

County: Newberry

Facility Type: Adult Day Care

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

NEWBERRY COUNTY COUNCIL ON AGING ADULT DAY HEALTH CARE	Newberry / Non-Profit Corporation	15
1300 HUNT ST	1300 HUNT ST	
NEWBERRY, SC 29108-3082 FAC.#:803-276-8266	NEWBERRY, SC 29108-3082	
BALLENTINE JANET PH#: 803-276-8266	NEWBERRY COUNTY COUNCIL ON AGING	
Facility Email: LYNN@NCCOA.ORG	ADC-0073 / 10/31/2020	

Number of Participants: 15

Totals For Facility/License Type: Adult Day Care

Number of Activities/Facilities licensed: 1 Number Licensed Units: 15

County: Newberry

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
WESTVIEW BEHAVIORAL HEALTH SERVICES (OUTPATIENT) 800 MAIN ST NEWBERRY, SC 29108-3351 FAC.#:803-276-5690 GRAY HUGH B PH#: 803-276-5690 Facility Email: HGRAY@WESTVIEWBEHAVIORAL.ORG	Newberry / Non-Profit Corporation PO BOX 738 NEWBERRY, SC 29108-0738 NEWBERRY COMMISSION ON ALCOHOL & DRUG ABUSE OPF-0041 / 11/30/2020	2

Certifications:None

Totals For Facility/License Type: <u>CDAP Outpatient</u>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>2</u>

County: Newberry

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
---	---	-------------------

PALMETTO GARDENS 425 S WHEELER AVE PROSPERITY, SC 29127 FAC.#:803-364-9113 PEOPLES TIFFANY PH#: 803-364-9113 Facility Email: PALMETTOGARDENSRESIDENTIAL@GMAIL.COM	Newberry / Sole Proprietorship 425 S WHEELER AVE PROSPERITY, SC 29127 YVONNE HARRISON CRC-1916 / 04/30/2021	30
--	---	----

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

Certifications:None

SPRINGFIELD PLACE RESIDENTIAL CARE 2006 SPRINGFIELD CIR NEWBERRY, SC 29108-3084 FAC.#:803-405-1585 PH#: Facility Email: AKESLER@NEWBERRYCCRC.COM	Newberry / Limited Liability 2006 SPRINGFIELD CIR NEWBERRY, SC 29108-3084 NEWBERRY OPERATOR LLC CRC-1250 / 02/28/2021	50
---	---	----

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

Certifications:None

Totals For Facility/License Type: <u>Community Residential Care Facility</u>	
Number of Activities/Facilities licensed: <u> 2 </u>	Number Licensed Units: <u> 80 </u>

County: Newberry

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
H A MCCULLOUGH COMMUNITY RESIDENCE 2600 HOLLOWAY ST NEWBERRY, SC 29108-4500 FAC.#:803-276-0078 JONES ROBERT S PH#: 803-276-0078 Facility Email: RBRITT@DDSN.SC.GOV	Newberry / State PO BOX 4706, DDSN C/O RUFUS BRITT COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0102 / 03/31/2021	12

Totals For Facility/License Type: Habilitation R15

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

County: Newberry

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-MIDLANDS 2521 EVANS ST NEWBERRY, SC 29108 FAC.#:803-276-0273 GUY HARRIETT PH#: 803-276-0273 Facility Email: JANET.COMBS@GENTIVA.COM	Newberry / Limited Liability 12900 FOSTER ST STE 400 OVERLAND PARK, KS 66213-2696 CAPITAL CARE RESOURCES OF SOUTH CAROLINA LLC HHA-0040 / 12/31/2020	11
---	--	----

Counties Served: Aiken, Barnwell, Chester, Edgefield, Fairfield, Lancaster, Lexington, Newberry, Richland, Saluda, 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: REGISTERED NURSE

Totals For Facility/License Type: <u>Home Health</u>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>11</u>

County: Newberry

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
---	---	-------------------

AT HOME SENIOR CARE HOSPICE LLC 1700 MAIN ST NEWBERRY, SC 29108-3548 FAC.#:803-920-4265 WILLIAMS RUBIE M PH#: 803-920-4265	Newberry / Limited Liability AT HOME SENIOR HOSPICE LLC HPC-0239 / 07/31/2021	12
---	---	----

Facility Email: RUBIEWILLIAMS@GMAIL.COM

Counties Served: Abbeville, Aiken, Chester, Edgefield, Fairfield, Greenwood, Laurens, Lexington, Newberry, Richland, Saluda, Union

Totals For Facility/License Type: Hospice Program

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

County: Newberry

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
---	---	-------------------

NEWBERRY COUNTY MEMORIAL HOSPITAL 2669 KINARD ST NEWBERRY, SC 29108-2932 FAC.#:803-276-7570 BALDWIN BRUCE PH#: 803-276-7570 Facility Email: EMILY.METTS@NEWBERRYHOSPITAL.NET	Newberry / County PO BOX 497 NEWBERRY, SC 29108-0497 NEWBERRY COUNTY MEMORIAL HOSPITAL BOARD HTL-0015 / 01/31/2021	90
--	--	----

Licensed Beds: General: 90 Psychiatric: 0 Rehab: 0 Substance Abuse: 0
 Other Beds : NICU: 0 Neonatal Special Care: 0

Certifications: Swing Bed Unit(s), Perinatal Level I, JCAHO Accredited

Totals For Facility/License Type: <u>Hospital or Institutional General Infirmary</u>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>90</u>

County: Newberry

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
A C T CARE SERVICES 126 WILLIAMS WOOD DR PROSPERITY, SC 29127 FAC.#:803-271-1353 PH#: Facility Email: TAMMY@ACTCARESERVICES.COM	Newberry / Limited Liability A C T CARE SERVICES LLC IHCP-1144 / 10/31/2020	- 1
ANGEL CARE HOME CARE LLC 1303 MAIN ST STE 413 NEWBERRY, SC 29108 FAC.#:803-321-1087 PH#: Facility Email: ANGELCARESC@GMAIL.COM	Newberry / Limited Liability PO BOX 626 NEWBERRY, SC 29108 ANGEL CARE HOME CARE LLC IHCP-0251 / 06/30/2021	- 1
AT HOME SENIOR CARE 1700 MAIN ST NEWBERRY, SC 29108-3548 FAC.#:803-801-0611 PH#: Facility Email: RUBIEWILLIAMS@GMAIL.COM	Newberry / Limited Liability 1700 MAIN ST NEWBERRY, SC 29108-3548 AT HOME SENIOR CARE IHCP-0303 / 08/31/2021	- 1

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

County: Newberry

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
---	---	-------------------

J F HAWKINS NURSING HOME 1330 KINARD ST NEWBERRY, SC 29108-3096 FAC.#:803-276-2601 RANDELL TY L PH#: 803-276-2601 Facility Email: TRANSDSELL@NEWBERRYCCRC.COM	Newberry / Limited Liability 1330 KINARD ST NEWBERRY, SC 29108-3096 NEWBERRY OPERATOR LLC NCF-0234 / 02/28/2021	118
--	---	-----

Licensed Beds: Nursing Home: 118 Institutional Nursing Home: 0

Alzheimer Care:Yes Max # Resident:0 Alzheimer Unit: Yes Max # Beds: 0

Certifications:None

WHITE OAK MANOR-NEWBERRY 2555 KINARD ST NEWBERRY, SC 29108-2903 FAC.#:803-276-6060 GILLIAM MELISSA S PH#: 803-276-6060 Facility Email: MGILLIAM@WHITEOAKMANOR.COM	Newberry / Corporation 2555 KINARD ST NEWBERRY, SC 29108-2903 WHITE OAK MANOR - NEWBERRY INC NCF-0884 / 12/31/2020	146
--	--	-----

Licensed Beds: Nursing Home: 146 Institutional Nursing Home: 0

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

Certifications:None

Totals For Facility/License Type: Nursing Home

Number of Activities/Facilities licensed: 2 Number Licensed Units: 264

County: Newberry

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 NEWBERRY	Newberry / Limited Liability	24
2850 KINARD ST	2850 KINARD ST	
NEWBERRY, SC 29108 FAC.#:803-276-2860	NEWBERRY, SC 29108	
LIFLAND HOWARD PH#:	FRESENIUS MEDICAL CARE CNA KIDNEY CENTERS LLC	
Facility Email: CLARISSA.HARRISON@FMC-NA.COM	ERD-0020 / 02/28/2021	

Licensed Stations: Hemodialysis: 22 Peritoneal: 2

Totals For Facility/License Type: <u>Renal Dialysis</u>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>24</u>

Number of Activities/Facilities licensed in county of : <u>Newberry</u>	# Lics: <u>14</u>
	Number Licensed Units : <u>507</u>

Report Totals

Total Number of Activities/Facilities licensed: 14 Total Number Licensed Units: 507