County: Aiken

Facility Type: Adult Day Care

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
AIKEN CENTER FOR ACTIVE SENIORS 690 MEDICAL PARK DR AIKEN, SC 29801-6348 FAC.#:803-226-0355 POTEAT KAREN PH#: 803-215-6767 **Facility Email:** KAREN@AIKENACTIVESENIORS.COM **Number of Participants:**	Aiken / Limited Liability 690 MEDICAL PARK DR AIKEN, SC 29801-6348 MK CARES LLC **ADC-0298 / 01/31/2017 (Renewal Pending)** **30**	30
GINGER'S ADULT DAY CARE 401 W MARTINTOWN RD STE 201 NORTH AUGUSTA, SC 29841-6130 FAC.#:803-279-7822 SIMPKINS ALVERNEQ H PH#: 803-279-7822 **Facility Email:** HATTAE25@HOTMAIL.COM **Number of Participants:**	Aiken / Ltd. Liability 401 W MARTINTOWN RD STE 201 NORTH AUGUSTA, SC 29841-6130 GINGER'S ADULT DAY CARE LLC **ADC-0273 / 06/30/2017** **60**	60
MARGARET'S GARDEN ADULT DAYCARE 119 BEATTY LN AIKEN, SC 29803-7600 FAC.#:803-226-0099 PRICE DOREAN PH#: 803-514-2260 **Facility Email:** DOREANPRICE@SUDDENLINK.NET **Number of Participants:**	Aiken / Limited Liability Company (single member) 119 BEATTY LN AIKEN, SC 29803-7600 MARGARETS GARDEN ADULT DAYCARE CENTER LLC **ADC-0308 / 02/28/2017** **15**	15

Totals For Facility/License Type: Adult Day Care

Number of Activities/Facilities licensed: 3 **Number Licensed Units: 105**

County: Aiken

Facility Type: Ambulatory Surgery

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
AMBULATORY SURGICAL CENTER OF AIKEN 4211 TROLLEY LINE RD AIKEN, SC 29801-2749 FAC.#:803-648-2840 HINER ERIC A PH#: 803-648-2840 **Facility Email:** ERIC@SURGERYAIKEN.COM	Aiken / Limited Liability 4211 TROLLEY LINE RD AIKEN, SC 29801-2749 AMBULATORY SURGICAL CENTER OF AIKEN LLC **ASF-0096 / 11/30/2017**	6
Operating Rooms: 4 Procedure Rooms: 1 Endoscopy Rooms: 1		
CAROLINA AMBULATORY SURGERY CENTER 110 PEPPER HILL WAY AIKEN, SC 29801-2818 FAC.#:803-642-6060 HUTTO CHRISTY K PH#: 803-642-6060 **Facility Email:** CKHUTTORN@HOTMAIL.COM	Aiken / Corporation 110 PEPPER HILL WAY AIKEN, SC 29801-2818 CASC ACQUISITION INC **ASF-0101 / 05/31/2017**	2
Operating Rooms: 1 Procedure Rooms: 1 Endoscopy Rooms: 0		
CENTER FOR COLON AND DIGESTIVE DISEASES 103 GREGG AVE NW STE 100 AIKEN, SC 29801-2709 FAC.#:803-226-0434 COOPER HELEN PH#: 803-226-0434 **Facility Email:** PGH12@ATT.NET	Aiken / Limited Liability 103 GREGG AVE NW STE 100 AIKEN, SC 29801-2709 CENTER FOR COLON AND DIGESTIVE DISEASES LLC **ASF-0119 / 01/31/2018**	2
Operating Rooms: 0 Procedure Rooms: 0 Endoscopy Rooms: 2		

Totals For Facility/License Type: Ambulatory Surgery

Number of Activities/Facilities licensed: 3 **Number Licensed Units: 10**

County: Aiken

Facility Type: Community Residential Care Facility

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
BLACK'S DRIVE COMMUNITY RESIDENCE 160 BLACKS DR WILLISTON, SC 29853-3558 FAC.#:803-259-7472 SISK DARRIN W PH#: 803-259-7472 **Facility Email:** BPARKER@BARNWELLSC.COM	Aiken / County ALLENDALE/BARNWELL COUNTIES DISABILITIES AND SPECIAL NEEDS BOARD **CRC-1524 / 08/31/2017**	8
Alzheimer Care:No **Max # Resident:0** **Alzheimer Unit: No** **Max # Beds: 0** **Certifications:None**		
BROOKDALE NORTH AUGUSTA 105 N HILLS DR OFC NORTH AUGUSTA, SC 29841-0113 FAC.#:803-819-0034 LARKE ANGELA CORBIN PH#: 803-819-0034 **Facility Email:** TMEEHAN1@BROOKDALE.COM	Aiken / Corporation 105 N HILLS DR OFC NORTH AUGUSTA, SC 29841-0113 BROOKDALE SENIOR LIVING COMMUNITIES INC **CRC-1298 / 02/28/2017**	52
Alzheimer Care:Yes **Max # Resident:52** **Alzheimer Unit: No** **Max # Beds: 0** **Certifications:None**		
GENERATIONS OF MONETTA 77 CATO RD MONETTA, SC 29105-9319 FAC.#:803-685-6156 HANNIBAL VICTORIA C PH#: 803-736-8053 **Facility Email:** Not on File	Aiken / Ltd. Liability 77 CATO RD MONETTA, SC 29105-9319 GENERATIONS OF MONETTA LLC **CRC-0876 / 10/31/2017**	22
Alzheimer Care:No **Max # Resident:0** **Alzheimer Unit: No** **Max # Beds: 0** **Certifications:None**		
GOD'S HAVEN OF REST 516 BELVEDERE CLEARWATER RD NORTH AUGUSTA, SC 29841-2583 FAC.#:803-279-1129 AYERS HAZEL L PH#: 803-279-1129 **Facility Email:** LEIGH.3@COMCAST.NET	Aiken / Sole Proprietorship 516 BELVEDERE CLEARWATER RD NORTH AUGUSTA, SC 29841-2583 HAZEL LEIGH AYERS **CRC-1237 / 12/31/2017**	9
Alzheimer Care:Yes **Max # Resident:5** **Alzheimer Unit: Yes** **Max # Beds: 5** **Certifications:None**		
GRACELYNN RESIDENTIAL CARE FACILITY 203 JEWEL ST N NEW ELLENTON, SC 29809-2942 FAC.#:803-443-7367 BOOKER ROSABELL T PH#: 803-649-5744 **Facility Email:** ADULTANDSENIORSERVICES@GMAIL.COM	Aiken / Limited Liability Company (single member) PO BOX 5101 AIKEN, SC 29804-5101 GRACELYNN RESIDENTIAL CARE FACILITY LLC **CRC-1609 / 11/30/2017**	5
Alzheimer Care:No **Max # Resident:0** **Alzheimer Unit: No** **Max # Beds: 0** **Certifications:None**		

County: Aiken

Facility Type: Community Residential Care Facility

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
HAMMOND PLACE 128 WALNUT LN NORTH AUGUSTA, SC 29860-9206 FAC.#:803-441-8441 RANDALL DORENE ANTINETTE PH#: 803-441-8441 **Facility Email:** Not on File	Aiken / 330 N WABASH AVE STE 3700 CHICAGO, IL 60611-7605 HAMMOND AID OPCO LLC **CRC-1405 / 11/30/2017**	44
Alzheimer Care:No **Max # Resident:5** **Alzheimer Unit: No** **Max # Beds: 0** **Certifications:None**		
HARBORCHASE OF AIKEN 1385 SILVER BLUFF RD AIKEN, SC 29803-8860 FAC.#:803-642-8444 WILSON SHEILA PH#: 772-584-0159 **Facility Email:** SWILSON@HRAONLINE.NET	Aiken / Corporation 1385 SILVER BLUFF RD AIKEN, SC 29803-8860 TWENTY TWO PACK MANAGEMENT CORPORATION **CRC-1316 / 11/30/2017**	110
Alzheimer Care:Yes **Max # Resident:29** **Alzheimer Unit: Yes** **Max # Beds: 29** **Certifications:None**		
HILLS OF CUMBERLAND VILLAGE 3215 WISE CREEK LN AIKEN, SC 29801-2534 FAC.#:803-641-8444 NEAL ELIZABETH H PH#: 803-641-8444 **Facility Email:** MCHEATHAM@MARRINSON.COM	Aiken / Corporation 3215 WISE CREEK LN AIKEN, SC 29801-2534 MARRINSON GROUP INC **CRC-1121 / 09/30/2017**	34
Alzheimer Care:Yes **Max # Resident:4** **Alzheimer Unit: No** **Max # Beds: 0** **Certifications:None**		
HITCHCOCK PLACE 102 CREPE MYRTLE DR OFC AIKEN, SC 29803-7552 FAC.#:803-649-6439 SMITH RAELYNN PH#: 803-649-6439 **Facility Email:** FDRAWDY@ALCCO.COM	Aiken / 330 N WABASH AVE STE 3700 CHICAGO, IL 60611-7605 HITCHCOCK AID OPCO LLC **CRC-1412 / 11/30/2017**	44
Alzheimer Care:Yes **Max # Resident:4** **Alzheimer Unit: No** **Max # Beds: 0** **Certifications:None**		
PARKER'S RESIDENTIAL CARE HOME 935 PINEVIEW DR NEW ELLENTON, SC 29809-3302 FAC.#:803-652-7290 PARKER DRUCILLA O PH#: 803-652-7290 **Facility Email:** PARKERSRCF@AOL.COM	Aiken / Sole Proprietorship 935 PINEVIEW DR NEW ELLENTON, SC 29809-3302 DRUCILLA PARKER **CRC-0311 / 01/31/2017 (Renewal Pending)**	9
Alzheimer Care:No **Max # Resident:0** **Alzheimer Unit: No** **Max # Beds: 0** **Certifications:None**		

County: Aiken

Facility Type: Community Residential Care Facility

Facility Name / Location Street / Location City, State / Administrator/Phone	County/Ownership Type / Mailing/Billing Address / Licensee / License Nbr/Expiration Date	Licensed Units
PERRY ELDERCARE 182 ROBERTS ST E PERRY, SC 29137-8943 FAC.#:803-564-5092 BROWN MARY W PH#: 803-564-5092 **Facility Email:** THEELDERCARES@AOL.COM	Aiken / Corporation 182 ROBERTS ST E PERRY, SC 29137-8943 TOMACO INC **CRC-1183 / 01/31/2018**	14
Alzheimer Care:Yes **Max # Resident:2** **Alzheimer Unit: No** **Max # Beds: 0** **Certifications:None**		
RUDNICK CRCF 629 CHESTERFIELD ST AIKEN, SC 29801-4053 FAC.#:803-642-1041 DUNBAR REPUNZEL PH#: 000-000-0000 **Facility Email:** KJAMES@AIKENTDC.ORG	Aiken / County PO BOX 698 AIKEN, SC 29802-0698 TRI-DEVELOPMENT CENTER OF AIKEN COUNTY INC **CRC-1429 / 02/28/2017**	8
Alzheimer Care:No **Max # Resident:0** **Alzheimer Unit: No** **Max # Beds: 0** **Certifications:None**		
SANDERS CRCF 625 CHESTERFIELD ST AIKEN, SC 29801-4053 FAC.#:803-642-1044 DUNBAR REPUNZEL PH#: 000-000-0000 **Facility Email:** KJAMES@AIKENTDC.ORG	Aiken / County PO BOX 698 AIKEN, SC 29802-0698 TRI-DEVELOPMENT CENTER OF AIKEN COUNTY INC **CRC-1430 / 02/28/2017**	8
Alzheimer Care:No **Max # Resident:0** **Alzheimer Unit: No** **Max # Beds: 0** **Certifications:None**		
SHADOW OAKS ASSISTED LIVING COMMUNITY 108 GREGG AVE AIKEN, SC 29801-6816 FAC.#:803-643-0300 WILLIAMS SANDRA G PH#: 803-643-0300 **Facility Email:** SWILLIAMS@SHADOW-OAKS.COM	Aiken / Ltd. Liability 108 GREGG AVE AIKEN, SC 29801-6816 SHADOW OAKS ASSISTED LIVING COMMUNITY LLC **CRC-1425 / 10/31/2017**	56
Alzheimer Care:Yes **Max # Resident:10** **Alzheimer Unit: Yes** **Max # Beds: 12** **Certifications:None**		
TRINITY ON LAURENS 213 LAURENS ST NW AIKEN, SC 29801-3911 FAC.#:803-643-4203 HENRICH CONSTANCE M PH#: 803-643-4200 **Facility Email:** CHENRICH@TRINITYONLAURENS.ORG	Aiken / Non-Profit Corporation 213 LAURENS ST NW AIKEN, SC 29801-3911 LUTHERAN HOMES OF SOUTH CAROLINA INC (NPC) **CRC-0935 / 06/30/2017**	55
Alzheimer Care:No **Max # Resident:0** **Alzheimer Unit: No** **Max # Beds: 0** **Certifications:None**		

County: Aiken

Facility Type: Community Residential Care Facility

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
VILLAGE INN COMMUNITY CARE HOME 112 POWELL ST GRANITEVILLE, SC 29829-2906 FAC.#:803-663-9495 AYERS HAZEL L PH#: 803-279-1129 **Facility Email:** VILLAGEINNCCH@BELLSOUTH.NET	Aiken / Sole Proprietorship 112 POWELL ST GRANITEVILLE, SC 29829-2906 MICHELE A HERRON **CRC-0396 / 04/30/2017**	10

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

Certifications:None

Totals For Facility/License Type: Community Residential Care Facility

Number of Activities/Facilities licensed: 16 **Number Licensed Units: 488**

County: Aiken

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
DUPONT I HABILITATION CENTER 127 DUPONT DR AIKEN, SC 29801 FAC.#:803-642-8811 HALL MICHAEL D PH#: 803-642-8800 **Facility Email:** RCOURTNEY@AIKENTDC.ORG	Aiken / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS **MR15-0141 / 07/31/2017**	8
DUPONT II HABILITATION CENTER 129 DUPONT DR AIKEN, SC 29801 FAC.#:803-642-8811 HALL MICHAEL D PH#: 803-642-8800 **Facility Email:** RCOURTNEY@AIKENTDC.ORG	Aiken / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS **MR15-0142 / 07/31/2017**	8
LAURENS STREET ICF/MR 728 LAURENS ST NW AIKEN, SC 29801 FAC.#:803-642-8800 HALL MICHAEL B PH#: 803-642-8800 **Facility Email:** RCOURTNEY@AIKENTDC.ORG	Aiken / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS **MR15-0207 / 06/30/2017**	8
LINDEN STREET ICF/MR 136 LINDEN ST AIKEN, SC 29801-3759 FAC.#:803-642-8800 HALL MICHAEL D PH#: 803-642-8800 **Facility Email:** RCOURTNEY@AIKENTDC.ORG	Aiken / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS **MR15-0209 / 06/30/2017**	8

Totals For Facility/License Type: Habilitation R15

Number of Activities/Facilities licensed: 4 **Number Licensed Units: 32**

County: Aiken

Facility Type: Home Health

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
ENCOMPASS HOME HEALTH OF SOUTH CAROLINA 410 UNIVERSITY PKWY STE 2000 AIKEN, SC 29801-6808 FAC.#:803-335-0977 JONES SYLVIA PH#: 803-335-0977 **Facility Email:** LICENSING@EHHI.COM	Aiken / Limited Liability 6688 N CENTRAL EXPRESSWAY STE 1300 DALLAS, TX 75206 CARESOUTH HHA HOLDINGS OF SOUTH CAROLINA LLC **HHA-0218 / 10/31/2017**	1
Counties Served: **Aiken** **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:**		
LIBERTY HOME CARE AIKEN 1307 E PINE LOG RD STE B AIKEN, SC 29803-9695 FAC.#:803-643-0001 ARMSTRONG BONNIE PH#: 803-643-0001 **Facility Email:** BWILLIAMSON@LIBERTYHOMECARE.COM	Aiken / Ltd. Liability 1307 E PINE LOG RD STE B AIKEN, SC 29803-9695 LIBERTY HOMECARE AND HOSPICE LLC **HHA-0196 / 08/31/2017**	1
Counties Served: **Aiken** **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:**		
NHC HOMECARE-AIKEN 690 MEDICAL PARK DR STE 200 AIKEN, SC 29801-6348 FAC.#:803-643-1701 GRIFFIS SARAH PH#: 803-643-1701 **Facility Email:** NHC@NHCHOMECAREAIKEN.COM	Aiken / Limited Liability Limited Partnership PO BOX 3636 AIKEN, SC 29802-3636 NHC/OP LP **HHA-0181 / 06/30/2017**	1
Counties Served: **Aiken** **License Restrictions:** **Physical Therapy: Y Speech Therapy: Y Occupational Therapy: Y Med. Social Services: Y** **Home Health Aid: Y Medical Supplies/Appliances/Durable Medical Equipment: N** **Other: DIETARY CONSULTATION**		
TRINITY HOME HEALTH OF AIKEN 690 MEDICAL PARK DR 400 AIKEN, SC 29801 FAC.#:803-641-8220 KEATING RN JULIE PH#: 803-641-8220 **Facility Email:** JULIE_KEATING@CHS.NET	Aiken / Limited Liability 690 MEDICAL PARK DR STE 400 AIKEN, SC 29801-6348 AUGUSTA HOME CARE SERVICES LLC **HHA-0316 / 11/30/2017**	3
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: SKILLED NURSING**		

County: Aiken

Facility Type: Home Health

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
UNIVERSITY HOME HEALTH NORTH AUGUSTA	Aiken / Corporation	2
106 E MARTINTOWN RD UNIT B	106 E MARTINTOWN RD UNIT B	
NORTH AUGUSTA, SC 29841-3425 FAC.#:803-278-0770	NORTH AUGUSTA, SC 29841-3425	
HARDEN RN MARY J PH#: 803-278-0770	UNIVERSITY HEALTH SERVICES INC	
Facility Email: MHARDEN@UH.ORG	**HHA-0137 / 10/31/2017**	

Counties Served: **Aiken, 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:

Totals For Facility/License Type: Home Health

Number of Activities/Facilities licensed: 5 **Number Licensed Units:** 8

County: Aiken

Facility Type: Hospice Program

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
ALLIANCE HOSPICE 1147 GEORGIA AVE NORTH AUGUSTA, SC 29841 FAC.#:803-441-0174 POWELL MIMI PH#: 803-441-0174 **Facility Email:** SDUGAN@ALLIANCEHOSPICE.COM	Aiken / Ltd. Liability 1147 GEORGIA AVE NORTH AUGUSTA, SC 29841 ALLIANCE HOSPICE LLC **HPC-0109 / 05/31/2017**	4
Counties Served: Aiken, Barnwell, Edgefield, McCormick		
ENCOMPASS HOSPICE OF SOUTH CAROLINA LLC 410 UNIVERSITY PKWY STE 2000 AIKEN, SC 29801-6808 FAC.#:803-335-0974 OWENS SUSAN A PH#: 803-335-0977 **Facility Email:** LICENSING@EHHI.COM	Aiken / Limited Liability 6688 N CENTRAL EXPRESSWAY STE 1300 DALLAS, TX 75206 CARESOUTH HOSPICE LLC **HPC-0174 / 09/30/2017**	7
Counties Served: Aiken, Allendale, Barnwell, Edgefield, Lexington, McCormick, Saluda		
HALCYON HOSPICE OF AIKEN 225 BARNWELL AVE NW AIKEN, SC 29801-3903 FAC.#:803-226-0387 LOMASTRO BRIAN PH#: 803-226-0387 **Facility Email:** LRA@LHCGROUP.COM	Aiken / Limited Liability PO BOX 51266 LAFAYETTE, LA 70505-1266 HALCYON HOSPICE OF AIKEN LLC **HPC-0148 / 10/31/2017**	46
Counties Served: Abbeville, Aiken, Allendale, Anderson, Bamberg, Barnwell, Beaufort, Berkeley, Calhoun, Charleston, Cherokee, Chester, Chesterfield, Clarendon, Colleton, Darlington, Dillon, Dorchester, Edgefield, Fairfield, Florence, Georgetown, Greenville, Greenwood, Hampton, Horry, Jasper, Kershaw, Lancaster, Laurens, Lee, Lexington, Marion, Marlboro, McCormick, Newberry, Oconee, Orangeburg, Pickens, Richland, Saluda, Spartanburg, Sumter, Union, Williamsburg, York		
HOMESTEAD HOSPICE OF AUGUSTA 505 W MARTINTOWN RD NORTH AUGUSTA, SC 29841-3108 FAC.#:803-426-2500 FERNANDEZ LINDA PH#: 803-426-2500 **Facility Email:** LJORDANFERNANDEZ@HOMESTEADHOSPICE.NET	Aiken / Limited Liability 10888 CRABAPPLE RD ROSWELL, GA 30075-5850 CREATIVE HOSPICE HOLDING LLC **HPC-0171 / 06/30/2017**	46
Counties Served: Abbeville, Aiken, Allendale, Anderson, Bamberg, Barnwell, Beaufort, Berkeley, Calhoun, Charleston, Cherokee, Chester, Chesterfield, Clarendon, Colleton, Darlington, Dillon, Dorchester, Edgefield, Fairfield, Florence, Georgetown, Greenville, Greenwood, Hampton, Horry, Jasper, Kershaw, Lancaster, Laurens, Lee, Lexington, Marion, Marlboro, McCormick, Newberry, Oconee, Orangeburg, Pickens, Richland, Saluda, Spartanburg, Sumter, Union, Williamsburg, York		
LIBERTY HOME CARE AND HOSPICE-AIKEN 1307 E PINE LOG RD STE B AIKEN, SC 29803-9695 FAC.#:803-643-0001 WILLIAMSON BONNIE PH#: 803-643-0001 **Facility Email:** BWILLIAMSON@LIBERTYHOMECARE.COM	Aiken / Ltd. Liability 1307 E PINE LOG RD STE B AIKEN, SC 29803-9695 LIBERTY HOMECARE AND HOSPICE LLC **HPC-0112 / 08/31/2017**	3
Counties Served: Aiken, Barnwell, Edgefield		

County: Aiken

Facility Type: Hospice Program

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
REGENCY SOUTHERNCARE 105 SUMMERWOOD WAY STE D AIKEN, SC 29803-7775 FAC.#:803-648-2117 JENNINGS FAYE PH#: **Facility Email:** GMCGEE@CUROHS.COM	Aiken / Ltd. Liability PO BOX 4060 MOORESVILLE, NC 28117 REGENCY HOSPICE OF GEORGIA LLC **HPC-0085 / 02/28/2017**	46
Counties Served: **Abbeville, Aiken, Allendale, Anderson, Bamberg, Barnwell, Beaufort, Berkeley, Calhoun, Charleston, Cherokee, Chester, Chesterfield, Clarendon, Colleton, Darlington, Dillon, Dorchester, Edgefield, Fairfield, Florence, Georgetown, Greenville, Greenwood, Hampton, Horry, Jasper, Kershaw, Lancaster, Laurens, Lee, Lexington, Marion, Marlboro, McCormick, Newberry, Oconee, Orangeburg, Pickens, Richland, Saluda, Spartanburg, Sumter, Union, Williamsburg, York**		
ST JOSEPH HOSPICE 1708 BUNTING DR STE A NORTH AUGUSTA, SC 29841-6124 FAC.#:803-349-8070 KEY KAREN H PH#: 803-349-8070 **Facility Email:** KKEY@STJOECARE.COM	Aiken / Limited Liability 1708 BUNTING DR STE A NORTH AUGUSTA, SC 29841-6124 ST JOSEPH HOSPICE LLC **HPC-0163 / 01/31/2017 (Renewal Pending)**	6
Counties Served: **Aiken, Barnwell, Edgefield, Lexington, McCormick, Saluda**		
TRINITY HOSPICE OF AIKEN 690 MEDICAL PARK DR STE 400 AIKEN, SC 29801-6348 FAC.#:803-641-8220 CRUZ JUAN J PH#: 803-641-8220 **Facility Email:** JUAN.CRUZ@TRINITYOFAUGUSTA.COM	Aiken / Limited Liability AUGUSTA HOME CARE SERVICES LLC **HPC-0116 / 10/31/2017**	3
Counties Served: **Aiken, Barnwell, Edgefield**		

Totals For Facility/License Type: Hospice Program

Number of Activities/Facilities licensed: 8 **Number Licensed Units: 161**

County: Aiken

Facility Type: Hospital or Institutional General Infirmary

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
AIKEN REGIONAL MEDICAL CENTERS	Aiken / Corporation	245
302 UNIVERSITY PKWY	302 UNIVERSITY PKWY	
AIKEN, SC 29801-6302 FAC.#:803-641-5600	AIKEN, SC 29801-2792	
REYNOLDS VANCE PH#: 803-641-5600	AIKEN REGIONAL MEDICAL CENTERS LLC	
Facility Email: VANCE.REYNOLDS@UHSINC.COM	**HTL-0152 / 11/30/2017**	

Licensed Beds: General: 183 Psychiatric: 44 Rehab: 0 Substance Abuse: 18

Other Beds : NICU: 0 Neonatal Special Care: 8

Certifications: Perinatal Level II, JCAHO Accredited

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

Number of Activities/Facilities licensed: 1 Number Licensed Units: 245

County: Aiken

Facility Type: Inhome Care Provider

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
BELIEVE HOME CARE SERVICES LLC 1469 AUGUSTA RD WARRENVILLE, SC 29851 FAC.#:803-392-7018 PH#: **Facility Email:** CKEY5277@MSN.COM	Aiken / Limited Liability BELIEVE HOME HEALTH CARE LLC **IHCP-0340 / 08/31/2017**	- 1
BEYOND HOMECARE SERVICES 528 EDGEFIELD RD STE B2 BELVEDERE, SC 29841 FAC.#:803-221-7556 HILL BRANDICE PH#: 803-221-7556 **Facility Email:** POOHDOBBS32@GMAIL.COM	Aiken / Sole Proprietorship BEYOND HOMECARE SERVICES **IHCP-0614 / 09/30/2017**	- 1
BRIGHTEN HEIGHTS LLC 528 EDGEFIELD RD STE B BELVEDERE, SC 29841 FAC.#:706-877-3450 HOLMES KEYRA PH#: 706-877-3450 **Facility Email:** KEYRAHOLMES@HOTMAIL.COM	Aiken / Limited Liability BRIGHTEN HEIGHTS LLC **IHCP-0635 / 11/30/2017**	- 1
COMFORT KEEPERS #429 OF NORTH AUGUSTA 511 WEST AVE NORTH AUGUSTA, SC 29841-3708 FAC.#:803-279-7100 PH#: **Facility Email:** JANETLHB@COMCAST.NET	Aiken / Corporation 511 WEST AVE NORTH AUGUSTA, SC 29841-3708 TIGA INC **IHCP-0080 / 01/31/2017 (Renewal Pending)**	- 1
COMPASSIONATE CARING SERVICES INC 22 HAYES DR N AUGUSTA, SC 29860 FAC.#:706-244-3999 CARR ANGEL I PH#: 706-244-3999 **Facility Email:** ANGELCARR385@GMAIL.COM	Aiken / Corporation COMPASSIONATE CARING SERVICES INC **IHCP-0624 / 09/30/2017**	- 1
CORPORATE CARE LLC-AIKEN 237 PARK AVE SW STE 222 AIKEN, SC 29801-3997 FAC.#:864-335-3266 PH#: **Facility Email:** CCOOLEY1@CORPORATE-SERVICESSC.COM	Aiken / Limited Liability PO BOX 16148 GREENVILLE, SC 29606-7148 CORPORATE CARE LLC **IHCP-0317 / 08/31/2017**	- 1
DAYBREAK ADULT CARE SERVICES (AIKEN) 1028 HAYNE AVE SW AIKEN, SC 29801-3730 FAC.#:803-226-0288 MATTHEWS CHRISTINE M PH#: 803-226-0288 **Facility Email:** CHRISSA@DAYBREAKCARE.COM	Aiken / Limited Liability Company (single member) 1028 HAYNE AVE SW AIKEN, SC 29801-3730 CCHM LLC **IHCP-0253 / 07/31/2017**	- 1
GOLDEN HEALTH AND WELLNESS LLC 640 OLD AIRPORT RD STE 207 AIKEN, SC 29801 FAC.#:404-960-1220 MARTIN SABLE PH#: 404-960-1220 **Facility Email:** SCGOLDENHEALTHANDWELLNESS@GMAIL.COM	Aiken / Limited Liability GOLDEN HEALTH AND WELLNESS LLC **IHCP-0604 / 09/30/2017**	- 1

County: Aiken

Facility Type: Inhome Care Provider

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
HELP AT HOME LLC (AIKEN) 942 MILLBROOK AVE STE 1 AIKEN, SC 29803-0609 FAC.#:803-649-0922 ADAMS VANESSA PH#: 803-649-0922 **Facility Email:** AIKEN@HELPATHOME.COM	Aiken / Limited Liability HELP AT HOME LLC **IHCP-0588 / 06/30/2017**	- 1
NEW HORIZON HOME CARE 16848 ATOMIC RD AIKEN, SC 29803-4152 FAC.#:803-270-7583 PH#: **Facility Email:** NEWHORIZONHOMECARE@GMAIL.COM	Aiken / Limited Liability 3683 SILVER BLUFF RD AIKEN, SC 29803-6983 NEW HORIZON HOME CARE LLC **IHCP-0093 / 03/31/2016 (Renewal Pending)**	- 1
RESCARE HOMECARE AIKEN 104 FLORENCE ST SW AIKEN, SC 29801 FAC.#:803-641-6953 PH#: **Facility Email:** SHAWN.KEITH@RESCARE.COM	Aiken / Corporation 104 FLORENCE ST SW STE A AIKEN, SC 29801 SOUTHERN HOME CARE SERVICES INC DBA RESCARE HOMECARE **IHCP-0011 / 05/31/2017**	- 1
SYNERGY HOMECARE OF AUGUSTA NORTH AUGUSTA AND AIKEN 111 PENDLETON ST AIKEN, SC 29801-3859 FAC.#:706-823-8201 HIXON TRAVIS D PH#: **Facility Email:** TRAVISHIXON@SYNERGYHOMECARE.COM	Aiken / Corporation 111 10TH ST AUGUSTA, GA 30901-1136 TRAVIS HOLDINGS INC **IHCP-0035 / 12/31/2015 (Renewal Pending)**	- 1
ULTRA CARE 802 E MARTINTOWN RD STE 22 NORTH AUGUSTA, SC 29841 FAC.#:803-278-0250 HOFFMAN CELESTE PH#: 803-278-0250 **Facility Email:** CELESTE@RIGHTATHOME-CSRA.COM	Aiken / Limited Liability Company (multiple member) 802 E MARTINTOWN RD STE 22 NORTH AUGUSTA, SC 29841 ULTRA CARE LLC **IHCP-0001 / 12/31/2017**	- 1

Totals For Facility/License Type: Inhome Care Provider

Number of Activities/Facilities licensed: 13 **Number Licensed Units: - 13**

County: Aiken

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
ANCHOR REHABILITATION AND HEALTHCARE CENTER OF AIKEN 550 EASTGATE DR AIKEN, SC 29803-7688 FAC.#:803-643-3694 FOWLER WANDA M PH#: 803-643-3694 **Facility Email:** WFOWLER@ORIANNA.COM	Aiken / Limited Liability 550 EASTGATE DR AIKEN, SC 29803-7688 ANCHOR REHABILITATION AND HEALTHCARE CENTER OF AIKEN LLC **NCF-0902 / 12/31/2017**	60
AZALEAWOODS REHAB AND NURSING CENTER 123 DUPONT DR NW AIKEN, SC 29801-4089 FAC.#:803-648-0434 ARMSTRONG TIM E PH#: 803-648-0434 **Facility Email:** TARMSTRONG@COOKE-ASSOCIATES.COM	Aiken / Limited Liability PO BOX 2829 AIKEN, SC 29802 CARLYLE SENIORCARE OF AIKEN LLC **NCF-0982 / 07/31/2017**	86
NHC HEALTHCARE NORTH AUGUSTA 350 AUSTIN GRAYBILL RD NORTH AUGUSTA, SC 29860-9251 FAC.#:803-278-4272 HILL HEATH E PH#: 803-278-4272 **Facility Email:** HHILL@NHCNORTHAUGUSTA.COM	Aiken / Ltd. Liability PO BOX 7979 NORTH AUGUSTA, SC 29861-7979 NHC HEALTHCARE/NORTH AUGUSTA LLC **NCF-0799 / 06/30/2017**	192
PEPPER HILL NURSING & REHAB CENTER 3525 AUGUSTUS RD AIKEN, SC 29801-2701 FAC.#:803-642-8376 JONES PRESTON S PH#: 803-642-8376 **Facility Email:** SCOTTJONES@PEPPERHILL.COM	Aiken / Limited Liability PO BOX 3188 AIKEN, SC 29802-3188 PEPPER HILL NURSING & REHAB CENTER LLC **NCF-0879 / 11/30/2017**	132

ANCHOR REHABILITATION AND HEALTHCARE CENTER OF AIKEN

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

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

Certifications:None

AZALEAWOODS REHAB AND NURSING CENTER

Licensed Beds: Nursing Home: 86 **Institutional Nursing Home:** 0

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

Certifications:None

NHC HEALTHCARE NORTH AUGUSTA

Licensed Beds: Nursing Home: 192 **Institutional Nursing Home:** 0

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

Certifications:None

PEPPER HILL NURSING & REHAB CENTER

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

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

Certifications:None

County: Aiken

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
PRUITTHEALTH-AIKEN 830 LAURENS ST AIKEN, SC 29801-0475 FAC.#:803-649-6264 GRUZMAN CHARLES PH#: **Facility Email:** NGUZMAN@PRUITTHEALTH.COM	Aiken / Limited Liability 830 LAURENS ST AIKEN, SC 29801-0475 PRUITTHEALTH-AIKEN LLC **NCF-0942 / 06/30/2017**	176

Licensed Beds: Nursing Home: 176 **Institutional Nursing Home:** 0

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

Certifications:None

PRUITTHEALTH-NORTH AUGUSTA 1200 TALISMAN DR NORTH AUGUSTA, SC 29841-4098 FAC.#:803-278-2170 GILL KATHRYN PH#: 803-278-2170 **Facility Email:** KAGILL@PRUITTHEALTH.COM	Aiken / Limited Liability 1200 TALISMAN DR NORTH AUGUSTA, SC 29841-4098 PRUITTHEALTH-NORTH AUGUSTA LLC **NCF-0721 / 10/31/2017**	132

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

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

Certifications:None

Totals For Facility/License Type: Nursing Home

Number of Activities/Facilities licensed: 6 **Number Licensed Units: 778**

County: Aiken

Facility Type: PSAD Outpatient

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
AIKEN COUNTY COMMISSION ON ALCOHOL AND DRUG ABUSE 1105 GREGG HWY AIKEN, SC 29801-6341 FAC.#:803-649-1900 MATTOCKS H HERBERT PH#: 803-649-1900 **Facility Email:** INFO@AIKENCENTER.ORG	Aiken / County 1105 GREGG HWY AIKEN, SC 29801-6341 AIKEN COUNTY COMMISSION ON ALCOHOL AND DRUG ABUSE (BOARD) **OTP-0006 / 06/30/2017**	1

Certifications:None

BHG AIKEN TREATMENT CENTER 410 UNIVERSITY PKWY STE 1560 AIKEN, SC 29801-6834 FAC.#:803-641-6911 SMITH HAYLEY PH#: 803-641-6911 **Facility Email:** DEREK.WALSH@BHGRECOVERY.COM	Aiken / Corporation 8300 DOUGLAS AVE STE 750 DALLAS, TX 75225-5856 BHG XXXIX LLC **OTPN-0170 / 01/31/2018**	1

Certifications:Narcotics Treatment Program, Methodone Treatment Program

Totals For Facility/License Type: PSAD Outpatient

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

County: Aiken

Facility Type: Renal Dialysis

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
AIKEN DIALYSIS 775 MEDICAL PARK DR AIKEN, SC 29801-6306 FAC.#:803-641-4222 PRICE TAMMY PH#: 803-641-4222 **Facility Email:** MEGAN.SEIFARTH@DAVITA.COM	Aiken / Corporation 5200 VIRGINIA WAY STE 400, LICENSING AND CERTIFICATION BRENTWOOD, TN 37027-7569 DVA HEALTHCARE RENAL CARE INC **ERD-0034 / 03/31/2017**	21
Licensed Stations: Hemodialysis: 20 Peritoneal: 1		
FRESENIUS MEDICAL CARE AIKEN 690 MEDICAL PARK DR STE 150 AIKEN, SC 29801-5385 FAC.#:803-502-4337 SLONE VALERIE PH#: 803-502-4337 **Facility Email:** VALERIE.SLONE@FMC-NA.COM	Aiken / Limited Liability 690 MEDICAL PARK DR STE 150 AIKEN, SC 29801-5385 FRESENIUS MEDICAL CARE CNA KIDNEY CENTERS LLC **ERD-0222 / 07/31/2017**	13
Licensed Stations: Hemodialysis: 11 Peritoneal: 2		
FRESENIUS MEDICAL CARE ATOMIC ROAD 10263 ATOMIC RD NORTH AUGUSTA, SC 29841 FAC.#:803-279-3722 COLLINS GINNY PH#: 803-279-3722 **Facility Email:** GINNY.COLLINS@FMC-NA.COM	Aiken / Limited Liability 10263 ATOMIC RD NORTH AUGUSTA, SC 29841 NRA-NORTH AUGUSTA SOUTH CAROLINA LLC **ERD-0173 / 09/30/2017**	22
Licensed Stations: Hemodialysis: 21 Peritoneal: 1		
US RENAL CARE NORTH AIKEN DIALYSIS 208 UNIVERSITY PKWY STE 208 AIKEN, SC 29801 FAC.#:803-642-2670 TYLER JESSICA PH#: **Facility Email:** LEGAL@USRENALCARE.COM	Aiken / Ltd. Liability PO BOX 251549 PLANO, TX 75093-1500 USRC NORTH AIKEN LLC **ERD-0208 / 12/31/2017**	11
Licensed Stations: Hemodialysis: 11 Peritoneal: 2		
US RENAL CARE SOUTH AIKEN DIALYSIS 169 CREPE MYRTLE CT AIKEN, SC 29803-7543 FAC.#:803-644-8484 BRYAN LESLEY C PH#: 803-644-8484 **Facility Email:** LEGAL@USRENALCARE.COM	Aiken / Limited Liability 2400 DALLAS PKWY STE 350 PLANO, TX 75093-4380 DCA OF SOUTH AIKEN LLC **ERD-0156 / 03/31/2017**	18
Licensed Stations: Hemodialysis: 18 Peritoneal: 2		

Totals For Facility/License Type: Renal Dialysis

Number of Activities/Facilities licensed: 5 **Number Licensed Units: 85**

Number of Activities/Facilities licensed in county of : Aiken # Lics: 66
Number Licensed Units : 1,901

Report Totals

Total Number of Activities/Facilities licensed: 66 Total Number Licensed Units: 1,901