| Facility Name Location Street Location City, State Administrator/Phone | County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date | Licensed Units |
|--|---|-------------------|
| RECOVERY CONCEPTS | Jasper / Ltd. Liability | 1 |
| 124 BOARDWALK DR STE A | 124 BOARDWALK DR STE A | |
| RIDGELAND, SC 29936-7994 FAC.#:843-645-2770 | RIDGELAND, SC 29936-7994 | |
| PH#: | RECOVERY CONCEPTS LLC | |
| Facility Email: DIRECTOR@RECOVERYCONCEPTSLLC.COM Certifications:Narcotics Treatment Program, Meth | OPFN-0080 / 09/30/2021 nodone Treatment Program | |
| WRIGHT DIRECTIONS FAMILY SERVICES | Jasper / Limited Liability | 1 |
| 77 HAZZARD CREEK VLG DR STE C | PO BOX 1343 | |
| RIDGELAND, SC 29936-8757 FAC.#:843-645-7700 | RIDGELAND, SC 29936-2623 | |
| MCNAIR JAWANDA PH#: | WRIGHT DIRECTIONS LLC | |
| Facility Email: WRIGHTDIRECTIONS@GMAIL.COM | OPF-0111 / 07/31/2020 (Renewal Pe | ending) |
| Certifications:None | | |
| Totals For Facility/License Type: CDAP Outpat | ient | |

| October 2, 2020 | South Carolina Department of Health & Environmental Con | ntrol |
|-----------------|---|-------|
| | Division of Health Licensing | |

Facility Type: Community Residential Care Facility

| Facility Name Location Street Location City, State Administrator/Phone | County/Ownership Type Mailing/Billing Address Licensed Licensee Units License Nbr/Expiration Date |
|---|--|
| CANTERFIELD OF BLUFFTON | Jasper / Limited Liability 93 |
| 567 N OKATIE HWY | 567 N OKATIE HWY |
| RIDGELAND, SC 29936 FAC.#:843-645-4000 | RIDGELAND, SC 29936 |
| ARROYO SHAZIA PH#: 000-000-0000 | CANTERFIELD OF BLUFFTON LLC |
| Facility Email: SHAZIA@CANTERFIELDOFBLUFFTON.COM | CRC-1571 / 11/30/2020 |
| Alzheimer Care:Yes Max # Resident:22 | Alzheimer Unit: Yes Max # Beds: 22 |
| Certifications:None | |
| Totals For Facility/License Type: Community | Residential Care Facility |
| Number of Activities/Facilities licensed: | 1 Number Licensed Units: 93 |

| Facility Name Location Street Location City, State Administrator/Phone | County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date | Licensed Units |
|---|---|-------------------|
| ISLAND HEALTH CARE | Jasper / Corporation | 2 |
| 300 NEW RIVER PKWY, STE 7 | PO BOX 8011 | |
| HARDEEVILLE, SC 29927-4450 FAC.#:843-208-3660 | SAVANNAH, GA 31412-8011 | |
| BOLCH ELLEN B PH#: 843-208-3660 | ISLAND HEALTH CARE INC | |
| Facility Email: EBOLCH@THAGROUP.ORG | HHA-0111 / 02/28/2021 | |
| Counties Served: Beaufort, Jasper License Restrictions: | | |
| Physical Therapy: Y Speech Therapy: Y Occupationa Home Health Aid: Y Medical Supplies/Appliances/D | | |
| Other: | | |

| l | | | | | | | |
|---|-----------|-----------------------|-----------|---|-------------------|--------|---|
| | Number of | Activities/Facilities | licensed: | 1 | Number Licensed N | Units: | 2 |

| Facility Type: <u>Hospice Program</u> | | |
|--|---|-----------------------------------|
| Facility Name Location Street Location City, State Administrator/Phone | County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date | Licensed Units |
| COMPASSUS-CHARLESTON | Jasper / Limited Liability | 25 |
| 10911 N JACOB SMART BLVD STE 1 | 10911 N JACOB SMART BLVD STE B | 20 |
| RIDGELAND, SC 29936-2709 FAC.#:843-645-6540 | RIDGELAND, SC 29936-2729 | |
| CLARK STEPHANIE PH#: 843-645-6540 | HOSPICE ADVANTAGE LLC | |
| Facility Email: SANDRA.BOND@COMPASSUS.COM | HPC-0143 / 08/31/2021 | |
| | vell, Beaufort, Berkeley, Calhoun, Cha on, Darlington, Dillon, Dorchester, Ec Korry, Jasper, Lee, Marion, Marlboro, | lgefield, |
| GHC HOSPICE | Jasper / Limited Liability | 5 |
| 65 SCHINGER AVENUE UNIT 103 | | |
| RIDGELAND, SC 29936 FAC.#:888-615-1982 | | |
| GIERC KEVIN PH#: | GHC-HILTON HEAD LLC | |
| Facility Email: KEVINGIERC@GHCHOSPICE.COM | HPC-0236 / 05/31/2021 | |
| Counties Served: Allendale, Beaufort, Colleton, H | lampton, Jasper | |
| ISLAND HOSPICE | Jasper / Non-Profit Corporation | 5 |
| 300 NEW RIVER PKWY STE 7 | PO BOX 8011 | |
| HARDEEVILLE, SC 29927-4450 FAC.#:912-629-2727 | SAVANNAH, GA 31412-8011 | |
| SMITH JULIE PH#: 912-629-2727 | IHC HOSPICE INC | |
| Facility Email: EBOLCH@THAGROUP.ORG | HPC-0115 / 02/28/2021 | |
| Counties Served: Beaufort, Charleston, Colleton, | Hampton, Jasper | |
| MEDICAL SERIVCES OF AMERICA HOSPICE OF THE LOWCOUN | TRY Jasper / Corporation | 46 |
| 59 RIVERWALK BLVD STE B & C | PO BOX 609 | |
| RIDGELAND, SC 29936 FAC.#:843-322-0063 | LEXINGTON, SC 29071-0609 | |
| DERRER CHARLOTTE PH#: | HOSPICE CARE OF AMERICA INC | |
| Facility Email: LICENSING@MSAHEALTHCARE.COM | HPC-0097 / 07/31/2021 | |
| Darlington, Dillon, Dorchester, Greenville, Greenwood, Hampton, Lexington, Marion, Marlboro, McC | derson, Bamberg, Barnwell, Beaufort, H Chester, Chesterfield, Clarendon, Coll Edgefield, Fairfield, Florence, Georg Horry, Jasper, Kershaw, Lancaster, La Cormick, Newberry, Oconee, Orangeburg, Sumter, Union, Williamsburg, York | leton, getown, aurens, Lee, |
| Totals For Facility/License Type: <u>Hospice Prog</u> Number of Activities/Facilities licensed: | gram <u>4</u> Number Licensed Units: | <u>81</u> |

| October 2, 2020 | South Carolina Department of Health & Environmental Con | itrol |
|-----------------|---|-------|
| | Division of Health Licensing | |

| Facility Type: <u>Hospital or Institutional Gene</u> | eral Infirmary | |
|---|---|-------------------|
| Facility Name Location Street Location City, State Administrator/Phone | County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date | Licensed Units |
| COASTAL CAROLINA HOSPITAL | Jasper / Corporation | 41 |
| 1000 MEDICAL CENTER DR | 1000 MEDICAL CENTER DR | |
| HARDEEVILLE, SC 29927-3446 FAC.#:843-784-8000 | HARDEEVILLE, SC 29927-3446 | |
| TAYLOR JOEL C PH#: 843-784-8000 | COASTAL CAROLINA MEDICAL CENTER INC | |
| Facility Email: JOELC.TAYLOR@TENETHEALTH.COM | HTL-0902 / 06/30/2021 | |
| Licensed Beds: General: 41 Psychiatric: | 0 Rehab: 0 Substance Abuse: | 0 |
| Other Beds : NICU: 0 Neonatal Special | L Care: 0 | |
| Certifications:Perinatal Level I, JCAHO Accredite | ed | |
| Totals For Facility/License Type: <u>Hospital or</u> Number of Activities/Facilities licensed: | | <u>41</u> |

| Facility Name Location Street Location City, State Administrator/Phone | County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date | Licer Uni | |
|---|---|--------------|---|
| BRIGHTER DAY AT HOME LLC | Jasper / Limited Liability | - | 1 |
| 533 S GREEN ST | | | |
| RIDGELAND, SC 29936 FAC.#:843-547-1212 | | | |
| HAMPTON TANETTA PH#: | BRIGHTER DAY AT HOME LLC | | |
| Facility Email: BRIGHTERDAY84@YAHOO.COM | IHCP-1051 / 11/30/2020 | | |
| CARING HANDS HEALTH CARE LLC | Jasper / Limited Liability | - | 1 |
| 61 RIVERWALK BLVD UNIT C | 61 RIVERWALK BLVD UNIT C | | |
| RIDGELAND, SC 29936 FAC.#:843-987-0400 | RIDGELAND, SC 29936 | | |
| РН#: | CARING HANDS HEALTH CARE LLC | | |
| Facility Email: ROSEBACON@AOL.COM | IHCP-0124 / 04/30/2021 | | |
| COMPASSION HEALTHCARE | Jasper / Corporation | - | 1 |
| 488 BROWNS COVE RD BLDG A STE 1 | 488 BROWNS COVE RD BLDG A STE 1 | | |
| RIDGELAND, SC 29936 FAC.#:843-645-2273 | RIDGELAND, SC 29936 | | |
| РН#: | COMPASSION HEALTHCARE INC | | |
| Facility Email: COMPASSIONHEALTHCARE@COMCAST.NET | IHCP-0232 / 07/31/2021 | | |
| VICTRESS HEALTHCARE STAFFING SOLUTION | Jasper / Limited Liability | - | 1 |
| 298 WISE ST | | | |
| RIDGELAND, SC 29936 FAC.#:843-592-5088 | | | |
| PH#: | VICTRESS HEALTHCARE STAFFING SOLUTION LL | 2 | |
| Facility Email: ADMIN@VICTRESS-HEALTHCARE.SOLUTIONS | IHCP-1240 / 09/30/2021 | | |

| Facility Name Location Street Location City, State Administrator/Phone | County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date | Licensed Units |
|---|---|-------------------|
| RIDGELAND NURSING CENTER | Jasper / Corporation | 88 |
| 1516 GRAYS HWY | PO BOX 1570 | |
| RIDGELAND, SC 29936-5440 FAC.#:843-726-5581 | RIDGELAND, SC 29936-2627 | |
| BOYLES SHERI P PH#: 843-645-5531 | RIDGELAND NURSING CENTER INC | |
| Facility Email: SBOYLES@RIDGELANDNC.COM | NCF-0553 / 08/31/2021 | |
| Licensed Beds: Nursing Home: 88 Institution | al Nursing Home: 0 | |
| Alzheimer Care:No Max # Resident:0 | Alzheimer Unit: No Max # Beds: | 0 |
| Certifications:None | | |
| Totals For Facility/License Type: <u>Nursing Hom</u> Number of Activities/Facilities licensed: | e <u>1</u> Number Licensed Units: | 88 |

| Facility Name Location Street Location City, State Administrator/Phone | County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date | Licensed Units |
|---|---|-------------------|
| FMC DIALYSIS SERVICES-THE MARSHLANDS | Jasper / Corporation | 18 |
| 28 RICE POND RD | 28 RICE POND RD | |
| RIDGELAND, SC 29936-8170 FAC.#:843-987-0110 | RIDGELAND, SC 29936-8170 | |
| SENTMAN REBECCA PH#: | BIO-MEDICAL APPLICATIONS OF SOUTH CA | ROLINA INC |
| Facility Email: HOLLEY.KELLY@FMC-NA.COM | ERD-0095 / 03/31/2021 | |
| Licensed Stations: Hemodialysis: 17 Peri | | 1.0 |
| RIDGELAND DIALYSIS | Jasper / Corporation | 10 |
| 110 | | |
| | 5200 VIRGINIA WAY STE 400, LICEN | SING AND |
| 112 WEATHERSBY ST RIDGELAND, SC 29936-9514 FAC.#:843-717-9379 | 5200 VIRGINIA WAY STE 400, LICEN CERTIFICATION BRENTWOOD, TN 37027-7569 | SING AND |
| RIDGELAND, SC 29936-9514 FAC.#:843-717-9379 RAHN JENNIFER PH#: | CERTIFICATION | SING AND |
| RIDGELAND, SC 29936-9514 FAC.#:843-717-9379 | CERTIFICATION BRENTWOOD, TN 37027-7569 | SING AND |
| RIDGELAND, SC 29936-9514 FAC.#:843-717-9379 RAHN JENNIFER PH#: | CERTIFICATION BRENTWOOD, TN 37027-7569 TOTAL RENAL CARE INC ERD-0187 / 07/31/2021 | SING AND |
| RIDGELAND, SC 29936-9514 FAC.#:843-717-9379 RAHN JENNIFER PH#: Facility Email: SCL_C@DAVITA.COM | CERTIFICATION BRENTWOOD, TN 37027-7569 TOTAL RENAL CARE INC ERD-0187 / 07/31/2021 toneal: 0 | SING AND |

| Facility Type: <u>Tattoo Facility</u> | |
|---|--|
| Facility Name Location Street Location City, State Administrator/Phone | County/Ownership Type Mailing/Billing Address Licensed Licensee Units License Nbr/Expiration Date |
| INK REVOLUZION TATTOOS | Jasper / Limited Liability 2 |
| 18892 WHYTE HARDEE BLVD UNIT 103 | 114 PINE FOREST DR |
| HARDEEVILLE, SC 29927-5438 FAC.#:843-784-2246 | BLUFFTON, SC 29910-4014 |
| RIVERA JONATHAN PH#: 843-384-0744 | INK REVOLUZION LLC |
| Facility Email: INKREVOLUZION@GMAIL.COM | TF-0157 / 08/31/2021 |
| Totals For Facility/License Type: <u>Tattoo Facilit</u> Number of Activities/Facilities licensed: <u>1</u> | |
| Number of Activities/Facilities licensed in county | of: <u>Jasper</u> # Lics: <u>17</u> Number Licensed Units: <u>333</u> |
| Repo | rt Totals |
| Total Number of Activities/Facilities licensed: | 17 Total Number Licensed Units: 333 |