING</td>
</tr>
<tr>
<td>Fac. Cont. Email:</td>
<td>No Facility Contact Email on Record</td>
<td>WELL CARE HOME HEALTH OF THE MIDLANDS INC</td>
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</table>

**Total Counties Served: 6**

County/Counties Served: Darlington, Dillon, Sumter, Lee, Florence, Clarendon
<table>
<thead>
<tr>
<th>Name of Facility</th>
<th>Location Street</th>
<th>License#/Expiration</th>
<th>County/Ownership Type</th>
<th>Total Number of Facilities: 95</th>
<th>Total Counties Served: 486</th>
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</thead>
<tbody>
<tr>
<td>WESLEY COMMONS HOME HEALTH CARE</td>
<td>1110 MARSHALL RD</td>
<td>HHA-0202 / 02/29/2020</td>
<td>Greenwood / Non-Profit Corporation</td>
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<tr>
<td>GREENWOOD, SC 29646-4299</td>
<td>1110 MARSHALL RD</td>
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<td>1110 MARSHALL RD</td>
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<tr>
<td>DAVIS DORIS E PH#: 864-227-7480</td>
<td>GREENWOOD, SC 29646-4299</td>
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<td>1110 MARSHALL RD</td>
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<td>Total Counties Served: 1</td>
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<tr>
<td>County/Counties Served: Greenwood, Special Note - SERVING CAMPUS RESIDENTS ONLY</td>
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<td>Medical Supplies/Appliances/Durable Medical Equipment: Y</td>
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<tr>
<td>Fac. Cont. Email: No Facility Contact Email on Record</td>
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