County: Charleston

Facility Type: Abortion Clinic

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Addres Licensee	Licensed Unit
CHARLESTON WOMEN'S MEDICAL CENTER	AB-0005 / 07/31/2009	1
1312 ASHLEY RIVER RD	Charleston / Ltd. Liability	
CHARLESTON, SC 29407	1312 ASHLEY RIVER RD	
BOYLE, LEISA PH#: 843-571-5161	CHARLESTON, SC 29407	
Fac. Cont. Email: No Fac Cont. email on record	SC WOMEN'S CLINIC PA	

Totals For Facility/License Type **Abortion Clinic**

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

County: Charleston

Facility Type: Adult Day Care

Facility Name / Location Street / Location City, State / Administrator/Phone	License Nbr/Expiration Date / County/Ownership Typ / Mailing/Billing Addres / Licensee	Licensed Unit
ACTIVE DAY OF CHARLESTON 915 A1 FOLLY RD CHARLESTON, SC 29407 DORN, BETTY PH#: 843-766-9020 **Fac. Cont. Email:** BDORN@ACTIVEDAY.COM	ADC-0130 / 10/31/2009 Charleston / Corporation 915 A1 FOLLY RD CHARLESTON, SC 29407 ACTIVE SC ONE INC	66
Number of Participants	**66**	
EAST COOPER SENIOR DAY CARE 999-C LAKE HUNTER CIR MOUNT PLEASANT, SC 29464 JENKINS, MARTHA E PH#: 843-216-1070 **Fac. Cont. Email:** No Fac Cont. email on record	ADC-0280 / 12/31/2009 Charleston / Ltd. Liability 447 HATTIE ST MOUNT PLEASANT, SC 29464 MARTHA E AND JOSIE JENKINS JR LLC	24
Number of Participants	**24**	
EBENEZER SENIOR DAY CARE CENTER 44 NASSAU ST CHARLESTON, SC 29403 WILLIAMS-MOSELEY, TARSHA L PH#: 843-723-0065 **Fac. Cont. Email:** TMOSELEY110@CS.COM	ADC-0179 / 02/28/2010 Charleston / Non-Profit Corporation 44 NASSAU ST CHARLESTON, SC 29403 EBENEZER SOCIAL ACTION AND COMMUNITY DEVELOPMENT ENTERPRISE	40
Number of Participants	**40**	
MIDLAND PARK ADULT DAY CARE 2712 MIDLAND PARK RD NORTH CHARLESTON, SC 29406 SINGIAN, ROGELIO C PH#: 843-569-0025 **Fac. Cont. Email:** RVBALAGTASSC@AOL.COM	ADC-0106 / 01/31/2010 Charleston / Corporation 2712 MIDLAND PARK RD NORTH CHARLESTON, SC 29406 MIDLAND PARK RESIDENTIAL HOME CARE	12
Number of Participants	**12**	
SEA ISLAND ADULT DAY CENTER 3627 MAYBANK HWY JOHNS ISLAND, SC 29455 BENNETT, GWENDOLYN G PH#: 843-559-5505 **Fac. Cont. Email:** MISSGGB@AOL.COM	ADC-0286 / 11/30/2009 Charleston / Non-Profit Corporation PO BOX 689 JOHNS ISLAND, SC 29455 SEA ISLAND COMPREHENSIVE HEALTH CARE CORPORATION	31
Number of Participants	**31**	
TRUCARE ADULT DAY CENTER 9225 UNIVERSITY BLVD, STE E-1A NORTH CHARLESTON, SC 29406 YOUNG, VALERIE D PH#: 843-569-7200 **Fac. Cont. Email:** TADC2@BELLSOUTH.NET	ADC-0225 / 07/31/2009 Charleston / Corporation PO BOX 325 LADSON, SC 29456 TRUCARE HEALTH SERVICES INC	35
Number of Participants	**35**	

Totals For Facility/License Type **Adult Day Care**

Number of Activities/Facilities licensed: 6 **Number Licensed Units** 208

County: Charleston

Facility Type: Ambulatory Surgery

Facility Name / Location Street / Location City, State / Administrator/Phone	License Nbr/Expiration Date / County/Ownership Typ / Mailing/Billing Addres / Licensee	Licensed Unit
CHARLESTON ENDOSCOPY CENTER LLC 1962 CHARLIE HALL BLVD CHARLESTON, SC 29414-0000 PUNTENEY, WANDA M PH#: 843-722-8000 **Fac. Cont. Email:** STEPHANIE.ANDREWS@CHARLESTONGI.COM	ASF-0079 / 01/31/2010 Charleston / Ltd. Liability 1962 CHARLIE HALL BLVD CHARLESTON, SC 29414 CHARLESTON ENDOSCOPY CENTER LLC	4
Operating Rooms 0 **Procedure Rooms** 0 **Endoscopy Rooms** 4		
CHARLESTON SURGERY CENTER 2690 LAKE PARK DR NORTH CHARLESTON, SC 29418 MEDLEY, HELENE PH#: 843-764-0992 **Fac. Cont. Email:** ROSINA.FEAGIN@HEALTHSOUTH.COM	ASF-0011 / 03/31/2010 Charleston / Limited Liability Limited Partnership 2690 LAKE PARK DR NORTH CHARLESTON, SC 29406 CHARLESTON SURGERY CENTER LP	6
Operating Rooms 4 **Procedure Rooms** 1 **Endoscopy Rooms** 1		
ELMS ENDOSCOPY CENTER LLC 2671 ELMS PLANTATION BLVD CHARLESTON, SC 29406-0000 HARLAN, DAVID A PH#: 843-797-6800 **Fac. Cont. Email:** DHARLAN@TRIDENTGASTRO.COM	ASF-0098 / 03/31/2010 Charleston / Ltd. Liability 2671 ELMS PLANTATION BLVD NORTH CHARLESTON, SC 29406 ELMS ENDOSCOPY CENTER LLC	3
Operating Rooms 0 **Procedure Rooms** 0 **Endoscopy Rooms** 3		
PALMETTO ENDOSCOPY CENTER LLC 2073 CHARLIE HALL BLVD CHARLESTON, SC 29414-0000 RUFF, CYNTHIA A PH#: 843-571-0643 **Fac. Cont. Email:** CRUFF@PALMETTODIGESTIVE.COM	ASF-0084 / 02/28/2010 Charleston / Ltd. Liability 2073 CHARLIE HALL BLVD CHARLESTON, SC 29414 PALMETTO ENDOSCOPY CENTER LLC	2
Operating Rooms 0 **Procedure Rooms** 0 **Endoscopy Rooms** 2		
PHYSICIANS' EYE SURGERY CENTER LLC 2060 CHARLIE HALL BLVD STE 301 CHARLESTON, SC 29414 ROBINSON, REBECCA C PH#: 843-571-4800 **Fac. Cont. Email:** ROBINSONB@EYESURGERYCENTEROFCHARLESTON.C	ASF-0097 / 12/31/2009 Charleston / Limited Liability 2060 CHARLIE HALL BLVD, STE 301 CHARLESTON, SC 29414 PHYSICIANS' EYE SURGERY CENTER LLC	2
Operating Rooms 2 **Procedure Rooms** 0 **Endoscopy Rooms** 0		
ROPER WEST ASHLEY SURGERY CENTER 18 FARMFIELD AVE CHARLESTON, SC 29407-7704 SAMPLE, MARIA I PH#: 843-763-3763 **Fac. Cont. Email:** MARIA.SAMPLE@ROPERSAINTFRANCIS.COM	ASF-0049 / 06/30/2009 Charleston / Corporation 18 FARMFIELD AVE CHARLESTON, SC 29407 ROPER HOSPITAL INC	6
Operating Rooms 5 **Procedure Rooms** 1 **Endoscopy Rooms** 0		

County: Charleston

Facility Type: Ambulatory Surgery

Facility Name / Location Street / Location City, State / Administrator/Phone	License Nbr/Expiration Date / County/Ownership Typ / Mailing/Billing Addres / Licensee	Licensed Unit
SOUTHEASTERN SPINE INSTITUTE AMBULATORY SURGERY CENTER LLC 1106 CHUCK DAWLEY BLVD STE 100 MOUNT PLEASANT, SC 29464 FISCHER, JOSEPH O PH#: 843-849-1551 **Fac. Cont. Email:** JOEY.FISCHER@SOUTHEASTERNSPINECOM	ASF-0112 / 11/30/2009 Charleston / Limited Liability 1106 CHUCK DAWLEY BLVD STE 100 MOUNT PLEASANT, SC 29464 SOUTHEASTERN SPINE INSTITUTE AMBULATORY SURGERY CENTER LLC	3
Operating Rooms 2 Procedure Rooms 1 Endoscopy Rooms 0		
SURGERY CENTER OF CHARLESTON 1849 SAVAGE RD CHARLESTON, SC 29407 TRUSLOW, DAWN G PH#: 843-576-2607 **Fac. Cont. Email:** DTRUSLOW@CHARLESTONENT.COM	ASF-0072 / 12/31/2009 Charleston / Ltd. Liability 1849 SAVAGE RD CHARLESTON, SC 29407 CHARLESTON ENT ASSOCIATES L L C	2
Operating Rooms 1 Procedure Rooms 0 Endoscopy Rooms 1		
TRIDENT EYE SURGERY CENTER 9297-C MEDICAL PLAZA DR NORTH CHARLESTON, SC 29406-9136 CHAPPELL, MARGARET K PH#: 843-824-5024 **Fac. Cont. Email:** MARGARET.CHAPPELL@HCAHEALTHCARE.COM	ASF-0039 / 04/30/2009 Charleston / Limited Liability Limited Partnership 9297-C MEDICAL PLAZA DR PIEDMONT, SC 29406 TRIDENT EYE SURGERY CENTER L P	2
Operating Rooms 2 Procedure Rooms 0 Endoscopy Rooms 0		
TRIDENT SURGERY CENTER 9313 MEDICAL PLAZA DR, STE 102 CHARLESTON, SC 29406-9155 CHAPPELL, MARGARET K PH#: 843-797-8992 **Fac. Cont. Email:** MARGARET.CHAPPELL@HCAHEALTHCARE.COM	ASF-0024 / 05/31/2009 Charleston / Partnership 9313 MEDICAL PLAZA DR STE 102 CHARLESTON, SC 29406 TRIDENT AMBULATORY SURGERY CENTER LP	4
Operating Rooms 4 Procedure Rooms 0 Endoscopy Rooms 0		

Totals For Facility/License Type **Ambulatory Surgery**

Number of Activities/Facilities licensed: 10 **Number Licensed Units** 34

County: Charleston

Facility Type: Birthing Center

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Addres Licensee	Licensed Unit
CHARLESTON BIRTH PLACE INC	BC-0007 / 01/31/2010	2
9133 TIMBER ST STE 101	Charleston / Corporation	
NORTH CHARLESTON, SC 29406	9133 TIMBER ST STE 101	
RATHBUN, LESLEY PH#: 843-818-1123	NORTH CHARLESTON, SC 29406	
Fac. Cont. Email: LESLEY@CHARLESTONBIRTHPLACE.COM	CHARLESTON BIRTH PLACE INC	

Totals For Facility/License Type **Birthing Center**

Number of Activities/Facilities licensed: 1 **Number Licensed Units** 2

County: Charleston

Facility Type: Body Piercing

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Addres Licensee	Licensed Unit
AMERICAN STANDARD PIERCING 976 ORLEANS RD CHARLESTON, SC 29407 GAMBLIN, HOLLY A PH#: 843-573-2433 **Fac. Cont. Email:** CGAMBLIN@SC.RR.COM	BP-0168 / 05/31/2009 Charleston / Sole Proprietorship 105 SYLVAN TERRACE SUMMERVILLE, SC 29485-5422 HOLLY ANN GAMBLIN	1
EXOTIC IMPRESSIONS 8780 RIVERS AVE STE 316 N CHARLESTON, SC 29406 FINCH, MATTHEW D PH#: 843-797-2280 **Fac. Cont. Email:** EXOTICIMPRESSION@BELLSOUTH.NET	BP-0194 / 02/28/2010 Charleston / Ltd. Liability 8780 RIVERS AVE STE 316 N CHARLESTON, SC 29406 EXOTIC IMPRESSIONS LLC	1
FACTOR FIVE - MEETING STREET 283 MEETING ST CHARLESTON, SC 29402 GRAF, JOAN B PH#: 843-965-5559 **Fac. Cont. Email:** FACTOR5@EARTJ;OML/MET	BP-0167 / 05/31/2009 Charleston / Sole Proprietorship 5128 RIVERS AVE NORTH CHARLESTON, SC 29406 JOAN B GRAF	1
FACTOR FIVE - RIVERS AVENUE 5527 RIVERS AVE NORTH CHARLESTON, SC 29406 GRAF, JOAN PH#: 843-747-0608 **Fac. Cont. Email:** No Fac Cont. email on record	BP-0010 / 05/31/2009 Charleston / Sole Proprietorship 5128 RIVERS AVE NORTH CHARLESTON, SC 29406 JOAN B GRAF	1
MUSEUM OF LIVING ARTS LLC 845 SAVANNAH HWY STE C CHARLESTON, SC 29407 DAVIS, LAURA M PH#: 843-225-7127 **Fac. Cont. Email:** LAURA-DAVISII@YAHOO.COM	BP-0192 / 02/28/2010 Charleston / Ltd. Liability 845 SAVANNAH HWY STE C CHARLESTON, SC 29407 MUSEUM OF LIVING ARTS LLC	1
PIERCING PERFECTION LLC 1557 MEETING ST CHARLESTON, SC 29405 DUNN III, NIM B PH#: 843-270-2148 **Fac. Cont. Email:** No Fac Cont. email on record	BP-0211 / 07/31/2009 Charleston / Limited Liability 3460-B MAYBANK HWY JOHNS ISLAND, SC 29405 PIERCING PERFECTION LLC	1

Totals For Facility/License Type **Body Piercing**

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

County: Charleston

Facility Type: Community Residential Care Facility

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Addres Licensee	Licensed Unit
ASHLEY RIVER PLANTATION 2333 ASHLEY RIVER RD CHARLESTON, SC 29414 COOK, TIM E PH#: 843-766-9898 **Fac. Cont. Email:** No Fac Cont. email on record	CRC-1376 / 03/31/2010 Charleston / Ltd. Liability 2333 ASHLEY RIVER RD CHARLESTON, SC 29414 OAK HAVEN SENIOR LIVING LLC	123
Certifications: Alzheimer Care		
BELL'S PROFESSIONAL RESIDENTIAL HOME CARE 1910 DALTON ST NORTH CHARLESTON, SC 29406 BELL, FRANCE A PH#: 843-744-1765 **Fac. Cont. Email:** No Fac Cont. email on record	CRC-1209 / 05/31/2009 Charleston / Ltd. Liability 1155 MARQUIS RD CHARLESTON, SC 29415 BELL'S PROFESSIONAL RESIDENTIAL HOME CARE L L C	20
Certifications: None		
BISHOP GADSDEN EPISCOPAL COMMUNITY ONE BISHOP GADSDEN WAY CHARLESTON, SC 29412 TRAWICK, C WILLIAM PH#: 843-762-3300 **Fac. Cont. Email:** No Fac Cont. email on record	CRC-0451 / 11/30/2009 Charleston / Non-Profit Corporation ONE BISHOP GADSDEN WAY CHARLESTON, SC 29412 EPISCOPAL CHURCH HOME	112
Certifications: Alzheimer Unit, Alzheimers Care		
BOWLES COMMUNITY CARE HOME 9270 HWY 17 N MCCLELLANVILLE, SC 29458 BOWLES, BENJAMIN PH#: 843-887-4180 **Fac. Cont. Email:** BBOWCARE@AOL.COM	CRC-0090 / 09/30/2009 Charleston / Sole Proprietorship 9270 HWY 17 N MCCLELLANVILLE, SC 29458 BENJAMIN, BOWLES	16
Certifications: None		
BRAN DE ANA'S RESIDENTIAL CARE 836 MAGNOLIA RD CHARLESTON, SC 29407 COCHRAN, CONNIE P PH#: 843-763-7471 **Fac. Cont. Email:** No Fac Cont. email on record	CRC-0809 / 06/30/2008 (Renewal Pending) Charleston / Sole Proprietorship PO BOX 30063 CHARLESTON, SC 29417 CONNIE P COCHRAN	8
Certifications: None		
BRIDGE ASSISTED LIVING AT LIFE CARE CENTER OF CHARLESTON 2590 ELMS PLANTATION BLVD NORTH CHARLESTON, SC 29406 HITCHMAN, MARTINA E PH#: 843-553-6342 **Fac. Cont. Email:** No Fac Cont. email on record	CRC-1064 / 10/31/2009 Charleston / Ltd. Liability 2590 ELMS PLANTATION BLVD NORTH CHARLESTON, SC 29406 CHARLESTON RETIREMENT INVESTORS L L C	100
Certifications: None		

County: Charleston

Facility Type: Community Residential Care Facility

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Addres Licensee	Licensed Unit
CABADING HOMES #1	CRC-0394 / 07/31/2009	18
3431 RIVERS AVE	Charleston / Corporation	
NORTH CHARLESTON, SC 29405	3431 RIVERS AVE	
CABADING, LOLITA B PH#: 843-745-9182	NORTH CHARLESTON, SC 29405	
Fac. Cont. Email: No Fac Cont. email on record	CABADING HOMES INC	
Certifications: None		
CABADING HOMES #2	CRC-0571 / 02/28/2010	15
3435 RIVERS AVE	Charleston / Corporation	
NORTH CHARLESTON, SC 29405	2149 DORCHESTER RD	
CABADING, LOLITA B PH#: 843-745-9182	NORTH CHARLESTON, SC 29405	
Fac. Cont. Email: No Fac Cont. email on record	CABADING HOMES INC	
Certifications: None		
CABADING HOMES #3	CRC-0825 / 07/31/2009	25
2149 DORCHESTER RD	Charleston / Corporation	
NORTH CHARLESTON, SC 29405	2149 DORCHESTER RD	
CABADING, ALLAN M PH#: 843-745-9182	NORTH CHARLESTON, SC 29405	
Fac. Cont. Email: No Fac Cont. email on record	CABADING HOMES INC	
Certifications: None		
CAMP COMMUNITY RESIDENCE	CRC-1371 / 01/31/2010	8
1251 CAMP RD	Charleston / State	
JAMES ISLAND, SC 29412	PO BOX 22708	
GREEN, NATALIE PH#: 843-762-4625	CHARLESTON, SC 29413-2708	
Fac. Cont. Email: No Fac Cont. email on record	DISABILITIES BOARD OF CHARLESTON COUNTY	
Certifications: None		
CARTER-MAY HOME	CRC-0064 / 04/30/2010	25
1660 INGRAM RD	Charleston / Corporation	
CHARLESTON, SC 29401	1660 INGRAM RD	
BAUDER, JANINE N PH#: 843-556-8314	CHARLESTON, SC 29407	
Fac. Cont. Email: JANINE@CATHOLIC-DOC.ORG	CATHOLIC CHARITIES OF THE DIOCESE OF CHARLESTON INC	
Certifications: Alzheimer Care		
CHARDON PLACE	CRC-1462 / 01/31/2010	16
3455 BOHICKET RD	Charleston / Ltd. Liability	
JOHNS ISLAND, SC 29455	3455 BOHICKET RD	
KULSICAVAGE, ANNA MARIE PH#: 843-768-4948	JOHNS ISLAND, SC 29455-7222	
Fac. Cont. Email: DSWILLIS@YAHOO.COM	CHARDON PROPERTY LLC	
Certifications: Alzheimer Care		

County: Charleston

Facility Type: Community Residential Care Facility

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Addres Licensee	Licensed Unit
COOPER HALL AT THE PALMS OF MT PLEASANT 937 BOWMAN RD MT PLEASANT, SC 29464 DEFOOR, KENNETH E PH#: 843-388-2030 **Fac. Cont. Email:** No Fac Cont. email on record	CRC-1432 / 12/31/2009 Charleston / Ltd. Liability 300 N GREENE ST STE 1000 GREENSBORO, NC 27401 COOPER HALL SENIOR LIVING LLC	44
Certifications: None		
CUMMINGS COMMUNITY RESIDENTIAL CARE HOME 2606 STARK LN NORTH CHARLESTON, SC 29405 CUMMINGS, OLYMPIA W PH#: 843-747-7088 **Fac. Cont. Email:** OCUMMINGS03@COMCAST.NET	CRC-0891 / 10/31/2009 Charleston / Sole Proprietorship PO BOX 7 GOOSE CREEK, SC 29445 OLYMPIA W CUMMINGS	8
Certifications: None		
CURAMENG RESIDENTIAL HOME CARE 2021 COSGROVE AVE NORTH CHARLESTON, SC 29405 REYES, MILAGROS L PH#: 843-566-1266 **Fac. Cont. Email:** CURAMEFT@YAHOO.COM	CRC-1187 / 11/30/2009 Charleston / Corporation 2021 COSGROVE AVE NORTH CHARLESTON, SC 29405 JFJ INC	8
Certifications: None		
DAYSPRING ASSISTED LIVING 5146 TOWLES RD HOLLYWOOD, SC 29449 MARSHALL, YASSAMIN B PH#: 843-889-9757 **Fac. Cont. Email:** DAYSPRINGSC@YAHOO.COM	CRC-1385 / 04/30/2009 Charleston / Ltd. Liability 5146 TOWLES RD HOLLYWOOD, SC 29449 DAYSPRING ASSISTED LIVING LLC	16
Certifications: Alzheimer Care		
DORCAS RESIDENTIAL CARE I 1131 BEXLEY ST NORTH CHARLESTON, SC 29405 RELLORA, JESUS N PH#: 843-746-9800 **Fac. Cont. Email:** JNAVEARELLORA@NETZERO.NET	CRC-1251 / 11/30/2009 Charleston / Partnership PO BOX 61870 NORTH CHARLESTON, SC 29419 JESUS N AND WILHELMINA C RELLORA	5
Certifications: None		
DORCAS RESIDENTIAL CARE II 1133 BEXLEY ST NORTH CHARLESTON, SC 29405 RELLORA, JESUS N PH#: 843-747-4800 **Fac. Cont. Email:** JNAVEARELLORA@NETZERO.NET	CRC-1252 / 11/30/2009 Charleston / Partnership PO BOX 61870 NORTH CHARLESTON, SC 29419 JESUS N AND WILHELMINA C RELLORA	5
Certifications: None		

County: Charleston

Facility Type: Community Residential Care Facility

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Addres Licensee	Licensed Unit
EDENBROOK OF CHARLESTON 2030 CHARLIE HALL BLVD CHARLESTON, SC 29414-0000 NARAINE, ROBYN T PH#: 000-000-0000 **Fac. Cont. Email:** PINEWOODHOUSE@ALCCO.COM **Certifications:** Alzheimer Unit	CRC-1291 / 11/30/2009 Charleston / Corporation 2030 CHARLIE HALL BLVD CHARLESTON, SC 29414 TWENTY TWO PACK MANAGEMENT CORPORATION	100
EVERGREEN RESIDENTIAL CARE INC ANNEX II 1819 NORWOOD ST NORTH CHARLESTON, SC 29405 LESESNE, GARY O PH#: 843-744-1249 **Fac. Cont. Email:** EVERGREEN1818@MSN.COM **Certifications:** None	CRC-0818 / 04/30/2009 Charleston / Corporation PO BOX 31774 CHARLESTON, SC 29417 EVERGREEN RESIDENTIAL CARE INC	5
EVERGREEN RESIDENTIAL CARE INC I 1612 EVERGREEN ST CHARLESTON, SC 29407 LESESNE, CLARA P PH#: 843-744-1249 **Fac. Cont. Email:** EVERGREEN1818@MSN.COM **Certifications:** None	CRC-0026 / 03/31/2009 (Renewal Pending) Charleston / Corporation PO BOX 31774 CHARLESTON, SC 29417 EVERGREEN RESIDENTIAL CARE INC	8
EVERGREEN RESIDENTIAL CARE INC II 1818 NORWOOD ST NORTH CHARLESTON, SC 29405 LESESNE, GARY O PH#: 843-744-1249 **Fac. Cont. Email:** EVERGREEN1818@MSN.COM **Certifications:** None	CRC-0470 / 04/30/2009 Charleston / Corporation PO BOX 31774 NORTH CHARLESTON, SC 29417 EVERGREEN RESIDENTIAL CARE INC	51
FAIR HAVENS MANOR 1917 COSGROVE AVE NORTH CHARLESTON, SC 29405 MAGWOOD, ANDREA J PH#: 843-747-2593 **Fac. Cont. Email:** ANDREAJMAGWOOD@BELLSOUTH.NET **Certifications:** None	CRC-0101 / 04/30/2009 Charleston / Sole Proprietorship PO BOX 70028 NORTH CHARLESTON, SC 29415-0028 ANDREA J MAGWOOD	20
FAITH SWEET HOME 2151 DORCHESTER RD NORTH CHARLESTON, SC 29405-7992 ENCARNACION, FELICITAS B PH#: 843-552-7954 **Fac. Cont. Email:** ITASGANDA@NETZERO.NET **Certifications:** Alzheimer Care	CRC-1464 / 12/31/2009 Charleston / Sole Proprietorship 4704 LANDERWOOD CT NORTH CHARLESTON, SC 29420 FELICITAS B ENCARNACION	4

County: Charleston

Facility Type: Community Residential Care Facility

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Addres Licensee	Licensed Unit
FARMINGTON COMMUNITY RESIDENCE 1269 CAMP RD JAMES ISLAND, SC 29412 SIMMONS, CYNTHIA Y PH#: 843-762-9827 **Fac. Cont. Email:** DGOLDMINTZ@DSNCC.COM	CRC-1370 / 01/31/2010 Charleston / State PO BOX 22708 CHARLESTON, SC 29413-2708 DISABILITIES BOARD OF CHARLESTON COUNTY	8
Certifications: None		
FIRST CHOICE HOME CARE FACILITY 2003 COSGROVE AVE NORTH CHARLESTON, SC 29405 MABROUK, ABDELBAKI B PH#: 843-569-0025 **Fac. Cont. Email:** No Fac Cont. email on record	CRC-0742 / 10/31/2009 Charleston / Partnership 2003 COSGROVE AVE NORTH CHARLESTON, SC 29405 D Q R CAMBA/N M CAMBA/G T MARTINEZ/P MARTINEZ/P PAJOTA	8
Certifications: None		
FRANKE HOME 1885 RIFLE RANGE RD MT PLEASANT, SC 29464-0000 STOLL, SANDRA A PH#: 843-856-4700 **Fac. Cont. Email:** SSTOLL@FRANKEATSEASIDE.ORG	CRC-1082 / 09/30/2009 Charleston / Corporation 1885 RIFLE RANGE RD MT PLEASANT, SC 29464 LUTHERAN HOMES OF SOUTH CAROLINA INC	86
Certifications: Alzheimer Unit, Alzheimers Care		
GUARDIAN ANGELS RESIDENTIAL CARE 2126 SUCCESS ST NORTH CHARLESTON, SC 29405-7992 JANKE, BONIFACIA E PH#: 843-744-0448 **Fac. Cont. Email:** BIGB1959@COMCAST.NET	CRC-1049 / 11/30/2009 Charleston / Corporation 2126 SUCCESS ST NORTH CHARLESTON, SC 29405 GUARDIAN ANGELS ASSISTED LIVING INC	18
Certifications: None		
IVORY'S LOVING CARE RESIDENTIAL FACILITY 2827 SPRUILL AVE NORTH CHARLESTON, SC 29405 SANDERS, JUANITA PH#: 843-270-0787 **Fac. Cont. Email:** SISTERSANDERS@BELLSOUTH.NET	CRC-1383 / 04/30/2010 Charleston / Partnership 2827 SPRUILL AVE NORTH CHARLESTON, SC 29405 JUANITA SANDERS & GENEVA NELSON	7
Certifications: None		
JADE COMMUNITY RESIDENTIAL CARE 3 & 5 CUNNINGTON ST CHARLESTON, SC 29405 VELASCO, JULIA M PH#: 843-853-0299 **Fac. Cont. Email:** No Fac Cont. email on record	CRC-1123 / 10/31/2009 Charleston / Ltd. Liability PO BOX 612 UNION, SC 29379 JADE COMMUNITY RESIDENTIAL CARE L L C	10
Certifications: None		

County: Charleston

Facility Type: Community Residential Care Facility

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Addres Licensee	Licensed Unit
JADE COMMUNITY RESIDENTIAL CARE II 7 A AND 7 B CUNNINGTON ST CHARLESTON, SC 29405 WASHINGTON, ALFREDA PH#: 843-853-0299 **Fac. Cont. Email:** No Fac Cont. email on record **Certifications:** None	CRC-1124 / 10/31/2009 Charleston / Ltd. Liability PO BOX 612 UNION, SC 29379 JADE COMMUNITY RESIDENTIAL CARE L L C	10
JADE COMMUNITY RESIDENTIAL CARE III 9 CUNNINGTON ST CHARLESTON, SC 29405 WASHINGTON, ALFREDA PH#: 843-853-0299 **Fac. Cont. Email:** No Fac Cont. email on record **Certifications:** None	CRC-1125 / 10/31/2009 Charleston / Ltd. Liability PO BOX 612 UNION, SC 29379 JADE COMMUNITY RESIDENTIAL CARE L L C	12
L SIMMONS RESIDENTIAL HOME 458 RACE ST CHARLESTON, SC 29403 SIMMONS, LOUISE V PH#: 843-853-3179 **Fac. Cont. Email:** No Fac Cont. email on record **Certifications:** None	CRC-0928 / 04/30/2010 Charleston / Sole Proprietorship 458 RACE ST CHARLESTON, SC 29403 LOUISE V SIMMONS	5
LADSON'S RESIDENTIAL HOME CARE 1116 CAMP RD CHARLESTON, SC 29412 LADSON, PAULINE M PH#: 843-406-0775 **Fac. Cont. Email:** No Fac Cont. email on record **Certifications:** None	CRC-1256 / 09/30/2009 Charleston / Sole Proprietorship 1116 CAMP RD CHARLESTON, SC 29412 PAULINE LADSON	5
LAMBS ROAD COMMUNITY RESIDENCE 4788 LAMBS RD NORTH CHARLESTON, SC 29418 JOHNSTON, GLORIA J PH#: 843-767-1066 **Fac. Cont. Email:** DGOLDMINTZ@DSNCC.COM **Certifications:** None	CRC-0690 / 09/30/2009 Charleston / State PO BOX 22708 CHARLESTON, SC 29413 DISABILITIES BOARD OF CHARLESTON COUNTY	8
LANGIT'S ASSISTED LIVING FACILITY 1273 REMOUNT RD NORTH CHARLESTON, SC 29406 LANGIT, CRESENCIA B PH#: 843-554-1671 **Fac. Cont. Email:** LANGITSASSISTEDLIVING@COMCAST.NET **Certifications:** None	CRC-0861 / 03/31/2010 Charleston / Corporation 1273 REMOUNT RD NORTH CHARLESTON, SC 29406 LANGIT'S RESIDENTIAL HOME CARE INC	70

County: Charleston

Facility Type: Community Residential Care Facility

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Addres Licensee	Licensed Unit
LENEVAR COMMUNITY RESIDENCE	CRC-0943 / 07/31/2009	8
1435 W LENEVAR DR	Charleston / State	
CHARLESTON, SC 29407-0000	PO BOX 22708	
JOHNSTON, GLORIA J PH#: 843-766-3061	CHARLESTON, SC 29413-2708	
Fac. Cont. Email: DGOLDMINTZ@DSNCC.COM	DISABILITIES BOARD OF CHARLESTON COUNTY	
Certifications: None		
MARIA'S PRIORITY CARE RESIDENTIAL HOME I	CRC-0937 / 07/31/2009	7
3117 MEETING ST RD	Charleston / Partnership	
NORTH CHARLESTON, SC 29405	3117 MEETING ST RD	
PARANAL, ROGERIA R PH#: 843-554-0064	NORTH CHARLESTON, SC 29405	
Fac. Cont. Email: No Fac Cont. email on record	ROGELIO ROBIANES PARANAL AND ROGERIA RELLORA PARANAL	
Certifications: None		
MARIA'S PRIORITY CARE RESIDENTIAL HOME II-B	CRC-0772 / 06/30/2009	7
4583-B DURANT AVE	Charleston / Partnership	
NORTH CHARLESTON, SC 29405	PO BOX 70037	
RELLORA, WILHELMINA C PH#: 843-566-9864	CHARLESTON, SC 29415	
Fac. Cont. Email: No Fac Cont. email on record	JESUS N AND WILHELMINA C RELLORA	
Certifications: None		
MARIA'S PRIORITY CARE RESIDENTIAL HOME II-E	CRC-0773 / 06/30/2009	6
4583-E DURANT AVE	Charleston / Partnership	
NORTH CHARLESTON, SC 29405	PO BOX 70037	
RELLORA, WILHEMINA C PH#: 843-566-0460	CHARLESTON, SC 29415	
Fac. Cont. Email: No Fac Cont. email on record	JESUS N AND WILHELMINA C RELLORA	
Certifications: None		
MARIA'S PRIORITY CARE RESIDENTIAL HOME II-F	CRC-0774 / 06/30/2009	5
4583-F DURANT AVE	Charleston / Partnership	
NORTH CHARLESTON, SC 29405	PO BOX 70037	
RELLORA, WILHELMINA C PH#: 843-556-1524	CHARLESTON, SC 29415	
Fac. Cont. Email: No Fac Cont. email on record	JESUS N AND WILHELMINA C RELLORA	
Certifications: None		
MARIA'S PRIORITY CARE RESIDENTIAL HOME III	CRC-0938 / 07/31/2009	7
3115 MEETING ST RD	Charleston / Partnership	
NORTH CHARLESTON, SC 29405	3115 MEETING ST RD	
PARANAL, ROGERIA R PH#: 843-554-0064	NORTH CHARLESTON, SC 29405	
Fac. Cont. Email: No Fac Cont. email on record	ROGELIO ROBIANES PARANAL AND ROGERIA RELLORA PARANAL	
Certifications: None		

County: Charleston

Facility Type: Community Residential Care Facility

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Addres Licensee	Licensed Unit
MARJORIE'S COMMUNITY CARE HOME 207 W POPLAR ST CHARLESTON, SC 29403-3320 WOFFORD, EMILY N PH#: 843-722-4792 **Fac. Cont. Email:** No Fac Cont. email on record **Certifications:** None	CRC-0022 / 01/31/2010 Charleston / Partnership 207 W POPLAR ST CHARLESTON, SC 29403 MARJORIE G OREE AND EMILY N WOFFORD	8
MCLEOD MANOR INC 1707 MCLEOD AVE CHARLESTON, SC 29412 ALSTON, MARTHA S PH#: 843-795-8780 **Fac. Cont. Email:** No Fac Cont. email on record **Certifications:** None	CRC-0425 / 03/31/2009 (Renewal Pending) Charleston / Corporation 1707 MCLEOD AVE CHARLESTON, SC 29412 MCLEOD MANOR INC	16
MIDLAND PARK RESIDENTIAL HOME CARE 2712 MIDLAND PARK RD NORTH CHARLESTON, SC 29406 SINGIAN, ROGELIO C PH#: 843-569-0025 **Fac. Cont. Email:** RVBALAGTASSC@AOL.COM **Certifications:** None	CRC-0905 / 01/31/2010 Charleston / Corporation 2712 MIDLAND PARK RD NORTH CHARLESTON, SC 29406 MIDLAND PARK RESIDENTIAL HOME CARE	52
MY FATHER'S HOUSE 22 LARNE ST CHARLESTON, SC 29403 STENT, JOSEPHINE I PH#: 843-723-7889 **Fac. Cont. Email:** No Fac Cont. email on record **Certifications:** None	CRC-0459 / 02/28/2010 Charleston / Partnership PO BOX 1647 CHARLESTON, SC 29402 JOSEPHINE STENT AND ELOISE CHESTNUT	10
NHC PLACE-CHARLESTON 1900 ASHLEY CROSSING DR CHARLESTON, SC 29414 ATKINSON, ANGELA G PH#: 843-852-0505 **Fac. Cont. Email:** ADMIN@TMCHARLESTONALF.COM **Certifications:** Alzheimer Care	CRC-1263 / 07/31/2009 Charleston / Limited Liability 1900 ASHLEY CROSSING DR CHARLESTON, SC 29414 NHC PLACE-CHARLESTON LLC	60
NICHOLS RESIDENTIAL CARE FACILITY 702 RAILROAD AVE LINCOLNVILLE, SC 29485 NICHOLS, LAVERNE PH#: 843-821-9608 **Fac. Cont. Email:** NICHOLSRESIDENTIAL@AOL.COM **Certifications:** None	CRC-0973 / 12/31/2009 Charleston / Partnership 702 RAILROAD AVE LINCOLNVILLE, SC 29485 ALONZO NICHOLS AND LAVERNE NICHOLS	5

County: Charleston

Facility Type: Community Residential Care Facility

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Addres Licensee	Licensed Unit
NORTH HAVEN RESIDENTIAL CARE HOME 4326 LESLIE ST NORTH CHARLESTON, SC 29418 LANGIT, LEONORA D PH#: 843-767-2541 **Fac. Cont. Email:** No Fac Cont. email on record	CRC-0877 / 08/31/2009 Charleston / Corporation 4326 LESLIE ST NORTH CHARLESTON, SC 29418 NORTH HAVEN RESIDENTIAL CARE HOME INC	16
Certifications: Alzheimer Care		
NORTHWOODS RESIDENTIAL CARE FACILITY 2316 DUNLAP ST CHARLESTON, SC 29406 SMITH, ALPHA R PH#: 843-572-8765 **Fac. Cont. Email:** No Fac Cont. email on record	CRC-1066 / 06/30/2009 Charleston / Corporation PO BOX 60992 NORTH CHARLESTON, SC 29419-0992 NORTHWOODS RESIDENTIAL CARE FACILITY INC	10
Certifications: None		
PALMETTO RESIDENTIAL CARE OF NORTH CHARLESTON 2834 SPRUILL AVE NORTH CHARLESTON, SC 29405 LESESNE, CLARA P PH#: 843-744-1249 **Fac. Cont. Email:** No Fac Cont. email on record	CRC-1322 / 08/31/2009 Charleston / Corporation PO BOX 31774 CHARLESTON, SC 29417 EVERGREEN RESIDENTIAL CARE INC	12
Certifications: None		
PETTIS ANGELS RESIDENTIAL CARE 2614 MADDEN DR NORTH CHARLESTON, SC 29405-5529 PETTIS, ETHEL S PH#: 843-308-9413 **Fac. Cont. Email:** No Fac Cont. email on record	CRC-0850 / 01/01/2010 Charleston / Sole Proprietorship 3879 WALNUT AVE NORTH CHARLESTON, SC 29405 ETHEL S PETTIS	5
Certifications: None		
SANDPIPER COURT YARD LLC 1047 ANNA KNAPP BLVD MT PLEASANT, SC 29464 JANSE, SHEENA M PH#: 843-884-7977 **Fac. Cont. Email:** No Fac Cont. email on record	CRC-1325 / 09/30/2009 Charleston / Ltd. Liability 1047 ANNA KNAPP BLVD MT PLEASANT, SC 29464 SANDPIPER INDEPENDENT & ASSISTED LIVING L L C	64
Certifications: None		
SAVANNAH HALL ASSISTED LIVING 1010 LAKE HUNTER CIR MT PLEASANT, SC 29464 DEFOOR, KENNETH E PH#: 843-388-2030 **Fac. Cont. Email:** No Fac Cont. email on record	CRC-1431 / 12/31/2009 Charleston / Corporation 300 N GREENE ST STE 1000 GREENSBORO, NC 27401 SAVANNAH GRACE HALLS L P	32
Certifications: Alzheimer Unit, Alzheimers Care		

County: Charleston

Facility Type: Community Residential Care Facility

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Addres Licensee	Licensed Unit
SAVANNAH HOUSE 1501 SECESSIONVILLE RD JAMES ISLAND, SC 29412-7200 DICKEY, LISA A PH#: 843-762-1396 **Fac. Cont. Email:** SAVANNAHHOUSE@ALCCO.COM	CRC-1410 / 11/30/2009 Charleston / Corporation 1501 SECESSIONVILLE RD JAMES ISLAND, SC 29412-7200 ASSISTED LIVING CONCEPTS INC	44
Certifications: None		
SECESSIONVILLE COMMUNITY RESIDENCE 1217 SECESSIONVILLE RD CHARLESTON, SC 29412 SIMMONS, CYNTHIA Y PH#: 843-762-2134 **Fac. Cont. Email:** DGOLDMINTZ@DSNCC.COM	CRC-1287 / 12/31/2010 Charleston / State PO BOX 22708 CHARLESTON, SC 29413-2708 DISABILITIES BOARD OF CHARLESTON COUNTY	8
Certifications: None		
SERENITY MANOR 4018 S RHETT AVE NORTH CHARLESTON, SC 29405 FIELDS, HATTIE B PH#: 843-425-4422 **Fac. Cont. Email:** No Fac Cont. email on record	CRC-1472 / 02/28/2010 Charleston / Sole Proprietorship PO BOX 623 JOHNS ISLAND, SC 29457 FIELDS, HATTIE B	10
Certifications: None		
SOMERBY OF MOUNT PLEASANT 3100 TRADITION CIR MOUNT PLEASANT, SC 29466 GILLESPIE, CRIS J PH#: 843-849-3096 **Fac. Cont. Email:** No Fac Cont. email on record	CRC-1481 / 09/30/2009 Charleston / Ltd. Liability 2700 CORPORATE DR STE 125 BIRMINGHAM, AL 35242 DOMINION SENIOR LIVING OF MT PLEASANT LLC	118
Certifications: Alzheimer Unit, Alzheimers Care		
SWEETGRASS COURT SENIOR LIVING COMMUNITY 1010 ANNA KNAPP BLVD MOUNT PLEASANT, SC 29464 SCOTT, SHERRI R PH#: 843-971-7756 **Fac. Cont. Email:** No Fac Cont. email on record	CRC-1428 / 11/30/2009 Charleston / Limited Liability Company (multiple member) PO BOX 3006 SALEM, OR 97302 MT PLEASANT OAKDALE I ALZ LLC	38
Certifications: Alzheimer Unit, Alzheimers Care		
SWEETGRASS VILLAGE ASSISTED LIVING COMMUNITY 601 MATHIS FERRY RD MOUNT PLEASANT, SC 29464 SENYK, PHYLLIS G PH#: 843-881-9809 **Fac. Cont. Email:** No Fac Cont. email on record	CRC-1427 / 11/30/2009 Charleston / Ltd. Liability PO BOX 3006 SALEM, OR 97302 MT PLEASANT OAKDALE II ALF LLC	85
Certifications: None		

County: Charleston

Facility Type: Community Residential Care Facility

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Addres Licensee	Licensed Unit
TALL PINES ASSISTED LIVING 1771 ELM RD CHARLESTON, SC 29414 GADSDEN, ADA R PH#: 843-763-8134 **Fac. Cont. Email:** CGADSDEN@COMCAST.NET **Certifications:** None	CRC-0531 / 08/31/2009 Charleston / Sole Proprietorship 1771 ELM RD CHARLESTON, SC 29414 ADA R GADSDEN	5
TWIN OAKS VILLA 4550 GREAT OAK DR NORTH CHARLESTON, SC 29418-5001 ODOM, GRADY C PH#: 843-760-0831 **Fac. Cont. Email:** EMILYSB@COMCAST.NET **Certifications:** None	CRC-1288 / 02/28/2010 Charleston / Ltd. Liability 4550 GREAT OAK DR NORTH CHARLESTON, SC 29418 TWIN OAKS VILLA L L C	80
VANWYEVER RESIDENTIAL CARE FACILITY 2009 COSGROVE AVE NORTH CHARLESTON, SC 29405 FULTON, RHODELLE W PH#: 843-744-6065 **Fac. Cont. Email:** VANWYEVER1@AOL.COM **Certifications:** None	CRC-0638 / 06/30/2009 Charleston / Sole Proprietorship PO BOX 71184 NORTH CHARLESTON, SC 29415-1184 RHODELLE W FULTON	10

Totals For Facility/License Type **Community Residential Care Facility**

Number of Activities/Facilities licensed: 63 **Number Licensed Units** 1,735

County: Charleston

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Addres Licensee	Licensed Unit
DILLS BLUFF COMMUNITY RESIDENCE	MR15-0131 / 10/31/2009	8
936 DILLS BLUFF RD	Charleston / State	
CHARLESTON, SC 29412	PO BOX 4706	
GOLDMINTZ, DAVID PH#: 843-762-2374	COLUMBIA, SC 29240-4706	
Fac. Cont. Email: DGOLDMINTZ@DDNCC.COM	SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	

Totals For Facility/License Type **Habilitation R15**

Number of Activities/Facilities licensed: 1 **Number Licensed Units** 8

County: Charleston

Facility Type: Home Health

Facility Name / Location Street / Location City, State / Administrator/Phone	License Nbr/Expiration Date / County/Ownership Typ / Mailing/Billing Addres / Licensee	Licensed Unit
AMEDISYS HOME HEALTH OF CHARLESTON 2675 LAKE PARK DR NORTH CHARLESTON, SC 29406-9100 SLAUGHTER RN, JENNY M PH#: 843-553-1263	HHA-0172 / 09/30/2009 Charleston / Corporation 2675 LAKE PARK DR NORTH CHARLESTON, SC 29406-9100 AMEDISYS HOME HEALTH INC OF SOUTH CAROLINA	3
Fac. Cont. Email: 2203@AMEDISYS.COM		
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:		
AMEDISYS HOME HEALTH OF NORTH CHARLESTON 7301 RIVERS AVE STE 100 NORTH CHARLESTON, SC 29406-4650 DOUBLE, ANNE E PH#: 843-797-2942	HHA-0191 / 01/31/2010 Charleston / Ltd. Liability 7301 RIVERS AVE STE 100 NORTH CHARLESTON, SC 29406-4650 AMEDISYS SC LLC	5
Fac. Cont. Email: 2207@AMEDISYS.COM		
Counties Served Berkeley, Charleston, Colleton, Dorchester, 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:		
CAROLINA HOME HEALTH CARE 4975 LACROSS RD STE 101 NORTH CHARLESTON, SC 29406 LYNES, LARRY PH#: 843-529-3100	HHA-0051 / 08/31/2009 Charleston / Corporation 12900 FOSTER STE 400 OVERLAND PARK, KS 66213 GENTIVA CERTIFIED HEALTHCARE CORPORATION	3
Fac. Cont. Email: No Fac Cont. email on record		
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** Y		
Other:		
DHEC REGION 7 HOME HEALTH SERVICES 4050 BRIDGEVIEW DR STE 600 NORTH CHARLESTON, SC 29405 DEITZ, CANSAS A PH#: 843-724-5850	HHA-0011 / 07/31/2009 Charleston / State 1941 SAVAGE RD STE 300-E CHARLESTON, SC 29407 SC DEPT OF HEALTH & ENVIRONMENTAL CONTROL	3
Fac. Cont. Email: DEITZCA@DHEC.SC.GOV		
Counties Served Berkeley, Charleston, Dorchester		
License Restrictions		
Physical Therapy Y **Speech Therapy:** Y **Occupational Therapy** Y **Med. Social Services** N **Home Health Aid:** Y **Medical Supplies/Appliances/Durable Medical Equipment** N		
Other:		

County: Charleston

Facility Type: Home Health

Facility Name / Location Street / Location City, State / Administrator/Phone	License Nbr/Expiration Date / County/Ownership Typ / Mailing/Billing Addres / Licensee	Licensed Unit
FRANKLIN C FETTER HOME HEALTH AGENCY 51 NASSAU ST CHARLESTON, SC 29403 RAVENELL, RONALD A PH#: 843-722-4112	HHA-0018 / 12/31/2009 Charleston / Corporation 51 NASSAU ST CHARLESTON, SC 29403 FRANKLIN C FETTER FAMILY HEALTH CENTER INC	1
Fac. Cont. Email: HOMEHEALTH@FCFETTER.COM		
Counties Served Charleston **License Restrictions** **Physical Therapy** Y **Speech Therapy:** N **Occupational Therapy** Y **Med. Social Services** Y **Home Health Aid:** Y **Medical Supplies/Appliances/Durable Medical Equipment** N **Other:**		
INTREPID USA HEALTHCARE SERVICES 9241 UNIVERSITY BLVD STE A NORTH CHARLESTON, SC 29406-9349 RUPLE, WILLIAM B PH#: 843-766-2929	HHA-0180 / 06/30/2009 Charleston / Corporation 4055 VALLEY VIEW LN 5TH FL DALLAS, TX 75244-5074 F C OF SOUTH CAROLINA INC	6
Fac. Cont. Email: CHARLESTON-ADMIN@INTREPIDUSA.COM		
Counties Served Allendale, Berkeley, Charleston, Colleton, Dorchester, Georgetown **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:**		
PHC HOME HEALTH 408 FOLLY RD CHARLESTON, SC 29412 DURRENCE, HUGH D PH#: 843-762-3601	HHA-0084 / 04/30/2009 Charleston / Corporation 1923-D MAYBANK HWY CHARLESTON, SC 29412 HEDGEMARK BRENTWOOD MEDICAL SERVICES INC	1
Fac. Cont. Email: LORIWOOD@PHCHEALTH.COM		
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:**		
ROPER - ST FRANCIS HOME HEALTH CARE 1483 TOBIAS GADSON BLVD STE 208 CHARLESTON, SC 29407-4796 MELLO, BONNIE C PH#: 843-402-7000	HHA-0062 / 12/31/2009 Charleston / Corporation 1483 TOBIAS GADSON BLVD STE 208 CHARLESTON, SC 29407 ROPER HOSPITAL INC	3
Fac. Cont. Email: ROPERSAINTFRANCIS.COM		
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:** **CERTIFIED WOUND CARE NURSE; REGISTERED DIETITIAN/CDE**		

County: Charleston

Facility Type: Home Health

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Addres Licensee	Licensed Unit
SANDPIPER HOME HEALTH SERVICES LLC 1224 VILLAGE CREEK LN APT B-1 MOUNT PLEASANT, SC 29464 GIBSON, VIRGINIA P PH#: 843-881-6447 **Fac. Cont. Email:** No Fac Cont. email on record	HHA-0193 / 02/28/2010 Charleston / Limited Liability 1224 VIILLAGE CREEK LN APT B-1 MOUNT PLEASANT, SC 29464 SANDPIPER HOME HEALTH SERVICES LLC	1

Counties Served Charleston, Special Note - SERVING CAMPUS RESIDENTS ONLY
License Restrictions EXCLUSIVELY SERVING THE RESIDENTS OF SANDPIPER COMMUNITY

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:

SEA ISLAND HOME HEALTH 3627 MAYBANK HWY JOHNS ISLAND, SC 29455 BENNETT, GWENDOLYN PH#: 843-559-4137 **Fac. Cont. Email:** SIHH123@AOL.COM	HHA-0025 / 04/30/2009 Charleston / Non-Profit Corporation 3627 MAYBANK HWY JOHNS ISLAND, SC 29455 SEA ISLAND COMPREHENSIVE HEALTH CARE CORPORATION	2

Counties Served Charleston, 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:

Totals For Facility/License Type Home Health

Number of Activities/Facilities licensed: 10 **Number Licensed Units** 28

County: Charleston

Facility Type: Hospice Facility

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Addres Licensee	Licensed Unit
HOSPICE CENTER OF HOSPICE OF CHARLESTON	HPF-0005 / 08/31/2009	20
676 WANDO PARK BOULVARD	Charleston / Ltd. Liability	
MT PLEASANT, SC 29464	12900 FOSTER STE 400	
FEAGIN, ROSINA PH#: 800-677-2244	OVERLAND PARK, KS 66213	
Fac. Cont. Email: No Fac Cont. email on record	WIREGRASS HOSPICE OF SOUTH CAROLINA LLC	

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

Number of Activities/Facilities licensed: 1 **Number Licensed Units** 20

County: Charleston

Facility Type: Hospice Program

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Addres Licensee	Licensed Unit
A CARING HEART HOSPICE 6296 RIVERS AVE #307 NORTH CHARLESTON, SC 29406 SMITH, GEORGIA L PH#: 843-225-2300 **Fac. Cont. Email:** CARE@ACARINGHEART.ORG	HPC-0123 / 04/30/2009 Charleston / Ltd. Liability 6296 RIVERS AVE #307 NORTH CHARLESTON, SC 29406 A CARING HEART LLC	13
Counties Served	**Beaufort, Berkeley, Charleston, Clarendon, Colleton, Dorchester, Georgetown, Hampton, Horry, Jasper, Marion, Orangeburg, Williamsburg**	
BEACON HOSPICE 1224 VILLAGE CREEK LN A 3 MOUNT PLEASANT, SC 29464 TYSON, GARY M PH#: 843-884-7977 **Fac. Cont. Email:** GTYSON@SANDPIPERCENTER.COM	HPC-0113 / 03/31/2010 Charleston / Limited Liability BEACON HOSPICE LLC	3
Counties Served	**Berkeley, Charleston, Dorchester**	
CAROLINA HOSPICE CARE INC 410 MILL ST STE 104 MOUNT PLEASANT, SC 29464 THORNE, JAY PH#: 843-849-5910 **Fac. Cont. Email:** No Fac Cont. email on record	HPC-0052 / 05/31/2009 Charleston / Corporation 410 MILL ST STE 104 MOUNT PLEASANT, SC 29464 CAROLINA HOSPICE CARE INC	8
Counties Served	**Beaufort, Berkeley, Charleston, Colleton, Dorchester, Georgetown, Hampton, Jasper**	
HEARTLAND HOSPICE SERVICES - CHARLESTON 1064 GARDNER RD STE 204 CHARLESTON, SC 29407-5712 ANDERSON, CARLA J PH#: 843-766-7646 **Fac. Cont. Email:** No Fac Cont. email on record	HPC-0136 / 12/31/2009 Charleston / Limited Liability 1064 GARDNER RD STE 204 CHARLESTON, SC 29407-5712 HEARTLAND HOSPICE SERVICES LLC	12
Counties Served	**Bamberg, Beaufort, Berkeley, Charleston, Clarendon, Colleton, Dorchester, Georgetown, Hampton, Jasper, Orangeburg, Williamsburg**	
HOSPICE OF CHARLESTON 3870 LEEDS AVE, STE 101 CHARLESTON, SC 29405-7493 FEAGIN, ROSINA PH#: 800-677-2244 **Fac. Cont. Email:** No Fac Cont. email on record	HPC-0007 / 08/31/2009 Charleston / Ltd. Liability 12900 FOSTER STE 400 OVERLAND PARK, KS 66213 WIREGRASS HOSPICE OF SOUTH CAROLINA LLC	3
Counties Served	**Berkeley, Charleston, Dorchester**	
ODYSSEY HEALTHCARE OF CHARLESTON 5965 CORE AVE STE 603 NORTH CHARLESTON, SC 29406-6086 DURANT, ANNE O PH#: 843-554-4048 **Fac. Cont. Email:** CHARLESTON_MANAGEMENT@ODYSYHEALTH.COM	HPC-0071 / 06/30/2009 Charleston / Limited Liability Limited Partnership 5965 CORE AVE STE 603 NORTH CHARLESTON, SC 29406-6086 ODYSSEY HEALTHCARE OPERATING B L P	4
Counties Served	**Berkeley, Charleston, Colleton, Dorchester**	

County: Charleston

Facility Type: Hospice Program

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Addres Licensee	Licensed Unit
SOUTHERNCARE - CHARLESTON	HPC-0080 / 02/28/2010	8
9294 MEDICAL PLAZA DR	Charleston / Corporation	
NORTH CHARLESTON, SC 29406	9294 MEDICAL PLAZA DR	
WILLOUGHBY, MARGO PH#: 843-569-0870	NORTH CHARLESTON, SC 29406	
Fac. Cont. Email: No Fac Cont. email on record	SOUTHERNCARE INC	

Counties Served **Bamberg, Berkeley, Charleston, Colleton, Dorchester, Georgetown, Hampton, Orangeburg**

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

Number of Activities/Facilities licensed: 7 **Number Licensed Units** 51

County: Charleston

Facility Type: Hospital or Institutional General Infirmary

Facility Name / Location Street / Location City, State / Administrator/Phone	License Nbr/Expiration Date / County/Ownership Typ / Mailing/Billing Addres / Licensee	Licensed Unit
BON SECOURS - ST FRANCIS XAVIER HOSPITAL 2095 HENRY TECKLENBURG DR CHARLESTON 29414 CARROLL, ALLEN P PH#: 843-402-1006 **Fac. Cont. Email:** ALLEN.CARROLL@RSFH.COM	HTL-0750 / 07/31/2009 Charleston / Non-Profit Corporation 2095 HENRY TECKLENBURG DR CHARLESTON, SC 29414 BON SECOURS-ST FRANCIS XAVIER HOSPITAL INC	204
Licensed Beds: General: 204 Psychistric: 0 Rehab: 0 Substance Abuse 0 **Other Beds NICU: 0 Neonatal Special Care 11** **Certifications: Trauma Center Level III, Perinatal Level II, JCAHO Accredited**		
CITADEL INFIRMARY THE THE CITADEL, 171 MOULTRIE ST CHARLESTON, SC 29409 CAPELL, CAREY M PH#: 843-953-6847 **Fac. Cont. Email:** MEREEA@CITADEL.EDU	HTL-0035 / 05/31/2009 Charleston / State THE CITADEL, 171 MOULTRIE ST CHARLESTON, SC 29409 BOARD OF VISITORS THE CITADEL	38
Licensed Beds: General: 38 Psychistric: 0 Rehab: 0 Substance Abuse 0 **Other Beds NICU: 0 Neonatal Special Care 0** **Certifications: None**		
EAST COOPER REGIONAL MEDICAL CENTER 1200 JOHNNIE DODDS BLVD MOUNT PLEASANT, SC 29464 RAMSEY, TOMMY PH#: 803-831-1101 **Fac. Cont. Email:** No Fac Cont. email on record	HTL-0447 / 12/31/2009 Charleston / Corporation 1200 JOHNNIE DODDS BLVD MOUNT PLEASANT, SC 29464 EAST COOPER COMMUNITY HOSPITAL INC	100
Licensed Beds: General: 100 Psychistric: 0 Rehab: 0 Substance Abuse 0 **Other Beds NICU: 0 Neonatal Special Care 6** **Certifications: Abortions, Perinatal Level II, JCAHO Accredited**		
HEALTHSOUTH REHABILITATION HOSPITAL OF CHARLESTON 9181 MEDCOM ST NORTH CHARLESTON, SC 29406 POWELL, TROY G PH#: 843-820-7777 **Fac. Cont. Email:** TROY.POWELL@HEALTHSOUTH.COM	HTL-0648 / 01/31/2010 Charleston / Corporation 9181 MEDCOM ST NORTH CHARLESTON, SC 29406 TRIDENT NEUROSCIENCES CENTER INC	46
Licensed Beds: General: 0 Psychistric: 0 Rehab: 46 Substance Abuse 0 **Other Beds NICU: 0 Neonatal Special Care 0** **Certifications: JCAHO Accredited**		
KINDRED HOSPITAL - CHARLESTON 326 CALHOUN ST, THIRD FLOOR CHARLESTON, SC 29401 TALBERT, BRADLEY S PH#: 843-876-8340 **Fac. Cont. Email:** BRADLEY.TALBERT@KINDREDHEALTHCARE.COM	HTL-0764 / 12/31/2009 Charleston / Corporation 326 CALHOUN ST, THIRD FLOOR CHARLESTON, SC 29401 SPECIALTY HOSPITAL OF SOUTH CAROLINA INC	59
Licensed Beds: General: 59 Psychistric: 0 Rehab: 0 Substance Abuse 0 **Other Beds NICU: 0 Neonatal Special Care 0** **Certifications: JCAHO Accredited**		

County: Charleston

Facility Type: Hospital or Institutional General Infirmary

Facility Name / Location Street / Location City, State / Administrator/Phone	License Nbr/Expiration Date / County/Ownership Typ / Mailing/Billing Addres / Licensee	Licensed Unit
MUSC MEDICAL CENTER 169 ASHLEY AVE CHARLESTON, SC 29425 SMITH, W STUART PH#: 843-792-3232 **Fac. Cont. Email:** SMITHSTU@MUSC.EDU	HTL-0811 / 11/30/2009 Charleston / District 169 ASHLEY AVE CHARLESTON, SC 29425 MEDICAL UNIVERSITY HOSPITAL AUTHORITY	689

Licensed Beds: General: 584 Psychistric: 82 Rehab: 0 Substance Abuse 23
Other Beds NICU: 16 Neonatal Special Care 50

Certifications: Abortions, Trauma Center Level I, Perinatal Level III Regional, JCAHO Accredited

PALMETTO LOWCOUNTRY BEHAVIORAL HEALTH LLC 2777 SPEISSEGGER DR CHARLESTON, SC 29405-8229 TOLLEY, CHERIE D PH#: 843-747-5830 **Fac. Cont. Email:** LAURA.LOVELL@PSYSOLUTIONS.COM	HTL-0729 / 08/31/2009 Charleston / Ltd. Liability 2777 SPEISSEGGER DR CHARLESTON, SC 29405-8229 PALMETTO LOWCOUNTRY BEHAVIORAL HEALTH LLC	80

Licensed Beds: General: 0 Psychistric: 70 Rehab: 0 Substance Abuse 10
Other Beds NICU: 0 Neonatal Special Care 0

Certifications: JCAHO Accredited

ROPER HOSPITAL INC 316 CALHOUN ST CHARLESTON, SC 29401 SEVERANCE, MATTHEW J PH#: 843-724-2901 **Fac. Cont. Email:** MATT.SEVERANCE@RSFH.COM	HTL-0063 / 10/31/2009 Charleston / Corporation 316 CALHOUN ST CHARLESTON, SC 29401-1113 ROPER HOSPITAL INC	440

Licensed Beds: General: 401 Psychistric: 0 Rehab: 39 Substance Abuse 0
Other Beds NICU: 0 Neonatal Special Care 5

Certifications: Trauma Center Level III, Perinatal Level II, JCAHO Accredited

TRIDENT MEDICAL CENTER 9330 MEDICAL PLAZA DR CHARLESTON, SC 29406-9104 GALATI, TODD PH#: 843-797-7000 **Fac. Cont. Email:** No Fac Cont. email on record	HTL-0777 / 04/30/2009 Charleston / Ltd. Liability 9330 MEDICAL PLAZA DR CHARLESTON, SC 29406-9195 TRIDENT MEDICAL CENTER LLC	296

Licensed Beds: General: 296 Psychistric: 0 Rehab: 0 Substance Abuse 0
Other Beds NICU: 0 Neonatal Special Care 10

Certifications: Abortions, Trauma Center Level III, Perinatal Level II, JCAHO Accredited

Totals For Facility/License Type Hospital or Institutional General Infirmary

Number of Activities/Facilities licensed: 9 **Number Licensed Units** 1,952

County: Charleston

Facility Type: Nursing Home

Facility Name / Location Street / Location City, State / Administrator/Phone	License Nbr/Expiration Date / County/Ownership Typ / Mailing/Billing Addres / Licensee	Licensed Unit
BISHOP GADSDEN EPISCOPAL HEALTH CARE CENTER THREE GADSDEN WAY CHARLESTON, SC 29412 TRAWICK, C WILLIAM PH#: 843-762-3300 **Fac. Cont. Email:** LYDIA.CODY@BISHOPGADSDEN.ORG	NCF-0577 / 04/30/2009 Charleston / Non-Profit Corporation ONE GADSDEN WAY CHARLESTON, SC 29412 EPISCOPAL CHURCH HOME	50
Licensed Beds Nursing Home 41 **Institutional Nursing Home** 9 **Certifications:** None		
DRIFTWOOD REHABILITATION AND NURSING CENTER 2375 BAKER HOSPITAL BLVD NORTH CHARLESTON, SC 29405-8291 THOMAS, JAMES G PH#: 843-744-2750 **Fac. Cont. Email:** JIM.THOMAS@THICARE.COM	NCF-0870 / 08/31/2009 Charleston / Ltd. Liability 2375 BAKER HOSPITAL BLVD NORTH CHARLESTON, SC 29405 THI OF SOUTH CAROLINA AT CHARLESTON LLC	160
Licensed Beds Nursing Home 160 **Institutional Nursing Home** 0 **Certifications:** None		
FRANKE HEALTH CARE CENTER 1885 RIFLE RANGE RD MT PLEASANT, SC 29464-0000 STOLL, SANDRA A PH#: 843-856-4700 **Fac. Cont. Email:** SSTOLL@FRANKEATSEASIDE.ORG	NCF-0800 / 07/31/2009 Charleston / Corporation 1885 RIFLE RANGE RD MT PLEASANT, SC 29464 LUTHERAN HOMES OF SOUTH CAROLINA INC	44
Licensed Beds Nursing Home 24 **Institutional Nursing Home** 20 **Certifications:** None		
GRACE HALL - REHABILITATION 1010 LAKE HUNTER CIR MT PLEASANT, SC 29464 DEFOOR, KENNETH E PH#: 843-388-2030 **Fac. Cont. Email:** No Fac Cont. email on record	NCF-0926 / 12/31/2009 Charleston / Corporation 1010 LAKE HUNTER CIR MT PLEASANT, SC 29464 SAVANNAH GRACE HALLS L P	42
Licensed Beds Nursing Home 42 **Institutional Nursing Home** 0 **Certifications:** None		
HEARTLAND OF WEST ASHLEY REHABILITATION AND NURSING CENTER 1137 SAM RITTENBERG BLVD CHARLESTON, SC 29407-3370 MCDANIEL, WILLIAM J PH#: 843-763-0233 **Fac. Cont. Email:** 531-ADMIN@HCR-MANORCARE.COM	NCF-0413 / 12/31/2009 Charleston / Limited Liability 1137 SAM RITTENBURG BLVD CHARLESTON, SC 29407 WEST ASHLEY REHABILITATION AND NURSING CENTER - CHARLESTON SC LLC	99
Licensed Beds Nursing Home 99 **Institutional Nursing Home** 0 **Certifications:** None		

County: Charleston

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Addres Licensee	Licensed Unit
LIFE CARE CENTER OF CHARLESTON 2600 ELMS PLANTATION BLVD NORTH CHARLESTON, SC 29406-9180 CLIETT, BETH A PH#: 843-764-3500 **Fac. Cont. Email:** BETH_CLIETT@LCCA.COM	NCF-0878 / 11/30/2009 Charleston / Ltd. Liability 2600 ELMS PLANTATION BLVD NORTH CHARLESTON, SC 29406 CHARLESTON MEDICAL INVESTORS L L C	148
Licensed Beds Nursing Home 148 **Institutional Nursing Home** 0 **Certifications: Alzheimer Unit**		
MOUNT PLEASANT MANOR L L C 921 BOWMAN RD MT PLEASANT, SC 29464-3234 WHITE, BRUCE L PH#: 843-884-8903 **Fac. Cont. Email:** BWHITE@MOUNTPLEASANTMANOR.COM	NCF-0896 / 05/31/2009 Charleston / Ltd. Liability 921 BOWMAN RD MT. PLEASANT, SC 29464 MOUNT PLEASANT MANOR L L C	132
Licensed Beds Nursing Home 132 **Institutional Nursing Home** 0 **Certifications: None**		
NHC HEALTHCARE CHARLESTON 2230 ASHLEY CROSSING DR CHARLESTON, SC 29414-0000 ATKINSON, ANGELA PH#: 843-766-5228 **Fac. Cont. Email:** ADM@TMCHARLESTON.COM	NCF-0871 / 09/30/2009 Charleston / Limited Liability 2230 ASHLEY CROSSING DR CHARLESTON, SC 29414 NHC HEALTHCARE - CHARLESTON LLC	132
Licensed Beds Nursing Home 132 **Institutional Nursing Home** 0 **Certifications: None**		
SANDPIPER REHAB & NURSING 1049 ANNA KNAPP BLVD MT PLEASANT, SC 29464-3132 HADLEY, ERIC T PH#: 843-884-5735 **Fac. Cont. Email:** EHADLEY@PREMIERSL.COM	NCF-0876 / 08/31/2009 Charleston / Corporation 1049 ANNA KNAPP BLVD MT. PLEASANT, SC 29464 SANDPIPER REHAB & NURSING LLC	176
Licensed Beds Nursing Home 176 **Institutional Nursing Home** 0 **Certifications: None**		
WHITE OAK MANOR - CHARLESTON 9319 MEDICAL PLAZA DR NORTH CHARLESTON, SC 29406-9194 WALKER, RUTH P PH#: 843-797-8282 **Fac. Cont. Email:** RWALKER@WHITEOAKMANOR.COM	NCF-0892 / 12/31/2009 Charleston / Corporation 9319 MEDICAL PLAZA DR NORTH CHARLESTON, SC 29406-9194 WHITE OAK MANOR - CHARLESTON INC	176
Licensed Beds Nursing Home 176 **Institutional Nursing Home** 0 **Certifications: None**		

County: Charleston

Facility Type: Nursing Home

Facility Name	License Nbr/Expiration Date	
Location Street	County/Ownership Typ	
Location City, State	Mailing/Billing Addres	
Administrator/Phone	Licensee	Licensed Unit

Totals For Facility/License Type **Nursing Home**

Number of Activities/Facilities licensed: 10 Number Licensed Units 1,159

County: Charleston

Facility Type: PSAD Inpatient

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Addres Licensee	Licensed Unit
CHARLESTON CENTER NEW LIFE PROGRAM 5 CHARLESTON CENTER DR CHARLESTON, SC 29401-0000 OLIVER, RICHARD H PH#: 843-958-3480 **Fac. Cont. Email:** ROLIVER@CHARLESTONCOUNTY.ORG	ITP-0020 / 05/31/2009 Charleston / County 5 CHARLESTON CENTER DR CHARLESTON, SC 29401-1162 CHARLESTON COUNTY COUNCIL	16
Licensed Beds Medical Detox 0 Social Detox: 0 Res. Trestment Program 16		
CHARLESTON CENTER SUBACUTE DETOXIFICATION PROGRAM 5 CHARLESTON CENTER DR CHARLESTON, SC 29401-0000 OLIVER, RICHARD H PH#: 843-958-3480 **Fac. Cont. Email:** ROLIVER@CHARLESTONCOUNTY.ORG	ITP-0018 / 05/31/2009 Charleston / County 5 CHARLESTON CENTER DR CHARLESTON, SC 29401 CHARLESTON COUNTY COUNCIL	16
Licensed Beds Medical Detox 16 Social Detox: 0 Res. Trestment Program 0		
CHARLESTON CENTER TRANSITIONAL CARE UNIT 5 CHARLESTON CENTER DR CHARLESTON, SC 29401-0000 OLIVER, RICHARD H PH#: 843-958-3480 **Fac. Cont. Email:** ROLIVER@CHARLESTONCOUNTY.ORG	ITP-0019 / 05/31/2009 Charleston / County 5 CHARLESTON CENTER DR CHARLESTON, SC 29401 CHARLESTON COUNTY COUNCIL	12
Licensed Beds Medical Detox 0 Social Detox: 0 Res. Trestment Program 12		

Totals For Facility/License Type PSAD Inpatient

Number of Activities/Facilities licensed: 3 **Number Licensed Units 44**

County: Charleston

Facility Type: PSAD Outpatient

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Addres Licensee	Licensed Unit
ALTERNATIVES LIFE IMPROVEMENT CENTER INC	OTP-0098 / 11/30/2009	1
2114 COSGROVE AVE	Charleston / Corporation	
NORTH CHARLESTON, SC 29405	2114 COSGROVE AVE	
HARRINGTON, HEATHER A PH#: 843-767-4477	NORTH CHARLESTON, SC 29405	
Fac. Cont. Email: ALTCHAS@AOL.COM	ALTERNATIVES LIFE IMPROVEMENT CENTER INC	
Certifications: None		
CENTER FOR BEHAVIORAL HEALTH SOUTH CAROLINA INC	OTPN-0054 / 04/30/2009	1
2301 COSGROVE AVE STE F	Charleston / Corporation	
NORTH CHARLESTON, SC 29405	2301 COSGROVE AVE STE F	
MASSMAN, MARY M PH#: 843-529-0700	NORTH CHARLESTON, SC 29405	
Fac. Cont. Email: ELLIE	CENTER FOR BEHAVIORAL HEALTH SOUTH CAROLINA INC	
Certifications: Narcotics Treatment Program, Methodone Treatment Program		
CENTER FOR BEHAVIORAL HEALTH SPECIAL SERVICES	OTP-0069 / 02/28/2010	1
2301 COSGROVE AVE STE F	Charleston / Corporation	
NORTH CHARLESTON, SC 29405	2301 COSGROVE AVE STE F	
SMITH, ELLIE L PH#: 843-529-0700	NORTH CHARLESTON, SC 29405	
Fac. Cont. Email: BRANT.MASSMAN@CENTERFORBEHAVIORALHEALTH	CENTER FOR BEHAVIORAL HEALTH SOUTH CAROLINA INC	
Certifications: None		
CHARLESTON CENTER	OTPN-0047 / 02/28/2010	1
5 CHARLESTON CENTER DR	Charleston / County	
CHARLESTON, SC 29401-0000	5 CHARLESTON CENTER DR	
OLIVER, RICHARD H PH#: 843-958-3480	CHARLESTON, SC 29401	
Fac. Cont. Email: ROLIVER@CHARLESTONCOUNTY.ORG	CHARLESTON COUNTY COUNCIL	
Certifications: Narcotics Treatment Program, Methodone Treatment Program		
CLINICAL SOLUTIONS OF CHARLESTON PA	OTP-0059 / 07/31/2009	1
1954 ASHLEY RIVER RD, STES H I & J	Charleston / Corporation	
CHARLESTON, SC 29407	PO BOX 80247	
MCDANIEL, DONALD N PH#: 843-763-0880	CHARLESTON, SC 29416	
Fac. Cont. Email: CHARLESTC@BELLSOUTH.NET	CLINICAL SOLUTIONS OF CHARLESTON PA	
Certifications: None		
PALMETTO BEHAVIORAL HEALTH SOLUTIONS LLC	OTP-0086 / 03/31/2009 (Renewal Pending)	1
2900 EVATT LN STE 106	Charleston / Ltd. Liability	
NORTH CHARLESTON, SC 29405	2900 EVATT LN STE 106	
TOLLEY, CHERIE D PH#: 843-745-5153	NORTH CHARLESTON, SC 29405	
Fac. Cont. Email: KATHY.MCCLELLAND@PSYSOLUTIONS.COM	PALMETTO BEHAVIORAL HEALTH SOLUTIONS LLC	
Certifications: None		

County: Charleston

Facility Type: PSAD Outpatient

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Addres Licensee	Licensed Unit
PHOENIX COUNSELING CENTER LLC 1064 GARDNER RD STE 306 CHARLESTON, SC 29407 BIR, NANCY N PH#: 843-553-9900 **Fac. Cont. Email:** No Fac Cont. email on record **Certifications: None**	OTP-0058 / 05/31/2009 Charleston / Limited Liability Company (multiple member) 1064 GARDNER RD STE 306 CHARLESTON, SC 29407 PHOENIX COUNSELING CENTER LLC	1
POSITIVE FEEDBACK PROFESSIONAL COUNSELING ASSOCIATES 5000 RIVERS AVE NORTH CHARLESTON, SC 29405 CHALK, STAUNTON G PH#: 843-744-1447 **Fac. Cont. Email:** CHALKME@BELLSOUTH.NET **Certifications: None**	OTP-0063 / 08/31/2009 Charleston / Ltd. Liability 5000 RIVERS AVE NORTH CHARLESTON, SC 29405 POSITIVE FEEDBACK PROFESSIONAL COUNSELING ASSOCIATES LLC	1

Totals For Facility/License Type PSAD Outpatient

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

County: Charleston

Facility Type: Renal Dialysis

Facility Name / Location Street / Location City, State / Administrator/Phone	License Nbr/Expiration Date / County/Ownership Typ / Mailing/Billing Addres / Licensee	Licensed Unit
DCI AZALEA PLACE 2270 TECHNICAL PKWY NORTH CHARLESTON, SC 29406 WATTS, SUSAN PH#: 843-766-2317 **Fac. Cont. Email:** No Fac Cont. email on record	ERD-0006 / 08/31/2009 Charleston / Corporation 1411 KING ST CHARLESTON, SC 29403-3008 DIALYSIS CLINIC INC	20
Licensed Stations: Hemodialysis: 20 Peritoneal: 0		
DCI EAST OF THE COOPER 1088 JOHNNIE DODDS BLVD MT PLEASANT, SC 29464 WATTS, SUSAN PH#: 843-881-8344 **Fac. Cont. Email:** SUSAN.WATT@DCIINC.ORG	ERD-0043 / 05/31/2009 Charleston / Corporation 1411 KING ST CHARLESTON, SC 29403-3008 DIALYSIS CLINIC INC	13
Licensed Stations: Hemodialysis: 13 Peritoneal: 0		
DCI JAMES ISLAND 959 FOLLY RD CHARLESTON, SC 29412 MELLING RN, ESPERANZA PH#: 843-795-8386 **Fac. Cont. Email:** No Fac Cont. email on record	ERD-0094 / 02/28/2010 Charleston / Corporation 1411 KING ST CHARLESTON, SC 29403 DIALYSIS CLINIC INC	16
Licensed Stations: Hemodialysis: 16 Peritoneal: 0		
DCI MAGNOLIA COURT 1427 KING ST CHARLESTON, SC 29403 BATTEN, DEBORAH E PH#: 843-853-3399 **Fac. Cont. Email:** SUSAN.WATTS@DCIINC.ORG	ERD-0074 / 11/30/2009 Charleston / Corporation 1411 KING ST CHARLESTON, SC 29403-3008 DIALYSIS CLINIC INC	17
Licensed Stations: Hemodialysis: 16 Peritoneal: 0		
DCI WEST OF THE ASHLEY 46-B MARKFIELD DR CHARLESTON, SC 29407 WATTS, SUSAN PH#: 843-766-2317 **Fac. Cont. Email:** No Fac Cont. email on record	ERD-0008 / 08/31/2009 Charleston / Corporation 1411 KING ST CHARLESTON, SC 29403-3008 DIALYSIS CLINIC INC	23
Licensed Stations: Hemodialysis: 23 Peritoneal: 0		
FABER PLACE DIALYSIS 3801 FABER PL DR NORTH CHARLESTON, SC 29405 THOMAS, JENNIFER P PH#: 859-661-3301 **Fac. Cont. Email:** No Fac Cont. email on record	ERD-0166 / 09/30/2009 Charleston / Corporation C/O TOTAL RENAL CARE INC., 5200 VIRGINIA WAY BRENTWOOD, TN 37027 UPSTATE HOME DIALYSIS	17
Licensed Stations: Hemodialysis: 17 Peritoneal: 0		

County: Charleston

Facility Type: Renal Dialysis

Facility Name / Location Street / Location City, State / Administrator/Phone	License Nbr/Expiration Date / County/Ownership Typ / Mailing/Billing Addres / Licensee	Licensed Unit
HOLLYWOOD - RAVENEL DIALYSIS CLINIC 5953 JACOBS POINT BLVD RAVENEL, SC 29470 RICHARDS, STEPHANIE L PH#: 843-571-4599 **Fac. Cont. Email:** MSMITHMOORE@NATIONALRENAL.COM	ERD-0157 / 03/31/2010 Charleston / Ltd. Liability 115 E PARK DR STE 300 BRENTWOOD, TN 37027-2311 NRA - HOLLYWOOD SOUTH CAROLINA LLC	16
Licensed Stations: Hemodialysis: 16 Peritoneal: 1		
MOUNT PLEASANT DIALYSIS CLINIC 1028 EWALL ST MT PLEASANT, SC 29464 HEYWARD, QUINTELLA H PH#: 843-884-3115 **Fac. Cont. Email:** MSMITHMOORE@NATIONALRENAL.COM	ERD-0148 / 08/31/2009 Charleston / Ltd. Liability 730 COOL SPRINGS BLD, STE 100 FRANKLIN, TN 37067 NRA - MT PLEASANT SOUTH CAROLINA LLC	16
Licensed Stations: Hemodialysis: 16 Peritoneal: 1		
NORTH CHARLESTON DIALYSIS 5900 RIVERS AVE STE E CHARLESTON, SC 29406-6054 DELOACHE, ANITA R PH#: 843-767-8208 **Fac. Cont. Email:** DEBBIE.ROBINSON@DAVITA.COM	ERD-0165 / 09/30/2009 Charleston / Corporation C/O TOTAL RENAL CARE INC., 5200 VIRGINIA WAY BRENTWOOD, TN 37027 UPSTATE HOME DIALYSIS	17
Licensed Stations: Hemodialysis: 17 Peritoneal: 2		
RAI - CHARLIE HALL - CHARLESTON 2080 CHARLIE HALL BLVD CHARLESTON, SC 29414-5830 STADLEMAN, MADELINE PH#: 843-766-4655 **Fac. Cont. Email:** SAMKOPTA@RENALADVANTAGE.COM	ERD-0155 / 09/30/2009 Charleston / Ltd. Liability C/O RENAL ADVANTAGE INC., 115 EASTPARK DR STE 300 BRENTWOOD, TN 37027-2311 RAI CARE CENTERS OF SOUTH CAROLINA I L L C	27
Licensed Stations: Hemodialysis: 26 Peritoneal: 3		
RAI - MEDICAL PLAZA - NORTH CHARLESTON 9305 MEDICAL PLAZA DR NORTH CHARLESTON, SC 29406 HARRIS, LEQUISHA A PH#: 843-572-1660 **Fac. Cont. Email:** SAMKOPTA@RENALADVANTAGE.COM	ERD-0154 / 09/30/2009 Charleston / Ltd. Liability C/O RENAL ADVANTAGE INC., 115 EASTPARK DR STE 300 BRENTWOOD, TN 37027-2311 RAI CARE CENTERS OF SOUTH CAROLINA I L L C	20
Licensed Stations: Hemodialysis: 20 Peritoneal: 0		

Totals For Facility/License Type Renal Dialysis

Number of Activities/Facilities licensed: 11 **Number Licensed Units** 202

County: Charleston

Facility Type: Residential Treatment for Children & Adolescents

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Addres Licensee	Licensed Unit
PALMETTO LOWCOUNTRY BEHAVIORAL HEALTH LLC	RTF-0011 / 08/31/2009	32
2777 SPEISSEGGER DR	Charleston / Ltd. Liability	
CHARLESTON, SC 29405-8229	2777 SPEISSEGGER DR	
TOLLEY, CHERIE D PH#: 843-747-5830	NORTH CHARLESTON, SC 29405-8299	
Fac. Cont. Email: LAURA.LOVELL@PSYSOLUTIONS.COM	PALMETTO LOWCOUNTRY BEHAVIORAL HEALTH LLC	

Totals For Facility/License Type **Residential Treatment for Children & Adolescents**

Number of Activities/Facilities licensed: 1 **Number Licensed Units** 32

County: Charleston

Facility Type: Tattoo Facility

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Addres Licensee	Licensed Unit
BLU GORILLA TATTOO INC 1436 MEETING ST CHARLESTON, SC 29405 DENNIS, TIMOTHY A PH#: 843-805-8071 **Fac. Cont. Email:** TATZ@NETZERO.COM	TF-0033 / 01/31/2010 Charleston / Corporation 1436 MEETING ST CHARLESTON, SC 29405 BLU GORILLA TATTOO INC	4
HOLY CITY TATTOO LLC 1409 KING ST EXT CHARLESTON, SC 29403 EISENBERG, JASON R PH#: 843-805-8000 **Fac. Cont. Email:** HOLYCITYTAT2@YAHOO.COM	TF-0046 / 08/31/2009 Charleston / Ltd. Liability 1409 KING ST EXT CHARLESTON, SC 29403 HOLY CITY TATTOO LLC	4
LUCKY 7'S TATTOO STUDIO L L C 1856 BELGRADE AVE B-4 CHARLESTON, SC 29407 MARCOTTE, DAVID S PH#: 843-225-2777 **Fac. Cont. Email:** DAVE@LUCKY7STATTOO.COM	TF-0035 / 02/28/2009 (Renewal Pending) Charleston / Ltd. Liability 1856 BELGRADE AVE B-4 CHARLESTON, SC 29407 LUCKY 7'S TATTOO STUDIO LLC	4

Totals For Facility/License Type **Tattoo Facility**

Number of Activities/Facilities licensed: 3 **Number Licensed Units** 12

Number of Activities/Facilities licensed in county of Charleston # Lics 151
Number Licensed Units : 5,502

Report Total

Total Number of Activities/Facilities licensed 151 Total Number Licensed Units 5,502