

County: **Georgetown**

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
<b>GEORGETOWN ACTIVE DAY CENTER AT HIGHMARKET STREET</b> 2902 HIGHMARKET ST GEORGETOWN, SC 29440-2918 FAC.#:843-546-2055 ARDITO DONNA L PH#: 843-546-2055 <b>Facility Email:</b> DLARDITO@ACTIVEDAY.COM	Georgetown / Corporation 6 NESHAMINY INTERPLEX STE 401 FEASTERVILLE TREVOSSE, PA 19053 ACTIVE SC TWO INC <b>ADC-0208 / 07/31/2017</b>	64
<b>Number of Participants: 64</b>		
<b>OASIS ADULT DAY CARE CENTER</b> 2317 PRINCE ST GEORGETOWN, SC 29440-2925 FAC.#:843-527-4848 GRAHAM MAZIE E PH#: 843-527-4848 <b>Facility Email:</b> OASISINC2001@YAHOO.COM	Georgetown / Corporation 2317 PRINCE ST GEORGETOWN, SC 29440-2925 OASIS II-SPECIAL POPULATIONS INC <b>ADC-0207 / 08/31/2016 (Renewal Pending)</b>	12
<b>Number of Participants: 12</b>		

<b>Totals For Facility/License Type: <u>Adult Day Care</u></b>	
<b>Number of Activities/Facilities licensed: _____ 2</b>	<b>Number Licensed Units: _____ 76</b>

County: Georgetown

Facility Type: Ambulatory Surgery

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
<b>BAY MICROSURGICAL UNIT</b> 1200 HIGHMARKET ST GEORGETOWN, SC 29440-3227 FAC.#:843-546-8421 SPRING JANET R PH#: 843-546-8421 Facility Email: JSRING@COASTALEYEGROUP.COM	Georgetown / Corporation PO BOX 2900 GEORGETOWN, SC 29442-2900 BAY MICROSURGICAL UNIT INC <b>ASF-0090 / 11/30/2017</b>	1
Operating Rooms: 1 Procedure Rooms: 0 Endoscopy Rooms: 0		
<b>CAROLINA COAST SURGERY CENTER</b> 3545 HWY 17 BYPASS MURRELLS INLET, SC 29576 FAC.#:843-299-1717 ANDREWS TAMMY PH#: 843-766-7103 Facility Email: TANDREWS@CAROLINACOASTSC.COM	Georgetown / Limited Liability 3545 HWY 17 BYP STE 150 MURRELLS INLET, SC 29576 MURRELLS INLET ASC LLC <b>ASF-0121 / 07/31/2017</b>	4
Operating Rooms: 2 Procedure Rooms: 2 Endoscopy Rooms: 0		
<b>TIDELANDS GEORGETOWN ENDOSCOPY CENTER</b> 2361 N FRASER ST GEORGETOWN, SC 29440-6410 FAC.#:843-436-1000 MAXWELL PAM PH#: 843-520-8602 Facility Email: ATANNER@GEORGETOWNHOSPITALSYSTEM.ORG	Georgetown / Non-Profit Corporation 2361 N FRASER ST GEORGETOWN, SC 29440-6410 TIDELANDS GEORGETOWN MEMORIAL HOSPITAL <b>ASF-0106 / 08/31/2017</b>	1
Operating Rooms: 0 Procedure Rooms: 0 Endoscopy Rooms: 1		
<b>TIDELANDS WACCAMAW SURGERY CENTER</b> 3911 HWY 17 BYPASS UNIT B MURRELLS INLET, SC 29576-5014 FAC.#:843-651-8211 RESETAR GAYLE PH#: 843-652-8211 Facility Email: GRESETAR@TIDELANDSHEALTH.ORG	Georgetown / Non-Profit Corporation 3911 HWY 17 UNIT B MURRELLS INLET, SC 29576-5014 WACCAMAW COMMUNITY HOSPITAL (INC) <b>ASF-0085 / 08/31/2017</b>	2
Operating Rooms: 1 Procedure Rooms: 1 Endoscopy Rooms: 0		

<b>Totals For Facility/License Type: <u>Ambulatory Surgery</u></b>	
Number of Activities/Facilities licensed: <u>4</u>	Number Licensed Units: <u>8</u>

County: Georgetown

Facility Type: Community Residential Care Facility

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
<b>INLET COASTAL RESORT</b> 5087 HWY 17 N BP MURRELLS INLET, SC 29576 FAC.#:843-405-2005 MCGRAW KEVIN PH#: 843-405-2005 Facility Email: KMCGRRAW@INLETCOASTAL.COM	Georgetown / Limited Liability 5087 OCEAN HWY 17 N BYPASS MURRELL'S INLET, SC 29576 INLET COASTAL RESORT LLC CRC-1549 / 08/31/2017	62
Alzheimer Care:No      Max # Resident:0	Alzheimer Unit: Yes      Max # Beds: 20	
Certifications:None		
<b>JESSAMINE COMMUNITY RESIDENCE</b> 143 JESSAMINE AVE GEORGETOWN, SC 29440-5837 FAC.#:843-527-1390 RANDOLPH STACEY PH#: 843-527-1390 Facility Email: SANTLEY@GCBDSN.COM	Georgetown / County PO BOX 1471 GEORGETOWN, SC 29442-1471 GEORGETOWN COUNTY BOARD OF DISABILITIES AND SPECIAL NEEDS CRC-1445 / 06/30/2017	8
Alzheimer Care:No      Max # Resident:0	Alzheimer Unit: No      Max # Beds: 0	
Certifications:None		
<b>LAKES AT LITCHFIELD ASSISTED LIVING</b> 120 LAKES AT LITCHFIELD DR PAWLEYS ISLAND, SC 29585-5515 FAC.#:843-235-9393 FRYAR LESLIE C PH#: 843-235-9393 Facility Email: LFRYAR@LAKES-LITCHFIELD.COM	Georgetown / Ltd. Liability 120 LAKES AT LITCHFIELD DR PAWLEYS ISLAND, SC 29585-5515 LITCHFIELD RETIREMENT LLC CRC-1116 / 08/31/2017	79
Alzheimer Care:Yes      Max # Resident:11	Alzheimer Unit: Yes      Max # Beds: 11	
Certifications:None		
<b>MARY'S HOME CARE</b> 224 WARD LOOP HEMINGWAY, SC 29554-3415 FAC.#:843-558-9053 HOLMES MARY W PH#: 843-558-9053 Facility Email: Not on File	Georgetown / Sole Proprietorship 224 WARD LOOP HEMINGWAY, SC 29554 HOLMES MARY W CRC-1505 / 03/31/2017	5
Alzheimer Care:Yes      Max # Resident:2	Alzheimer Unit: No      Max # Beds: 0	
Certifications:None		
<b>MARYVILLE COMMUNITY RESIDENCE</b> 2602 OLD CHARLESTON RD GEORGETOWN, SC 29440-1471 FAC.#:843-546-7238 RANDOLPH STACEY PH#: 843-527-1390 Facility Email: SANTLEY@GCBDSN.COM	Georgetown / County PO BOX 1471 GEORGETOWN, SC 29442-1471 GEORGETOWN COUNTY BOARD OF DISABILITIES AND SPECIAL NEEDS CRC-1446 / 06/30/2017	8
Alzheimer Care:No      Max # Resident:0	Alzheimer Unit: No      Max # Beds: 0	
Certifications:None		

County: Georgetown

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
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<b>MORNINGSIDE OF GEORGETOWN</b> 2628 N FRASER ST GEORGETOWN, SC 29440-6946 FAC.#:843-520-0319 PH#: Facility Email: LICENSING@5SSL.COM	Georgetown / Limited Liability Limited Partnership 401 CENTRE ST NEWTON, MA 02458-2094 MORNINGSIDE OF SOUTH CAROLINA LP CRC-1102 / 05/31/2017	59
Alzheimer Care:Yes      Max # Resident:30	Alzheimer Unit: No      Max # Beds: 0	

Certifications:None

<b>OASIS RESIDENTIAL HOME</b> 2317 PRINCE ST GEORGETOWN, SC 29440-2925 FAC.#:843-527-4848 GRAHAM MAZIE E PH#: 843-527-4848 Facility Email: OASISINC2001@YAHOO.COM	Georgetown / Corporation 2317 PRINCE ST GEORGETOWN, SC 29440-2925 OASIS RESIDENTIAL HOME INC CRC-1219 / 08/31/2017	22
Alzheimer Care:Yes      Max # Resident:6	Alzheimer Unit: No      Max # Beds: 0	

Certifications:None

<b>SOUTH ISLAND ASSISTED LIVING</b> 2902 S ISLAND RD GEORGETOWN, SC 29440-4420 FAC.#:843-545-5427 MCALHANY MAXINE J PH#: 843-545-5427 Facility Email: SOUTHISLAND2003@GMAIL.COM	Georgetown / Corporation 2902 S ISLAND RD GEORGETOWN, SC 29440-4420 SOUTH ISLAND ASSISTED LIVING INC CRC-1272 / 02/28/2017	32
Alzheimer Care:Yes      Max # Resident:3	Alzheimer Unit: No      Max # Beds: 0	

Certifications:None

<b>SUNNY PINES BOARDING HOME</b> 108 W GAPWAY RD ANDREWS, SC 29510-6786 FAC.#:843-221-7436 PAPILLION GLORIA F PH#: 843-221-7436 Facility Email: SUNNYPINES57@MSN.COM	Georgetown / Sole Proprietorship PO BOX 732 ANDREWS, SC 29510-0732 MATTIE H DUROUSSEAU CRC-0098 / 05/31/2017	18
Alzheimer Care:No      Max # Resident:0	Alzheimer Unit: No      Max # Beds: 0	

Certifications:None

<b>Totals For Facility/License Type: <u>Community Residential Care Facility</u></b>	
Number of Activities/Facilities licensed: _____ 9	Number Licensed Units: _____ 293

County: Georgetown

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
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<b>AMEDISYS HOME HEALTH OF GEORGETOWN</b> 2503 HIGHMARKET ST GEORGETOWN, SC 29440-2900 FAC.#:843-546-1730 DAWSON KATHLEEN H PH#: 843-546-1730 <b>Facility Email:</b> 2245@AMEDISYS.COM	Georgetown / Limited Liability 2503 HIGHMARKET ST GEORGETOWN, SC 29440-2900 GEORGETOWN HOSPITAL HOME HEALTH LLC <b>HHA-0192 / 01/31/2017</b>	2
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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

Other:

<b>Totals For Facility/License Type: <u>Home Health</u></b>	
<b>Number of Activities/Facilities licensed: _____ 1</b>	<b>Number Licensed Units: _____ 2</b>

County: Georgetown

Facility Type: Hospice Facility

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
TIDELANDS COMMUNITY HOSPICE HOUSE 2591 N FRASER ST GEORGETOWN, SC 29440-6411 FAC.#:843-520-7700 PLAYER SHANE SCOTT PH#: 843-520-7700 Facility Email: SHANE.PLAYER@TIDELANDSHOSPICE.ORG	Georgetown / Non-Profit Corporation 2591 N FRASER ST GEORGETOWN, SC 29440-6411 TIDELANDS/GHS JOINT VENTURE LLC HPF-0008 / 01/31/2017	12

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

Number of Activities/Facilities licensed: 1      Number Licensed Units: 12

County: Georgetown

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
TIDELANDS COMMUNITY HOSPICE 2591 N FRASER ST GEORGETOWN, SC 29440-6411 FAC.#:843-546-3410 PLAYER SHANE SCOTT PH#: 843-520-7700 Facility Email: SHANE.PLAYER@TIDELANDSHOSPICE.ORG	Georgetown / Non-Profit Corporation 2591 N FRASER ST GEORGETOWN, SC 29440-6411 TIDELANDS/GHS JOINT VENTURE LLC HPC-0009 / 02/28/2017	3
Counties Served: Georgetown, Horry, Williamsburg		

Totals For Facility/License Type: Hospice Program

Number of Activities/Facilities licensed: 1      Number Licensed Units: 3

County: Georgetown

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
<b>TIDELANDS GEORGETOWN MEMORIAL HOSPITAL</b> 606 BLACK RIVER RD GEORGETOWN, SC 29440-3368 FAC.#:843-527-7100 MAXWELL PAMELA PH#: 843-527-7200 Facility Email: Not on File	Georgetown / Non-Profit Corporation PO BOX 421718 GEORGETOWN, SC 29442-4203 TIDELANDS GEORGETOWN MEMORIAL HOSPITAL HTL-0007 / 08/31/2017	131
Licensed Beds: General: 131    Psychiatric: 0    Rehab: 0    Substance Abuse: 0 Other Beds :    NICU: 0    Neonatal Special Care: 5		

Certifications: Perinatal Level II, JCAHO Accredited

<b>TIDELANDS WACCAMAW COMMUNITY HOSPITAL</b> 4070 HWY 17 BYPASS MURRELLS INLET, SC 29576-5033 FAC.#:843-652-1001 RESESTAR GAYLE L PH#: 843-652-1001 Facility Email: GRESESTAR@TIDELANDSHEALTH.ORG	Georgetown / Non-Profit Corporation 4070 HWY 17 BYPASS MURRELLS INLET, SC 29576-5033 WACCAMAW COMMUNITY HOSPITAL (INC) HTL-0834 / 10/31/2017	167
Licensed Beds: General: 124    Psychiatric: 0    Rehab: 43    Substance Abuse: 0 Other Beds :    NICU: 0    Neonatal Special Care: 2		

Certifications: Perinatal Level II, JCAHO Accredited

Totals For Facility/License Type: <u>Hospital or Institutional General Infirmary</u>	
Number of Activities/Facilities licensed: _____ 2	Number Licensed Units: _____ 298

## County: Georgetown

Facility Type: Inhome Care Provider

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
<b>ABUNDANCE HOME CARE LLC</b> 72 PROFESSIONAL LN PAWLEYS ISLAND, SC 29585 FAC.#:843-240-7183 PH#: Facility Email: TYRHONDA.LIVINGSTON@GMAIL.COM	Georgetown / Limited Liability 72 PROFESSIONAL LN PAWLEYS ISLAND, SC 29585 ABUNDANCE HOME CARE LLC <b>IHCP-0268 / 07/31/2017</b>	- 1
<b>AMERICARE HOMEMAKERS LLC</b> 671 JAMESTOWN DR 202F MURRELLS INLET, SC 29576 FAC.#:843-254-8818 PH#: Facility Email: AMERICARE@AOL.COM	Georgetown / Sole Proprietorship 671 JAMESTOWN DR UNIT 202F MURRELLS INLET, SC 29576 HARRIET DARLENE GATTIS <b>IHCP-0386 / 09/30/2017</b>	- 1
<b>GRAND STRAND HOMEWATCH CAREGIVERS</b> 4524 HWY 17 BYP MURRELLS INLET, SC 29576 FAC.#:843-299-0291 PH#: Facility Email: CBERNER@HOMEWATCHCAREGIVERS.COM	Georgetown / Limited Liability 4524 HWY 17 BYP MURRELLS INLET, SC 29576 PORFIN LLC <b>IHCP-0254 / 07/31/2017</b>	- 1
<b>HELPING COMPANIONS</b> 664 PINEHURST LANE UNIT 24B PAWLEYS ISLAND, SC 29585 FAC.#:843-543-3925 KANE PATRICIA PH#: 843-543-3925 Facility Email: LYN110@FRONTIER.COM	Georgetown / Limited Liability 664 PINEHURST LANE UNIT 24B PAWLEYS ISLAND, SC 29585 PATRICIA LYNN KANE <b>IHCP-0540 / 06/30/2017</b>	- 1
<b>HOME AIDE</b> 1710 S FRASER ST GEORGETOWN, SC 29440-3910 FAC.#:843-527-2752 PH#: Facility Email: HOMEAIDESC@YAHOO.COM	Georgetown / Corporation PO BOX 398 GEORGETOWN, SC 29442-0398 IN-HOME HEALTHCARE SERVICES INC <b>IHCP-0134 / 05/31/2017</b>	- 1
<b>HOME CARE ASSISTANCE OF THE GRAND STRAND</b> 237B WILLBROOK BLVD PAWLEYS ISLAND, SC 29585-7789 FAC.#:843-353-3105 PH#: Facility Email: THENDRIX@HOMECAREASSISTANCE.COM	Georgetown / Limited Liability PO BOX 2651 ORANGEBURG, SC 29115 PAWLEYS SERVICE PARTNERS LLC <b>IHCP-0473 / 10/31/2017</b>	- 1
<b>LITCHFIELD WELL CARE</b> 120 LAKES AT LITCHFIELD DR PAWLEYS ISLAND, SC 29585-5515 FAC.#:843-235-9393 FRYAR LESLIE C PH#: 843-235-9393 Facility Email: PFESKO@LIVELONGWELL.COM	Georgetown / Limited Liability 120 LAKES AT LITCHFIELD DR PAWLEYS ISLAND, SC 29585-5515 LIVE LONG WELL CARE LLC <b>IHCP-0062 / 02/28/2017</b>	- 1
<b>SENIOR HELPERS OF PAWLEYS ISLAND</b> 10698 OCEAN HWY PAWLEYS ISLAND, SC 29585-7978 FAC.#:843-979-3273 MANTELL CANDIDA PH#: 843-979-3273 Facility Email: CMANTELL@SENIORHELPERS.COM	Georgetown / Corporation 10698 OCEAN HWY PAWLEYS ISLAND, SC 29585-7978 CDM CORPORATION <b>IHCP-0066 / 02/28/2017</b>	- 1

County: Georgetown

Facility Type: Inhome Care Provider

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

Totals For Facility/License Type: Inhome Care Provider

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

County: Georgetown

Facility Type: Nursing Home

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

<b>BLUE RIDGE IN GEORGETOWN</b>	Georgetown / Limited Liability	84
2715 S ISLAND RD	2715 S ISLAND RD	
GEORGETOWN, SC 29440-4415 FAC.#:843-546-4123	GEORGETOWN, SC 29440-4415	
BRYANT COLBY E PH#: 843-546-4123	BLUE RIDGE IN GEORGETOWN LLC	
<b>Facility Email:</b> ADMIN@GEORGETOWN.CARE	<b>NCF-0633 / 03/31/2017</b>	

Licensed Beds: Nursing Home: 84 Institutional Nursing Home: 0

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

Certifications:None

<b>LAKES AT LITCHFIELD SKILLED NURSING CENTER</b>	Georgetown / Ltd. Liability	24
80 TIMBERVIEW CT	120 LAKES AT LITCHFIELD DR	
PAWLEYS ISLAND, SC 29585-5798 FAC.#:843-235-2421	PAWLEYS ISLAND, SC 29585-5515	
BARBER JEFF B PH#: 843-235-2421	LITCHFIELD RETIREMENT LLC	
<b>Facility Email:</b> JBARBER@LAKES-LITCHFIELD.COM	<b>NCF-0843 / 12/31/2016</b>	

Licensed Beds: Nursing Home: 17 Institutional Nursing Home: 7

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

Certifications:None

<b>PRINCE GEORGE HEALTHCARE CENTER</b>	Georgetown / Ltd. Liability	148
901 MAPLE ST	901 MAPLE ST	
GEORGETOWN, SC 29440-4333 FAC.#:843-546-6101	GEORGETOWN, SC 29440-4333	
PORTER RICHARD PH#: 843-546-6101	PALMETTO PRINCE GEORGE OPERATING LLC	
<b>Facility Email:</b> RICHARD.PORTER@PALMLTC.COM	<b>NCF-0930 / 09/30/2017</b>	

Licensed Beds: Nursing Home: 148 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: 3      Number Licensed Units: 256

County: Georgetown

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
GEORGETOWN COUNTY ALCOHOL AND DRUG ABUSE COMMISSION 1423 WINYAH ST GEORGETOWN, SC 29440-4730 FAC.#:843-546-6081 WALKER WILLIAM J PH#: 843-546-6081 Facility Email: RCARR@GCADAC.ORG	Georgetown / County PO BOX 515 GEORGETOWN, SC 29442-0515 GEORGETOWN COUNTY ALCOHOL AND DRUG ABUSE COMMISSION (BOARD) OTP-0039 / 11/30/2017	1

Certifications:None

Totals For Facility/License Type: <u>PSAD Outpatient</u>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>1</u>

County: **Georgetown**

Facility Type: **Renal Dialysis**

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

<b>FMC DIALYSIS SERVICES-MURRELLS INLET</b>	Georgetown / Corporation	14
5011 HWY 17	5011 HWY 17	
MURRELLS INLET, SC 29576-5043 FAC.#:843-357-4840	MURRELLS INLET, SC 29576-5043	
CAMPBELL ELIZABETH M PH#: 843-357-4840	BIO-MEDICAL APPLICATIONS OF SOUTH CAROLINA INC	
<b>Facility Email:</b> CLINIC2080@FMC-NA.COM	<b>ERD-0096 / 06/30/2017</b>	

**Licensed Stations: Hemodialysis: 14 Peritoneal: 0**

<b>FRESENIUS MEDICAL CARE GEORGETOWN</b>	Georgetown / Corporation	29
712 N FRASER ST	712 N FRASER ST	
GEORGETOWN, SC 29440-3353 FAC.#:843-527-3431	GEORGETOWN, SC 29440-3353	
BORDEN CORISSA PH#: 843-527-3431	BIO-MEDICAL APPLICATIONS OF SOUTH CAROLINA INC	
<b>Facility Email:</b> CLINIC1390@FMC-NA.COM	<b>ERD-0009 / 09/30/2017</b>	

**Licensed Stations: Hemodialysis: 28 Peritoneal: 1**

<b>FRESENIUS MEDICAL CARE WINYAH</b>	Georgetown / Corporation	20
2623 S FRASER ST	2623 S FRASER ST	
GEORGETOWN, SC 29440-4374 FAC.#:843-546-6900	GEORGETOWN, SC 29440-4374	
CANNON RN BETH PH#: 843-546-6900	BIO-MEDICAL APPLICATIONS OF SOUTH CAROLINA INC	
<b>Facility Email:</b> CLINIC6730@FMC-NA.COM	<b>ERD-0189 / 10/31/2017</b>	

**Licensed Stations: Hemodialysis: 20 Peritoneal: 0**

<b>Totals For Facility/License Type: <u>Renal Dialysis</u></b>	
<b>Number of Activities/Facilities licensed: _____ 3</b>	<b>Number Licensed Units: _____ 63</b>

<b>Number of Activities/Facilities licensed in county of : <u>Georgetown</u> # Lics: _____ 35</b>
<b>Number Licensed Units : _____ 1,004</b>

**Report Totals**

**Total Number of Activities/Facilities licensed: \_\_\_\_\_ 35 Total Number Licensed Units: \_\_\_\_\_ 1,004**