

County: Anderson

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 |
|---|---|-------------------|
| 2ND INNING DAYCARE 100 BUSINESS PKWY A-C PIEDMONT, SC 29673 FAC.#:908-616-3569 PATEL BRIJESH PH#: Facility Email: YOMANDN1@YAHOO.COM | Anderson / Limited Liability OM HARI LLC ADC-0460 / 06/30/2021 | 140 |
| Number of Participants: 140 | | |
| HORIZON ADULT DAY CARE 3420 CLEMSON BLVD STE 17 ANDERSON, SC 29621-1324 FAC.#:864-225-3370 DOVE SANDRA PH#: 864-225-3370 Facility Email: DWRIGHT@SENIORSOLUTIONS-SC.ORG | Anderson / Non-Profit Corporation 3420 CLEMSON BLVD STE 17 ANDERSON, SC 29621-1324 SENIOR SOLUTIONS ADC-0248 / 10/31/2021 | 46 |
| Number of Participants: 46 | | |
| MARKETPLACE CINEMA ADULT DAY CARE 3420 CLEMSON BLVD STE 17 ANDERSON, SC 29621-1324 FAC.#:864-225-3370 DOVE SANDRA PH#: 864-225-3370 Facility Email: DWRIGHT@SENIORSOLUTIONS-SC.ORG | Anderson / Non-Profit Corporation 3420 CLEMSON BLVD STE 17 ANDERSON, SC 29621-1324 SENIOR SOLUTIONS ADC-0246 / 01/31/2021 | 40 |
| Number of Participants: 40 | | |
| NEW HOPE ADULT DAY SERVICES 1214 NEW HOPE RD ANDERSON, SC 29625-5460 FAC.#:864-222-2986 PH#: Facility Email: L.SIMS13@YAHOO.COM | Anderson / NEW HOPE ADULT DAY SERVICES LLC ADC-0474 / 09/30/2021 | 26 |
| Number of Participants: 26 | | |

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| Totals For Facility/License Type: <u>Adult Day Care</u> | |
| Number of Activities/Facilities licensed: _____ 4 | Number Licensed Units: _____ 252 |

County: Anderson

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 |
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| ANMED HEALTH MEDICUS SURGERY CENTER 107 PROFESSIONAL CT ANDERSON, SC 29621-2052 FAC.#:864-716-7900 EATON ANGELA R PH#: 864-716-7900 Facility Email: ANGIEKAY@MEDICUS1.COM Operating Rooms: 3 Procedure Rooms: 2 Endoscopy Rooms: 0 | Anderson / Limited Liability PO BOX 1886 ANDERSON, SC 29622-1886 ANMED HEALTH MEDICUS SURGERY CENTER LLC ASF-0100 / 04/30/2021 | 5 |
| UPSTATE ENDOSCOPY CENTER 1922 MCCONNELL SPRINGS RD STE B ANDERSON, SC 29621-2642 FAC.#:864-716-6555 ATKINS DEBORAH A PH#: 864-716-6555 Facility Email: DEBORAH.ATKINS@ANMEDHEALTH.ORG Operating Rooms: 0 Procedure Rooms: 0 Endoscopy Rooms: 2 | Anderson / Ltd. Liability 1922 MCCONNELL SPRINGS RD STE B ANDERSON, SC 29621-2642 ANMED ENTERPRISES INC UPSTATE ENDOSCOPY CENTER LLC ASF-0083 / 06/30/2021 | 2 |

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| Totals For Facility/License Type: <u>Ambulatory Surgery</u> | |
| Number of Activities/Facilities licensed: <u>2</u> | Number Licensed Units: <u>7</u> |

County: Anderson

Facility Type: Body Piercing

| 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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| AGGRESSIVE INK III BODY PIERCING 407 HWY 28 BYP UNIT B ANDERSON, SC 29624-3044 FAC.#:864-226-3793 RICKETTS KATRINA PH#: Facility Email: AGGRESSIVEINK@GMAIL.COM | Anderson / Sole Proprietorship 407 HWY 28 BYP UNIT B ANDERSON, SC 29624-3044 RICKETTS STEVE G BP-0210 / 07/31/2021 | 1 |
| FEARLESS BODY PIERCING 123 VW CT ANDERSON, SC 29624 FAC.#:864-712-2744 FILIPOVIC MICHAEL W PH#: 864-712-2744 Facility Email: HONKYTONK1974@GMAIL.COM | Anderson / Sole Proprietorship FILIPOVIC MICHAEL W BP-0291 / 06/30/2021 | 1 |
| PAINTED PONY PIERCING LLC 738 WHITEHALL RD ANDERSON, SC 29625-2264 FAC.#:864-314-8599 PRUITT THOMAS PH#: 864-354-8978 Facility Email: TATTOOTHOMAS76@AOL.COM | Anderson / Sole Proprietorship 738 WHITEHALL RD ANDERSON, SC 29625-2264 PRUITT THOMAS BP-0251 / 06/30/2021 | 1 |
| THE EDGE 100 ELECTRIC CITY BLVD STE 60 ANDERSON, SC 29621-2306 FAC.#:864-359-2172 BROWN ASHLEY NICOLE PH#: 678-227-9973 Facility Email: ANDERSONTHEEDGE@GMAIL.COM | Anderson / 100 ELECTRIC CITY BLVD STE 60 ANDERSON, SC 29621-2306 RAINER BROWN & COMPANY LLC BP-0246 / 07/31/2021 | 1 |
| XPRESSIONS TANNING SALON 112 W SHOCKLEY FERRY RD ANDERSON, SC 29624-3733 FAC.#:864-225-4806 GINN DONNA PH#: 864-225-4806 Facility Email: ANGLNURARMS@AOL.COM | Anderson / Sole Proprietorship 112 W SHOCKLEY FERRY RD ANDERSON, SC 29624-3733 GINN DONNA BP-0193 / 02/28/2021 | 1 |

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| Totals For Facility/License Type: <u>Body Piercing</u> | |
| Number of Activities/Facilities licensed: _____ 5 | Number Licensed Units: _____ 5 |

County: Anderson

Facility Type: CDAP Outpatient

| 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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| ADULT DRUG COURT TREATMENT 100 S MAIN ST ANDERSON, SC 29624-1619 FAC.#:864-716-3688 LINDSEY NIKKI PH#: 864-260-4042 Facility Email: NIKKI.LINDSEY@SOLICITOR10.ORG | Anderson / County PO BOX 8002 ANDERSON, SC 29622-8002 ANDERSON COUNTY 10TH CIRCUIT SOLICITOR'S OFFICE OPF-0099 / 01/31/2021 | 1 |
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Certifications:None

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| ANDERSON-OCONEE BEHAVIORAL HEALTH SERVICES 226 MCGEE RD ANDERSON, SC 29625-2104 FAC.#:864-260-4168 BECK RN KAREN B PH#: 864-260-4168 Facility Email: KARENBECK@AOBHS.ORG | Anderson / County 226 MCGEE RD ANDERSON, SC 29625-2104 ANDERSON-OCONEE BEHAVIORAL HEALTH SERVICES-BOARD OPF-0030 / 09/30/2021 | 2 |
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Certifications:Methodone Treatment Program

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| SOUTHWEST CAROLINA TREATMENT CENTER 341 W BELTLINE BLVD ANDERSON, SC 29625-1505 FAC.#:864-222-9798 BROWNLEE VANESSA PH#: | Anderson / Limited Liability 1200 WOODRUFF RD STE A3 GREENVILLE, SC 29607-5732 SOUTHWEST CAROLINA TREATMENT CENTER LLC OPFN-0049 / 02/28/2021 | 1 |
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Certifications:Narcotics Treatment Program, Methodone Treatment Program

Totals For Facility/License Type: CDAP Outpatient

Number of Activities/Facilities licensed: 3 Number Licensed Units: 4

County: Anderson

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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| BROOKDALE ANDERSON 311 SIMPSON RD ANDERSON, SC 29621-2157 FAC.#:864-261-3875 JENKINS BRIAN PH#: 864-261-3875 Facility Email: BJENKINS1@BROOKDALE.COM | Anderson / Corporation 311 SIMPSON RD ANDERSON, SC 29621-2157 EMERITUS CORPORATION CRC-1303 / 03/31/2021 | 40 |
| Alzheimer Care:No Max # Resident:0 | Alzheimer Unit: No Max # Beds: 0 | |
| Certifications:None | | |
| DOMINION SENIOR LIVING OF ANDERSON 3461 N HWY 81 ANDERSON, SC 29621 FAC.#:864-332-4511 PH#: Facility Email: CHRISP@DOMINIONANDERSON.COM | Anderson / Limited Liability Company (491 THOMAS GREEN) BLVD STE 210 CLEMSON, SC 29631 DOMINION ANDERSON LLC CRC-1955 / 12/31/2020 | 70 |
| Alzheimer Care:Yes Max # Resident:0 | Alzheimer Unit: Yes Max # Beds: 19 | |
| Certifications:None | | |
| FAITH HOPE AND CHARITY RETIREMENT 101 COE ST ANDERSON, SC 29624 FAC.#:864-226-0910 SIMS-TOUCHTON MARY PH#: 864-226-0910 Facility Email: 0911BEAUTYJ@GMAIL.COM | Anderson / Sole Proprietorship PO BOX 13866 ANDERSON, SC 29624-0018 SIMS-TOUCHTON MARY CRC-0760 / 04/30/2021 | 10 |
| Alzheimer Care:No Max # Resident:0 | Alzheimer Unit: No Max # Beds: 0 | |
| Certifications:None | | |
| GARDEN HOUSE LLC 201 EDGEBROOK DR ANDERSON, SC 29621-2573 FAC.#:864-964-5668 PH#: Facility Email: LICENSING@PRINCIPALSENIORLIVING.COM | Anderson / Ltd. Liability 11175 CICERO DR STE 500 ALPHARETTA, GA 30022-0004 ARHC GHANDSCO1 TRS LLC CRC-1437 / 07/31/2021 | 75 |
| Alzheimer Care:Yes Max # Resident:18 | Alzheimer Unit: Yes Max # Beds: 18 | |
| Certifications:None | | |
| MAPLES OF HONEA PATH 224 WILDWOOD DR HONEA PATH, SC 29654-1335 FAC.#:864-369-2000 WILLIS MARK N PH#: 864-369-2000 Facility Email: WILLISFORHOUSE@GMAIL.COM | Anderson / Corporation 224 WILDWOOD DR HONEA PATH, SC 29654-1335 MAPLE MANOR INC CRC-0819 / 05/31/2021 | 74 |
| Alzheimer Care:No Max # Resident:0 | Alzheimer Unit: No Max # Beds: 0 | |
| Certifications:None | | |

County: Anderson

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 |
|---|--|-------------------|
| MARCHBANKS ASSISTED LIVING AND MEMORY CARE 2203 MARCHBANKS AVE ANDERSON, SC 29621-2247 FAC.#:864-231-7786 COLEMAN KAYLA J PH#: 864-231-7786 Facility Email: BRENT@MARCHBANKSAL.COM | Anderson / Ltd. Liability 2203 MARCHBANKS AVE ANDERSON, SC 29621-2247 CAROLINA RETIREMENT SERVICES OF ANDERSON LLC CRC-1413 / 05/31/2021 | 60 |
| Alzheimer Care:Yes Max # Resident:26 | Alzheimer Unit: Yes Max # Beds: 30 | |
| Certifications:None | | |
| MORNINGSIDE OF ANDERSON 1304 MCLEES RD ANDERSON, SC 29621-3345 FAC.#:864-964-9088 SPEER RICHARD W PH#: 864-964-9088 Facility Email: LICENSING@5SSL.COM | Anderson / Limited Liability SNH SC TENANT LLC CRC-2132 / 01/31/2021 | 88 |
| Alzheimer Care:Yes Max # Resident:0 | Alzheimer Unit: No Max # Beds: 0 | |
| Certifications:None | | |
| NORTH POINTE ASSISTED LIVING 701 SIMPSON RD ANDERSON, SC 29621-3077 FAC.#:864-226-5505 PH#: Facility Email: JPRESTON@CAPITALSENIORLIVING.NET | Anderson / Limited Liability 701 SIMPSON RD ANDERSON, SC 29621-3077 CSL NORTH POINTE SC LLC CRC-1454 / 10/31/2020 | 70 |
| Alzheimer Care:Yes Max # Resident:28 | Alzheimer Unit: Yes Max # Beds: 28 | |
| Certifications:None | | |
| OAKVIEW PARK ASSISTED LIVING 110 HOOD RD GREENVILLE, SC 29611 FAC.#:864-412-8990 SURLS ANGELA PH#: 864-653-4676 Facility Email: ASURLS@ATLASSENIORLIVING.COM | Anderson / Limited Liability 2700 HWY 280 STE 460E BIRMINGHAM, AL 35223 AFF18 OAKVIEW PARK ALF LLC CRC-2064 / 02/28/2021 | 90 |
| Alzheimer Care:Yes Max # Resident:0 | Alzheimer Unit: Yes Max # Beds: 18 | |
| Certifications:None | | |
| RESTING PLACE #1 207 E SHOCKLEY FERRY RD ANDERSON, SC 29624-3731 FAC.#:864-437-8327 TOUCHTON MARY S PH#: 864-226-0990 Facility Email: 0911BEAUTYJ@GMAIL.COM | Anderson / Sole Proprietorship 207 E SHOCKLEY FERRY RD ANDERSON, SC 29624-3731 SIMS-TOUCHTON MARY CRC-0499 / 11/30/2021 | 10 |
| Alzheimer Care:No Max # Resident:0 | Alzheimer Unit: No Max # Beds: 0 | |
| Certifications:None | | |

County: Anderson

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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| ROCKY RIVER BAPTIST ASSOCIATION RESIDENTIAL CARE HOME 250 UNION HIGH DR BELTON, SC 29627-2445 FAC.#:864-338-1410 TOUCHTON JORDANA M PH#: 864-338-1410 Facility Email: ROCKYRIVERRCF@YAHOO.COM | Anderson / Non-Profit Corporation 250 UNION HIGH DR BELTON, SC 29627-2445 ROCKY RIVER BAPTIST ASSOCIATION CRC-1270 / 04/30/2021 | 28 |
| Alzheimer Care:No Max # Resident:0 | Alzheimer Unit: No Max # Beds: 0 | |
| Certifications:None | | |
| SUMMIT PLACE OF ANDERSON 107 PERPETUAL SQUARE DR ANDERSON, SC 29621-1713 FAC.#:864-222-9880 COOLEY LARINDA PH#: 864-222-9880 Facility Email: LCOOLEY@CAPITALSENIORLIVING.NET | Anderson / Limited Liability 107 PERPETUAL SQUARE DR ANDERSON, SC 29621-1713 CSL SUMMIT PLACE SC LLC CRC-1151 / 10/31/2020 | 89 |
| Alzheimer Care:Yes Max # Resident:28 | Alzheimer Unit: Yes Max # Beds: 28 | |
| Certifications:None | | |
| UPSTATE RESIDENTIAL CARE 1302 S MCDUFFIE ST ANDERSON, SC 29624-2745 FAC.#:864-225-6901 PH#: Facility Email: HORACEALEXANDER@MYLASOUNDS.COM | Anderson / Sole Proprietorship 1302 S MCDUFFIE ST ANDERSON, SC 29624-0036 HORACE J ALEXANDER CRC-0233 / 08/31/2021 | 10 |
| Alzheimer Care:No Max # Resident:0 | Alzheimer Unit: No Max # Beds: 0 | |
| Certifications:None | | |
| VILLAGE COMMUNITY CARE HOME-UNIT A 1250 SALEM CHURCH RD ANDERSON, SC 29625-1310 FAC.#:864-225-4336 WILLIAMS PHYLLIS S PH#: 864-225-4336 Facility Email: VILLAGECARE365@GMAIL.COM | Anderson / Corporation PO BOX 5107 ANDERSON, SC 29623-5107 VILLAGE COMMUNITY CARE HOME INC CRC-0563 / 01/31/2021 | 11 |
| Alzheimer Care:No Max # Resident:0 | Alzheimer Unit: No Max # Beds: 0 | |
| Certifications:None | | |
| VILLAGE COMMUNITY CARE HOME-UNIT B 1250 SALEM CHURCH RD ANDERSON, SC 29625-1310 FAC.#:864-225-4336 WILLIAMS PHYLLIS S PH#: 864-225-4336 Facility Email: VILLAGECARE365@GMAIL.COM | Anderson / Corporation PO BOX 5107 ANDERSON, SC 29623-5107 VILLAGE COMMUNITY CARE HOME INC CRC-0564 / 01/31/2021 | 11 |
| Alzheimer Care:No Max # Resident:0 | Alzheimer Unit: No Max # Beds: 0 | |
| Certifications:None | | |

County: Anderson

Facility Type: Community Residential Care Facility

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

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| VILLAGE COMMUNITY CARE HOME-UNIT C | Anderson / Corporation | 11 |
| 1250 SALEM CHURCH RD | PO BOX 5107 | |
| ANDERSON, SC 29625-1310 FAC.#:864-225-4336 | ANDERSON, SC 29623-5107 | |
| WILLIAMS PHYLLIS S PH#: 864-225-4336 | VILLAGE COMMUNITY CARE HOME INC | |
| Facility Email: VILLAGECARE365@GMAIL.COM | CRC-0565 / 01/31/2021 | |

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

Certifications:None

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| VILLAGE COMMUNITY CARE HOME-UNIT D | Anderson / Corporation | 11 |
| 1250 SALEM CHURCH RD | PO BOX 5107 | |
| ANDERSON, SC 29625-1310 FAC.#:864-225-4336 | ANDERSON, SC 29623-5107 | |
| WILLIAMS PHYLLIS S PH#: 864-225-4336 | VILLAGE COMMUNITY CARE HOME INC | |
| Facility Email: VILLAGECARE365@GMAIL.COM | CRC-0566 / 01/31/2021 | |

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

Certifications:None

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| Totals For Facility/License Type: <u>Community Residential Care Facility</u> | |
| Number of Activities/Facilities licensed: <u>17</u> | Number Licensed Units: <u>758</u> |

County: Anderson

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 |
|--|---|-------------------|
| ANMED HEALTH HOME HEALTH AGENCY 1926 MCCONNELL SPRINGS RD ANDERSON, SC 29621-2642 FAC.#:864-512-6410 GETSINGER CHRISTI A PH#: 864-512-6410 Facility Email: DONNA.RICHARDSON@ANMEDHEALTH.ORG Counties Served: Anderson, Pickens License Restrictions: Physical Therapy: Y Speech Therapy: Y Occupational Therapy: Y Med. Social Services: Y Home Health Aid: Y Medical Supplies/Appliances/Durable Medical Equipment: N Other: | Anderson / Non-Profit Corporation PO BOX 195 ANDERSON, SC 29622-0195 ANMED HEALTH HHA-0068 / 02/28/2021 | 2 |
| KINDRED AT HOME-ANDERSON 1704 E GREENVILLE ST STE 2D ANDERSON, SC 29621-7914 FAC.#:864-332-8200 PRICE MELISSA PH#: | Anderson / Limited Liability 12900 FOSTER ST STE 400 OVERLAND PARK, KS 66213-2696 CAPITAL CARE RESOURCES OF SOUTH CAROLINA LLC HHA-0001 / 12/31/2020 | 11 |
| PROVIDENCE CARE AT HOME 202 WALL ST PIEDMONT, SC 29673-6754 FAC.#:864-982-0489 ANSTEY LENORA PH#: 803-325-1455 Facility Email: CDEJACIMO@PROVIDENCECANHELP.COM Counties Served: Anderson, Cherokee, Chester, Greenville, Lancaster, Laurens, Pickens, Spartanburg, York License Restrictions: Physical Therapy: N Speech Therapy: N Occupational Therapy: N Med. Social Services: N Home Health Aid: N Medical Supplies/Appliances/Durable Medical Equipment: N Other: | Anderson / Limited Liability PROVIDENCE HOME HEALTH LLC HHA-0363 / 05/31/2021 | 9 |

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| Totals For Facility/License Type: <u>Home Health</u> | |
| Number of Activities/Facilities licensed: _____ 3 | Number Licensed Units: _____ 22 |

County: Anderson

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 |
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| CALLIE & JOHN RAINEY HOSPICE HOUSE 1835 ROGERS RD ANDERSON, SC 29621-2278 FAC.#:864-224-3358 MILLER ANNETTE PH#: 864-224-3358 Facility Email: AMILLER@HOSPICEHOUSE.NET | Anderson / Corporation 1835 ROGERS RD ANDERSON, SC 29621-2278 HOSPICE OF THE UPSTATE INC HPF-0001 / 08/31/2021 | 32 |

Totals For Facility/License Type: Hospice Facility

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

County: Anderson

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 |
|---|--|-------------------|
| DIVINE HOSPICE 115 WHITEHALL RD ANDERSON, SC 29625 FAC.#:864-965-7660 KUMAR SANJEEV PH#: 864-375-9690 Facility Email: DHOSPICELLC@GMAIL.COM | Anderson / Limited Liability 115 WHITEHALL RD ANDERSON, SC 29625 DIVINE HOSPICE LLC HPC-0215 / 02/28/2021 | 3 |
| Counties Served: Anderson, Oconee, Pickens | | |
| HOSPICE OF THE UPSTATE 1835 ROGERS RD ANDERSON, SC 29621-2278 FAC.#:864-224-3358 MILLER ANNETTE PH#: 864-224-3358 Facility Email: AMILLER@HOSPICEHOUSE.NET | Anderson / Corporation 1835 ROGERS RD ANDERSON, SC 29621-2278 HOSPICE OF THE UPSTATE INC HPC-0017 / 07/31/2021 | 7 |
| Counties Served: Abbeville, Anderson, Greenville, Laurens, Oconee, Pickens, Spartanburg | | |

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| Totals For Facility/License Type: <u>Hospice Program</u> | |
| Number of Activities/Facilities licensed: <u>2</u> | Number Licensed Units: <u>10</u> |

County: Anderson

Facility Type: Hospital or Institutional General Infirmery

| 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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| ANMED HEALTH MEDICAL CENTER 800 N FANT ST ANDERSON, SC 29621-5793 FAC.#:864-512-1109 MANSON WILLIAM T PH#: 864-512-1109 Facility Email: TINA.JURY@ANMEDHEALTH.ORG | Anderson / Non-Profit Corporation 800 N FANT ST ANDERSON, SC 29621-5793 ANMED HEALTH HTL-0044 / 11/30/2020 | 461 |
| Licensed Beds: General: 423 Psychiatric: 38 Rehab: 0 Substance Abuse: 0 Other Beds : NICU: 0 Neonatal Special Care: 0 | | |

Certifications:Abortions, Trauma Center Level II, JCAHO Accredited

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| ANMED HEALTH REHABILITATION HOSPITAL 1 SPRING BACK WAY ANDERSON, SC 29621-2676 FAC.#:864-716-2600 MURRAY DENISE R PH#: 864-716-2600 Facility Email: DENISE.MURRAY@ENCOMPASSHEALTH.COM | Anderson / Ltd. Liability 1 SPRING BACK WAY ANDERSON, SC 29621-2676 ANMED ENCOMPASS HEALTH REHABILITATION HOSPITAL LLC HTL-0838 / 12/31/2020 | 60 |
| Licensed Beds: General: 0 Psychiatric: 0 Rehab: 60 Substance Abuse: 0 Other Beds : NICU: 0 Neonatal Special Care: 0 | | |

Certifications:JCAHO Accredited

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| ANMED HEALTH WOMEN'S AND CHILDREN'S HOSPITAL 2000 E GREENVILLE ST ANDERSON, SC 29621-1580 FAC.#:864-512-1401 JURY TINA PH#: 864-512-1109 Facility Email: TINA.JURY@ANMEDHEALTH.ORG | Anderson / Non-Profit Corporation 2000 E GREENVILLE ST, ANMED HEALTH CAMPUS ANDERSON, SC 29621-1580 ANMED HEALTH HTL-0896 / 06/30/2021 | 72 |
| Licensed Beds: General: 72 Psychiatric: 0 Rehab: 0 Substance Abuse: 0 Other Beds : NICU: 0 Neonatal Special Care: 13 | | |

Certifications:Abortions, Perinatal Level II, JCAHO Accredited

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| PATRICK B HARRIS PSYCHIATRIC HOSPITAL 130 HWY 252 ANDERSON, SC 29621-5054 FAC.#:864-231-2600 MCENIRY ALLEN PH#: 864-231-2600 Facility Email: ALLEN.MCENIRY@SCDMH.ORG | Anderson / State PO BOX 2907 ANDERSON, SC 29622-2907 SC DEPARTMENT OF MENTAL HEALTH HTL-0503 / 11/30/2020 | 200 |
| Licensed Beds: General: 0 Psychiatric: 200 Rehab: 0 Substance Abuse: 0 Other Beds : NICU: 0 Neonatal Special Care: 0 | | |

Certifications:JCAHO Accredited

Totals For Facility/License Type:Hospital or Institutional General Infirmery
 Number of Activities/Facilities licensed: 4 Number Licensed Units: 793

County: Anderson

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 |
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| ALL WAYS CARING HOMECARE ANDERSON 1103 N FANT ST ANDERSON, SC 29621-2037 FAC.#:864-224-9121 DENT SMITH LAURIE PH#: 706-726-4975 Facility Email: CHRIS.LEWIS@ALLWAYS CARING.COM | Anderson / Corporation 1103 FANT ST ANDERSON, SC 29621 SOUTHERN HOME CARE SERVICES INC IHCP-0012 / 06/30/2021 | - 1 |
| ALLIANCE HOMECARE 100 NORTHWEST DR UNIT 92 ANDERSON, SC 29625 FAC.#:864-760-0534 LEE CHASTITY PH#: 864-276-1728 Facility Email: ALLIANCEHOME19@GMAIL.COM | Anderson / Limited Liability ALLIANCE HOMECARE LLC IHCP-1011 / 05/31/2021 | - 1 |
| ALWAYS YOUR CHOICE IN-HOME CARE 110 MONTGOMERY DR STE B ANDERSON, SC 29621 FAC.#:864-844-9550 PH#: Facility Email: LMCCULLOUGH48@GMAIL.COM | Anderson / Limited Liability ALWAYS YOUR CHOICE IN-HOME CARE LLC IHCP-0855 / 04/30/2021 | - 1 |
| ASSURANCE HEALTHCARE SERVICES 804 N MAIN ST ANDERSON, SC 29621-5525 FAC.#:864-356-2799 PH#: Facility Email: LASHERRIE@ASSURANCEHHS.COM | Anderson / Limited Liability 802 N MAIN ST ANDERSON, SC 29621-5525 ASSURANCE HEALTHCARE SERVICES LLC IHCP-0512 / 03/31/2021 | - 1 |
| BEYOND CARE HOME CARE SERVICES LLC - HONEA PATH 512-A E GREER ST HONEA PATH, SC 29654 FAC.#:864-369-0222 PH#: Facility Email: SATKIN@BEYONDCAREHC.COM | Anderson / 512-A E GREER ST HONEA PATH, SC 29654 BEYOND CARE LLC IHCP-0107 / 04/30/2021 | - 1 |
| C 3 ELDERCARE 107 N MAIN ST ANDERSON, SC 29621 FAC.#:864-934-5600 GARRETT STEPHANIE PH#: 864-934-5600 Facility Email: JCAREYJONES@AOL.COM | Anderson / Corporation 107 N MAIN ST ANDERSON, SC 29621 C3 ELDERCARE A SUBSIDIARY OF CONSOLIDATED SOUTHERN INDUSTRIES IHCP-0214 / 07/31/2021 | - 1 |
| CARING HANDS HOME CARE OF THE UPSTATE INC 1405-A PEARMAN DAIRY RD STE B ANDERSON, SC 29625 FAC.#:864-224-6953 PH#: Facility Email: THEODOREWILLIS@YAHOO.COM | Anderson / Corporation 1405-A PEARMAN DAIRY RD STE B ANDERSON, SC 29625 CARING HANDS HOME CARE OF THE UPSTATE INC IHCP-0210 / 06/30/2021 | - 1 |
| COMFORCARE HOME CARE 3401 HWY 153 STE A3 PIEDMONT, SC 29673 FAC.#:864-269-5005 GANT RON PH#: 803-509-8395 Facility Email: MADAMS@GOODWILLSC.ORG | Anderson / Limited Liability GOODWILL CARE SERVICES LLC IHCP-1224 / 03/31/2021 | - 1 |

County: Anderson

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 |
|--|---|-------------------|
| COMFORT KEEPERS - ANDERSON 402 E GREENVILLE ST ANDERSON, SC 29621-5536 FAC.#:864-760-1900 PH#: Facility Email: JOEGLENN@COMFORTKEEPERS.COM | Anderson / Limited Liability 402 E GREENVILLE ST ANDERSON, SC 29621-5536 JOE AND MELISA LLC IHCP-0146 / 05/31/2021 | - 1 |
| CORPORATE CARE LLC-ANDERSON 1212 N MAIN ST ANDERSON, SC 29624 FAC.#:864-261-8488 PH#: Facility Email: TSMITH@CORPORARE-SERVICSSC.COM | Anderson / Limited Liability PO BOX 16148 GREENVILLE, SC 29606-7148 CORPORATE CARE LLC IHCP-0277 / 08/31/2021 | - 1 |
| GARDEN OF PRAYER HOME CARE SERVICES 14 HALTER DR STE C PIEDMONT, SC 29673 FAC.#:864-263-3609 PEA LISA M PH#: 864-567-1144 Facility Email: LISAMPEA@GMAIL.COM | Anderson / Limited Liability GARDEN OF PRAYER HOME CARE SERVICES LLC IHCP-0847 / 06/30/2021 | - 1 |
| HATTIE'S HEALING HANDS HOME CARE LLC 102 MATTISON ST WILLIAMSTON, SC 29697 FAC.#:864-367-4134 GAMBRELL HATTIE PH#: 864-395-5352 Facility Email: HATTIESHHHOMECARE@GMAIL.COM | Anderson / Limited Liability HATTIE'S HEALING HANDS HOME CARE LLC IHCP-1175 / 06/30/2021 | - 1 |
| HOME BY CHOICE-FIRST UP INC 4152 CLEMSON BLVD STE C ANDERSON, SC 29621 FAC.#:864-224-4907 VERA DIANA PH#: Facility Email: DIANAHOMEBYCHOICE@YAHOO.COM | Anderson / Corporation 1405-A PEARMAN DAIRY RD STE A ANDERSON, SC 29625 HOME BY CHOICE INC IHCP-0209 / 06/30/2021 | - 1 |
| HOME INSTEAD SENIOR CARE - ANDERSON 716 E GREENVILLE ST ANDERSON, SC 29621-4837 FAC.#:864-642-6780 PH#: Facility Email: WMARSHBURN@HOMEINSTEAD.COM | Anderson / Corporation 716 E GREENVILLE ST ANDERSON, SC 29621-4837 UPSTATE TARHEELS INC IHCP-0043 / 01/31/2021 | - 1 |
| LEGACY SENIOR HOME CARE LLC 121 ZIPPO PINE DR WILLIAMSTON, SC 29697 FAC.#:864-314-6047 PH#: Facility Email: HAILEY3134@GMAIL.COM | Anderson / Limited Liability LEGACY SENIOR HOME CARE LLC IHCP-1197 / 06/30/2021 | - 1 |
| LOVING HANDS HOME CARE SERVICES 2318 N MAIN ST ANDERSON, SC 29621-3876 FAC.#:864-540-8888 PH#: Facility Email: WOODSWENDY@HOTMAIL.COM | Anderson / Limited Liability 2318 N MAIN ST ANDERSON, SC 29621-3876 LOVING HANDS HOME CARE SERVICES LLC IHCP-0828 / 03/31/2021 | - 1 |

County: Anderson

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 |
|---|---|-------------------|
| MAINSTREAM REHABILITATIVE SERVICES LLC 4124 CLEMSON BLVD STE D ANDERSON, SC 29621-1169 FAC. #:864-202-0161 PH#: Facility Email: INFO@MAINSTREAMRS.COM | Anderson / Limited Liability 206 LAKEFOREST RD GREENWOOD, SC 29649 MAINSTREAM REHABILITATIVE SERVICES LLC IHCP-0255 / 11/30/2020 | - 1 |
| NO PLACE LIKE HOME OF SOUTH CAROLINA - ANDERSON 211 E CALHOUN ST ANDERSON, SC 29621-5542 FAC. #:864-224-3430 PH#: Facility Email: JESSICALANE@NPLHOFSC.COM | Anderson / Corporation 1172 OLD SALEM RD CONYERS, GA 30094-5944 NO PLACE LIKE HOME OF SOUTH CAROLINA INC IHCP-0246 / 07/31/2021 | - 1 |
| SC HOMECARE SOLUTIONS 1214 N MAIN ST STE C ANDERSON, SC 29621 FAC. #:864-367-0330 OSBORNE MACIE PH#: Facility Email: KELLCALL@CHARTER.NET | Anderson / Limited Liability SC HOMECARE SOLUTIONS LLC IHCP-1039 / 05/31/2021 | - 1 |
| SENIOR SOLUTIONS - IN HOME CARE 3420 CLEMSON BLVD STE 17 ANDERSON, SC 29621-1324 FAC. #:864-225-3370 PH#: Facility Email: DWRIGHT@SENIORSOLUTIONS-SC.ORG | Anderson / Corporation 3420 CLEMSON BLVD STE 17 ANDERSON, SC 29621-1324 SENIOR SOLUTIONS IHCP-0444 / 09/30/2021 | - 1 |
| SENIORS HELPERS - ANDERSON 4122 CLEMSON BLVD STE 3G ANDERSON, SC 29621 FAC. #:864-844-9151 PH#: Facility Email: VRICKETTS@SENIORHELPERS.COM | Anderson / Limited Liability 2435 E NORTH ST # 165 GREENVILLE, SC 29615-1491 MARIE ANTHONY COMPANY LLC IHCP-0166 / 05/31/2021 | - 1 |
| UPSTATE HEALTHCARE SERVICES 212 E GREENVILLE ST ANDERSON, SC 29621-5509 FAC. #:864-209-8245 PH#: Facility Email: PENNELL@UHSSC.COM | Anderson / 212 E GREENVILLE ST ANDERSON, SC 29621-5509 UPSTATE MEDICAL STAFFING INC IHCP-0149 / 05/31/2021 | - 1 |
| WELL CARE AT HOME LLC 105 ANDERSON AVE ANDERSON, SC 29621 FAC. #:864-540-8005 LEE CHASTITY PH#: 864-540-8005 Facility Email: WELLCARE_ATHOME@YAHOO.COM | Anderson / Limited Liability 1209-B N FANT ST STE A ANDERSON, SC 29621 WELL CARE AT HOME LLC IHCP-0329 / 12/31/2020 | - 1 |
| WIZE CHOICE 200 COOPER LANE UNIT B EASLEY, SC 29642 FAC. #:864-283-0055 PH#: Facility Email: WIZECHOICEHOMECARE@GMAIL.COM | Anderson / Limited Liability WIZE CHOICE LLC IHCP-0947 / 01/31/2021 | - 1 |

County: Anderson

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: <u>Inhome Care Provider</u> | | |
| Number of Activities/Facilities licensed: <u>24</u> | Number Licensed Units: - | <u>24</u> |

County: Anderson

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 |
|---|---|-------------------|
|---|---|-------------------|

| | | |
|---|---|----|
| BROOKDALE ANDERSON 311 SIMPSON RD ANDERSON, SC 29621-2157 FAC.#:864-261-3875 JENKINS BRIAN PH#: 864-261-3875 Facility Email: BJENKINS1@BROOKDALE.COM | Anderson / Corporation 311 SIMPSON RD ANDERSON, SC 29621-2157 EMERICARE INC NCF-0872 / 12/31/2020 | 44 |
|---|---|----|

Licensed Beds: Nursing Home: 44 Institutional Nursing Home: 0

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

Certifications:None

| | | |
|---|---|-----|
| CONDOR HEALTH - ANDERSON 611 E HAMPTON ST ANDERSON, SC 29624-2899 FAC.#:864-226-5054 ELLENBURG LYNDON W PH#: 864-226-5054 Facility Email: BATYA@THEPORTOPICCOLOGROUP.COM | Anderson / ANDERSON SC OPCO LLC NCF-1039 / 09/30/2020 (Renewal Pending) | 181 |
|---|---|-----|

Licensed Beds: Nursing Home: 181 Institutional Nursing Home: 0

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

Certifications:None

| | | |
|--|--|----|
| IVA REHABILITATION AND HEALTHCARE CENTER 406 W BROAD ST IVA, SC 29655-9765 FAC.#:864-348-7433 FIELDS ANTHONY PH#: 864-348-7433 Facility Email: IVAADMINISTRATOR@SA-HC.COM | Anderson / Limited Liability 406 W BROAD ST IVA, SC 29655-9765 SC-GA2018 IVA REHABILITATION AND HEALTHCARE CENTER LLC NCF-1023 / 01/31/2021 | 60 |
|--|--|----|

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

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

Certifications:None

| | | |
|--|--|----|
| LINLEY PARK REHABILITATION AND HEALTHCARE CENTER 208 JAMES ST ANDERSON, SC 29625-2942 FAC.#:864-226-3427 HERITAGE CARLA PH#: 864-226-3427 Facility Email: LINLEYPARKADMINISTRATOR@SA-HC.COM | Anderson / Limited Liability 4 W RED OAK LN STE 201 WHITE PLAINS, NY 10604 SC-GA2018 LINLEY PARK REHABILITATION AND HEALTHCARE CENTER LLC NCF-1019 / 01/31/2021 | 88 |
|--|--|----|

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

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

Certifications:None

County: Anderson

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 | |

| | | |
|--|-----------------------------|-----|
| NHC HEALTHCARE ANDERSON | Anderson / Ltd. Liability | 290 |
| 1501 E GREENVILLE ST | 1501 E GREENVILLE ST | |
| ANDERSON, SC 29621-2004 FAC.#:864-226-8356 | ANDERSON, SC 29621-2004 | |
| HILL HEATH E PH#: 864-226-8356 | NHC HEALTHCARE/ANDERSON LLC | |
| Facility Email: LIBBA.PENA@NHCCARE.COM | NCF-0801 / 06/30/2021 | |

Licensed Beds: Nursing Home: 290 Institutional Nursing Home: 0

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

Certifications:None

| | | |
|--|--------------------------------|-----|
| RICHARD M CAMPBELL VETERANS NURSING HOME | Anderson / State | 220 |
| 4605 BELTON HWY | 4605 BELTON HWY | |
| ANDERSON, SC 29621-5045 FAC.#:864-261-6734 | ANDERSON, SC 29621-5045 | |
| EVATT RUSSELL PH#: 864-261-6734 | SC DEPARTMENT OF MENTAL HEALTH | |
| Facility Email: REVATT@HMRVSI.COM | NCF-0549 / 02/28/2021 | |

Licensed Beds: Nursing Home: 220 Institutional Nursing Home: 0

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

Certifications:None

| | | |
|---|--|----|
| SOUTHERN OAKS REHABILITATION AND HEALTHCARE CENTER | Anderson / Limited Liability | 88 |
| 109 BENTZ RD | 4 W RED OAK LN STE 201 | |
| PIEDMONT, SC 29673-1412 FAC.#:864-845-5177 | WHITE PLAINS, NY 10604 | |
| PH#: | SC-GA2018 SOUTHERN OAKS REHABILITATION AND HEALTHCARE CENTER LLC | |
| Facility Email: SOUTHERNOAKSADMINISTRATOR@SA-HC.COM | NCF-1021 / 01/31/2021 | |

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

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

Certifications:None

| | |
|---|-----------------------------------|
| Totals For Facility/License Type: <u>Nursing Home</u> | |
| Number of Activities/Facilities licensed: <u>7</u> | Number Licensed Units: <u>971</u> |

County: Anderson

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 |
|--|--|-------------------|
| FRESENIUS MEDICAL CARE ANDERSON DIALYSIS CLINIC 416 E CALHOUN ST STE A ANDERSON, SC 29621-5852 FAC.#:864-224-1678 FRIDLEY LAURIE PH#: Facility Email: LAURIE.FRIDLEY@FMC-NA.COM | Anderson / Limited Liability 416 E CALHOUN ST STE A ANDERSON, SC 29621-5852 FRESENIUS MEDICAL CARE ANDERSON LLC ERD-0105 / 07/31/2021 | 31 |
| Licensed Stations: Hemodialysis: 30 Peritoneal: 1 | | |
| FRESENIUS MEDICAL CARE BELTON-HONEA PATH 200 CHURCH ST HONEA PATH, SC 29654-2213 FAC.#:864-369-6509 LINDLEY SHARON PH#: 864-369-6509 Facility Email: SHARON.LINDLEY@FMC-NA.COM | Anderson / Corporation 200 CHURCH ST HONEA PATH, SC 29654-2213 BIO-MEDICAL APPLICATIONS OF SOUTH CAROLINA INC ERD-0146 / 05/31/2021 | 17 |
| Licensed Stations: Hemodialysis: 17 Peritoneal: 0 | | |
| FRESENIUS MEDICAL CARE NORTH ANDERSON 2021 CARDINAL CIR ANDERSON, SC 29621-1503 FAC.#:864-224-0024 COOLEY LINDA C PH#: 864-224-0024 Facility Email: LINDA.C.COOLEY@FMC-NA.COM | Anderson / Limited Liability 2021 CARDINAL CIR ANDERSON, SC 29621-1503 FRESENIUS MEDICAL CARE ANDERSON LLC ERD-0217 / 02/28/2021 | 25 |
| Licensed Stations: Hemodialysis: 21 Peritoneal: 2 | | |
| FRESENIUS MEDICAL CARE PENDLETON 908 S MECHANIC ST PENDLETON, SC 29670-1815 FAC.#:864-646-6607 BARNETT DEBORAH PH#: 864-646-6607 Facility Email: DEBORAH.BARNETT@FMC-NA.COM | Anderson / Corporation 908 S MECHANIC ST PENDLETON, SC 29670-1815 BIO-MEDICAL APPLICATIONS OF SOUTH CAROLINA INC ERD-0145 / 12/31/2020 | 11 |
| Licensed Stations: Hemodialysis: 11 Peritoneal: 0 | | |
| PENDLETON DIALYSIS 7703 HWY 76 PENDLETON, SC 29670-1818 FAC.#:864-646-7715 DAVIS RN AMY E PH#: 864-646-7715 Facility Email: SCL_C@DAVITA.COM | Anderson / Limited Liability Limited 5200 VIRGINIA WAY STE 400, LICENSING AND CERTIFICATION BRENTWOOD, TN 37027-7569 RENAL TREATMENT CENTERS-SOUTHEAST LP ERD-0143 / 10/31/2020 | 10 |
| Licensed Stations: Hemodialysis: 10 Peritoneal: 0 | | |

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|--|------------------------------|
| Totals For Facility/License Type: <u>Renal Dialysis</u> | |
| Number of Activities/Facilities licensed: _____ | Number Licensed Units: _____ |
| 5 | 94 |

County: Anderson

Facility Type: Tattoo Facility

| Facility Name Location Street Location City, State Administrator/Phone | County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date | Licensed Units |
|---|--|-------------------|
| AGGRESSIVE INK 3 407 HWY 28 BYP STE C ANDERSON, SC 29624-3044 FAC.#:864-226-3793 RICKETTS KATRINA PH#: Facility Email: AGGRESSIVEINK@GMAIL.COM | Anderson / Sole Proprietorship 407 HWY 28 BYP STE C ANDERSON, SC 29624-3044 RICKETTS STEVE G TF-0073 / 06/30/2021 | 3 |
| BLVD TATTOO CO 3704 LIBERTY HWY ANDERSON, SC 29621-1309 FAC.#:864-224-7922 CHARPING STEVEN J PH#: 864-760-3999 Facility Email: BLVDTATTOOCO@YAHOO.COM | Anderson / Sole Proprietorship 3704 LIBERTY HWY ANDERSON, SC 29621-1309 CHARPING STEVEN J TF-0111 / 11/30/2020 | 5 |
| CHERRY BOMB TATTOO 3 7202 HWY 76 STE C PENDLETON, SC 29670-9158 FAC.#:864-502-3023 ROACH JONATHAN PH#: 864-973-1994 Facility Email: JOHNNY.ROACH@YAHOO.COM | Anderson / Sole Proprietorship 7202 HWY 76 STE C PENDLETON, SC 29670-9158 ROACH JONATHAN AND ROACH WENDY TF-0262 / 10/31/2020 | 3 |
| FEARLESS TATTOO 121 VW CT ANDERSON, SC 29624-3000 FAC.#:864-540-8282 FILIPOVIC MICHAEL W PH#: 864-712-2744 Facility Email: FEARLESSTATT@GMAIL.COM | Anderson / Sole Proprietorship FILIPOVIC MICHAEL W TF-0334 / 06/30/2021 | 3 |
| JUST ANOTHER HOLE IN THE WALL TATTOO 121B E WEST PKWY ANDERSON, SC 29621 FAC.#:864-622-8040 PH#: Facility Email: JUSTANOTHERHOLEINTHEWALL@GMAIL.COM | Anderson / 121 E WEST PKWY ANDERSON, SC 29621 JUST ANOTHER HOLE IN THE WALL TATTOO LLC TF-0291 / 04/30/2021 | 3 |
| LOST SAILOR STUDIO 102 COMMUNITY PARK DR STE B ANDERSON, SC 29621 FAC.#:864-622-8300 PH#: Facility Email: KFRELIN198@YAHOO.COM | Anderson / Sole Proprietorship 102 COMMUNITY PARK DR STE B ANDERSON, SC 29621 FREELIN KEITH A TF-0293 / 06/30/2021 | 6 |
| PAINTED PONY TATTOO-ANDERSON 734 WHITEHALL RD ANDERSON, SC 29625-2264 FAC.#:864-226-2500 PRUITT THOMAS PH#: 864-354-8978 Facility Email: TATTOOTHOMAS76@AOL.COM | Anderson / Sole Proprietorship BRANDT KAREN AND PRUITT THOMAS TF-0034 / 02/28/2021 | 5 |
| RELENTLESS TATTOO LLC 34 HALTER DR PIEDMONT, SC 29673-6741 FAC.#:864-295-2237 BONHAM MARK PH#: 864-710-1596 Facility Email: REXALL127@YAHOO.COM | Anderson / Limited Liability 34 HALTER DR PIEDMONT, SC 29673-6741 RELENTLESS TATTOO LLC TF-0120 / 04/30/2021 | 5 |

County: Anderson

Facility Type: Tattoo Facility

| Facility Name Location Street Location City, State Administrator/Phone | County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date | Licensed Units |
|--|---|-------------------|
| REVOLUTIONARY TATTOO 11011 ANDERSON RD STE B PIEDMONT, SC 29673 FAC.#:864-263-7050 PH#: | Anderson / Sole Proprietorship DAVID K POSEY TF-0348 / 09/30/2021 | 3 |
| STUDIO 22 100 ELECTRIC CITY BLVD STE 50 ANDERSON, SC 29621-2306 FAC.#:864-437-8161 WILSON TODD EVAN PH#: 864-940-9034 Facility Email: TODDSTUDIO22@GMAIL.COM | Anderson / Sole Proprietorship 100 ELECTRIC CITY BLVD STE 50 ANDERSON, SC 29621-2306 WILSON TODD EVAN TF-0165 / 01/31/2021 | 3 |
| VANGUARD STUDIO 4365 HWY 24 STE A ANDERSON, SC 29626 FAC.#:864-993-8924 ALEWINE LISA MARIE PH#: 864-622-8424 Facility Email: LISAMARIE8924@GMAIL.COM | Anderson / Limited Liability 1866 BELL RD IVA, SC 29655 VANGUARD STUDIOS LLC TF-0272 / 06/30/2021 | 4 |

| | |
|---|---|
| Totals For Facility/License Type: <u>Tattoo Facility</u> | |
| Number of Activities/Facilities licensed: <u>11</u> | Number Licensed Units: <u>43</u> |

| | |
|--|---|
| Number of Activities/Facilities licensed in county of : <u>Anderson</u> | # Lics: <u>88</u> |
| | Number Licensed Units : <u>2,967</u> |

Report Totals

Total Number of Activities/Facilities licensed: 88 Total Number Licensed Units: 2,967