

County: Cherokee

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
ANGELIC ADULT DAY CARE 140 4TH AVE GAFFNEY, SC 29340 FAC.#:864-489-1288 SMTIH CATRINA PH#: 864-489-1288 Facility Email: CATRINASP@GMAIL.COM	Cherokee / Limited Liability 140 4TH AVE GAFFNEY, SC 29341 ANGELIC SERVICES INC ADC-0309 / 03/31/2021	15
Number of Participants: 15		
BETHEL SENIOR DAY CARE CENTER 218 W DR LM ROSEMOND LN GAFFNEY, SC 29340-3144 FAC.#:864-489-7552 SANDERS JR JAMES W PH#: 864-489-7552 Facility Email: DRSANDERS1@CHARTER.NET	Cherokee / Corporation PO BOX 44 GAFFNEY, SC 29342-0044 BETHEL SENIOR DAY CARE CENTER INC ADC-0153 / 11/30/2020	30
Number of Participants: 30		

Totals For Facility/License Type: <u>Adult Day Care</u>	
Number of Activities/Facilities licensed: _____ 2	Number Licensed Units: _____ 45

County: Cherokee

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
CHEROKEE COUNTY COMMISSION ON ALCOHOL AND DRUG ABUSE 201 W MONTGOMERY ST GAFFNEY, SC 29341-1773 FAC.#:864-487-2721 BROWN PAMELA PH#: 864-487-2721 Facility Email: CLITTLE@CHEROKEERECOVERY.COM	Cherokee / Non-Profit Corporation 201 W MONTGOMERY ST GAFFNEY, SC 29341-1773 CHEROKEE COUNTY COMMISSION ON ALCOHOL AND DRUG ABUSE-BOARD OPF-0022 / 08/31/2021	1

Certifications:None

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

County: Cherokee

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
IVY GROVE RESIDENTIAL CARE CENTER 483 LOCKHART LN GAFFNEY, SC 29341-2841 FAC.#:864-487-0869 MELEKWE OBIAJULU E PH#: 864-487-0869 Facility Email: OSKARMANI@AOL.COM	Cherokee / Ltd. Liability 483 LOCKHART LN GAFFNEY, SC 29341-2841 HARMONY RESIDENTIAL CARE CENTER LLC CRC-1458 / 10/31/2020	62
Alzheimer Care:Yes Max # Resident:0 Alzheimer Unit: No Max # Beds: 0		
Certifications:None		

PEACHTREE CENTRE COMMUNITY RESIDENTIAL CARE FACILITY 1434 N LIMESTONE ST GAFFNEY, SC 29340-4798 FAC.#:864-487-2717 COLE STEPHANIE B PH#: 864-487-2717 Facility Email: ANSHELNIEDERMAN@GMAIL.COM	Cherokee / Limited Liability 1434 N LIMESTONE ST GAFFNEY, SC 29340-4798 PEACHTREE OPERATING GROUP LLC CRC-1904 / 12/31/2020	28
Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0		
Certifications:None		

RETREAT AT GAFFNEY 101 PARK CT GAFFNEY, SC 29341 FAC.#:864-206-0006 PH#:	Cherokee / Limited Liability Limited Partnership 101 PARK CT GAFFNEY, SC 29341 CARE RSL GAFFNEY OPCO LP CRC-1281 / 01/31/2021	90
Alzheimer Care:Yes Max # Resident:16 Alzheimer Unit: Yes Max # Beds: 24		
Certifications:None		

Totals For Facility/License Type: <u>Community Residential Care Facility</u>	
Number of Activities/Facilities licensed: <u>3</u>	Number Licensed Units: <u>180</u>

County: Cherokee

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
J CLAUDE FORT COMMUNITY RESIDENCE BUILDING I 816 W MONTGOMERY ST GAFFNEY, SC 29341-1753 FAC.#:864-487-4190 PH#:	Cherokee / State PO BOX 4706, DDSN C/O RUFUS BRITT III COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0091 / 11/30/2020	8
J CLAUDE FORT COMMUNITY RESIDENCE BUILDING II 818 W MONTGOMERY ST GAFFNEY, SC 29341-1753 FAC.#:864-487-4190 HENDERSON SYREETA PH#: 864-487-4190 Facility Email: SHENDERSON@CHEROKEEDSNB.ORG	Cherokee / State PO BOX 4706, DDSN C/O RUFUS BRITT III COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0092 / 11/30/2020	8

Totals For Facility/License Type: <u>Habilitation R15</u>	
Number of Activities/Facilities licensed: <u>2</u>	Number Licensed Units: <u>16</u>

County: Cherokee

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
KINDRED AT HOME-UPSTATE 206 CHESNEE HWY STE H GAFFNEY, SC 29341-2757 FAC.#:864-488-0898 RANDOLPH TERESA PH#: 864-488-0898 Facility Email: JANET.COMBS@GENTIVA.COM	Cherokee / Limited Liability LICENSING & CERTIFICATION DEPT., 12900 FOSTER ST STE 400 OVERLAND PARK, KS 66213-2696 TOTAL CARE HOME HEALTH OF NORTH CAROLINA LLC HHA-0178 / 11/30/2020	4

Counties Served: Cherokee, Chester, Union, York

License Restrictions:

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

Other:

Totals For Facility/License Type: <u>Home Health</u>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>4</u>

County: Cherokee

Facility Type: Hospital or Institutional General Infirmary

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
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CHEROKEE MEDICAL CENTER 1530 N LIMESTONE ST GAFFNEY, SC 29340 FAC.#:864-487-4271 PH#: Facility Email: CBUTTS2@SRHS.COM	Cherokee / District 1530 N LIMESTONE ST GAFFNEY, SC 29340 SPARTANBURG REGIONAL HEALTH SERVICES DISTRICT INC HTL-0947 / 12/31/2020	125
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Licensed Beds: General: 125 Psychiatric: 0 Rehab: 0 Substance Abuse: 0
Other Beds : NICU: 0 Neonatal Special Care: 0

Certifications:None

Totals For Facility/License Type: <u>Hospital or Institutional General Infirmary</u>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>125</u>

County: Cherokee

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
ANGELIC HOMECARE 140 4TH AVE GAFFNEY, SC 29340 FAC.#:864-489-1288 SMITH CATRINA PH#: 864-489-1288 Facility Email: CATRINASP@GMAIL.COM	Cherokee / Limited Liability 140 4TH AVE GAFFNEY, SC 29340 ANGELIC SERVICES INC IHCP-0074 / 03/31/2021	- 1
HEAVEN SENT CAREGIVERS 1622 N LIMESTONE ST GAFFNEY, SC 29340-3123 FAC.#:864-489-2633 PH#: Facility Email: HEAVENSENTCAREGIVERS.SC@GMAIL.COM	Cherokee / Limited Liability HEAVEN SENT CAREGIVERS LLC IHCP-0375 / 09/30/2021	- 1
SUPREME MANAGEMENT AND ASSOCIATES 107 1/2 W CHEROKEE ST BLACKSBURG, SC 29702 FAC.#:864-492-3400 PH#: Facility Email: SUPREMEMANAGEMENTANDASSOCIATES@GMAIL.COM	Cherokee / Limited Liability SUPREME MANAGEMENT AND ASSOCIATES LLC IHCP-0909 / 10/31/2020	- 1

Totals For Facility/License Type: <u>Inhome Care Provider</u>	
Number of Activities/Facilities licensed: _____	Number Licensed Units: _____
3	- 3

County: Cherokee

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
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BLUE RIDGE IN BROOKVIEW HOUSE 510 THOMPSON ST GAFFNEY, SC 29340-3620 FAC.#:864-489-3101 SAIN SUSAN PH#: 864-489-3101 Facility Email: ADMIN@BROOKVIEW.CARE	Cherokee / Limited Liability Limited 510 THOMPSON ST GAFFNEY, SC 29340-3620 BLUE RIDGE IN BROOKVIEW HOUSE LLC NCF-0979 / 12/31/2020	132
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Licensed Beds: Nursing Home: 132 Institutional Nursing Home: 0

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

Certifications:None

PEACHTREE CENTRE 1434 N LIMESTONE ST GAFFNEY, SC 29340-4798 FAC.#:864-487-2717 PH#: Facility Email: ANSHELNIEDERMAN@GMAIL.COM	Cherokee / Limited Liability 1434 N LIMESTONE ST GAFFNEY, SC 29340-4798 PEACHTREE OPERATING GROUP LLC NCF-0972 / 11/30/2020	111
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Licensed Beds: Nursing Home: 111 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>2</u>	Number Licensed Units: <u>243</u>

County: Cherokee

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
DCI GAFFNEY 405 TIFFANY PARK GAFFNEY, SC 29341-1262 FAC.#:864-487-1727 ROBERTS RN ANN MARIE PH#: 864-445-7755 Facility Email: FRANCES.HARRELL@DCIINC.ORG	Cherokee / Non-Profit Corporation 405 TIFFANY PARK GAFFNEY, SC 29341-1262 DIALYSIS CLINIC INC ERD-0052 / 09/30/2021	28

Licensed Stations: Hemodialysis: 28 Peritoneal: 0

Totals For Facility/License Type: <u>Renal Dialysis</u>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>28</u>

Number of Activities/Facilities licensed in county of : <u>Cherokee</u>	# Lics: <u>16</u>
	Number Licensed Units : <u>639</u>

Report Totals

Total Number of Activities/Facilities licensed: 16 Total Number Licensed Units: 639