## ADVANCED HOME HEALTH

**Address:** 2424 INDIA HOOK RD STE 130  
**City, State:** ROCK HILL, SC 29732-1278  
**License #:** 803-285-2026  
**Administrator:** AGNEW CYNTHIA PH#:  
**Facility Email:** ANGIE.MATTINGLY@BRIGHTSPRINGHEALTH.COM  
**Fac. Cont. Email:** No Facility Contact Email on Record  

### License Restrictions:
- Physical Therapy: No (N)
- Speech Therapy: No (N)
- Occupational Therapy: No (N)
- Med. Social Services: No (N)
- Home Health Aid: No (N)
- Medical Supplies/Appliances/Durable Medical Equipment: No (N)

### Other Services:
- Physical Therapy: No (N)
- Speech Therapy: No (N)
- Occupational Therapy: No (N)
- Med. Social Services: No (N)
- Home Health Aid: No (N)

---

## AMEDISYS HOME HEALTH CARE

**Address:** 127 E MILL ST  
**City, State:** KINGSTREE, SC 29556  
**License #:** 843-355-5103  
**Administrator:** POWELL WELCH MEREDITH PH#:  
**Facility Email:** 2241@AMEDISYS.COM  
**Fac. Cont. Email:** MELANIE.ONG@AMEDISYS.COM  

### License Restrictions:
- Physical Therapy: Yes (Y)
- Speech Therapy: Yes (Y)
- Occupational Therapy: Yes (Y)
- Med. Social Services: Yes (Y)
- Home Health Aid: Yes (Y)
- Medical Supplies/Appliances/Durable Medical Equipment: No (N)

### Other Services:
- Physical Therapy: No (N)
- Speech Therapy: No (N)
- Occupational Therapy: No (N)
- Med. Social Services: No (N)
- Home Health Aid: No (N)

---

### Total Counties Served:
- **Lancaster, York:** 2
- **Clarendon, Florence, Georgetown, Williamsburg:** 4
<table>
<thead>
<tr>
<th>Name of Facility</th>
<th>License#/Expiration</th>
<th>County/Ownership Type</th>
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<tbody>
<tr>
<td>AMEDISYS HOME HEALTH OF BEAUFORT</td>
<td>HHA-0189 / 01/31/2021</td>
<td>Beaufort / Ltd. Liability</td>
</tr>
<tr>
<td>35 PROFESSIONAL VILLAGE CIR</td>
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<td>35 PROFESSIONAL VILLAGE CIR</td>
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<tr>
<td>LADYS ISLAND, SC 29907 FACILITY #:843-379-2320</td>
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<td>LADYS ISLAND, SC 29907</td>
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<tr>
<td>SYNDER SHAUN PH#:</td>
<td></td>
<td>AMEDISYS SC LLC</td>
</tr>
<tr>
<td>Facility Email: <a href="mailto:2210@AMEDISYS.COM">2210@AMEDISYS.COM</a></td>
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<td>No Facility Contact Email on Record</td>
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<tr>
<td>Fac. Cont. Email: No Facility Contact Email on Record</td>
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**Total Counties Served:** 2

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<tr>
<td>Physical Therapy: Y</td>
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<td>Other Services:</td>
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<table>
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<th>HHA-0203 / 02/28/2021</th>
<th>Beaufort / Ltd. Liability</th>
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</thead>
<tbody>
<tr>
<td>59 SHERIDAN PARK CIR STE A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BLUFFTON, SC 29910-6029 FACILITY #:800-697-5235</td>
<td></td>
<td>BLUFFTON, SC 29910-6029</td>
</tr>
<tr>
<td>RYAN LORI PH#:</td>
<td></td>
<td>AMEDISYS SC LLC</td>
</tr>
<tr>
<td>Facility Email: <a href="mailto:2216@AMEDISYS.COM">2216@AMEDISYS.COM</a></td>
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<td>No Facility Contact Email on Record</td>
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**Total Counties Served:** 4

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<th>County/Counties Served: Allendale, Beaufort, Hampton, Jasper</th>
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<tr>
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<tr>
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<td>Occupational Therapy: Y</td>
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<td>Med. Social Services: Y</td>
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<td>Home Health Aid: Y</td>
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<tr>
<td>Medical Supplies/Appliances/Durable Medical Equipment: N</td>
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<tr>
<td>Other Services:</td>
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</tbody>
</table>
**AMEDISYS HOME HEALTH OF CAMDEN**

2209 W DELKAB STE I
CAMDEN, SC  29020-3624   FACILITY #:803-713-9774
KING DORI PH#:
Facility Email:  2216@AMEDISYS.COM
Fac. Cont. Email:  No Facility Contact Email on Record

**County/Counties Served:** Calhoun, Darlington, Fairfield, Kershaw, Lexington, Marlboro, Newberry, Orangeburg, Richland

**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

**Total Counties Served:** 9

**Satellite Location:** WEST COLUMBIA OFFICE
Address:  2611 FOREST DRIVE SUITE 120
City: COLUMBIA  State: SC  Zip Code: 29204

**AMEDISYS HOME HEALTH OF CHARLESTON**

2675 LAKE PARK DR
NORTH CHARLESTON, SC  29406-9100   FACILITY #:843-553-1263
CRAVEN KAREN L PH#:
Facility Email:  2203@AMEDISYS.COM
Fac. Cont. Email:  No Facility Contact Email on Record

**County/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

**Total Counties Served:** 3
### AMEDISYS HOME HEALTH OF CHARLESTON EAST

<table>
<thead>
<tr>
<th>Name of Facility</th>
<th>License# / Expiration</th>
<th>County / Ownership Type</th>
<th>Mailing Address</th>
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<tbody>
<tr>
<td>AMEDISYS HOME HEALTH OF CHARLESTON EAST</td>
<td>HHA-0191 / 01/31/2021</td>
<td>Charleston / Ltd. Liability</td>
<td>AMEDISYS SC LLC</td>
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</table>

**Facility Information**
- **Location**: 1027 PHYSICIANS DR STE 210, CHARLESTON, SC 29414-5352
- **Saltice Name**: HHA-0191
- **County/Ownership Type**: Charleston / Ltd. Liability
- **Mailing Address**: AMEDISYS SC LLC
- **Facility Email**: 2207@AMEDISYS.COM
- **Fac. Cont. Email**: No Facility Contact Email on Record

**County/Counties Served**: Allendale, 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 Services**:
- Y
- Y
- Y
- Y

**Satellite Location**: MOUNT PLEASANT OFFICE
- **Address**: 930 JOHNNIE DODDS BOULEVARD SUITE A
- **City**: MOUNT PLEASANT
- **State**: SC
- **Zip Code**: 29464
- **Phone**: 803-713-9774

**Satellite Location**: WALTERBORO OFFICE
- **Address**: 305 ROBERTSON BLVD
- **City**: WALTERBORO
- **State**: SC
- **Zip Code**: 29488
- **Phone**: 843-542-9020

**Total Counties Served**: 6

### AMEDISYS HOME HEALTH OF CLINTON

<table>
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<tbody>
<tr>
<td>AMEDISYS HOME HEALTH OF CLINTON</td>
<td>HHA-0186 / 01/31/2021</td>
<td>Laurens / Limited Liability</td>
<td>AMEDISYS HOME HEALTH OF SOUTH CAROLINA LLC</td>
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</table>

**Facility Information**
- **Location**: 210 PHYSICIANS PARK DR STE U, CLINTON, SC 29325-7565
- **Saltice Name**: HHA-0186
- **County/Ownership Type**: Laurens / Limited Liability
- **Mailing Address**: AMEDISYS HOME HEALTH OF SOUTH CAROLINA LLC
- **Facility Email**: ALEXANDRA.DUPUIS@AMEDISYS.COM
- **Fac. Cont. Email**: 2204@AMEDISYS.COM

**County/Counties Served**: Abbeville, Anderson, Cherokee, Greenville, Greenwood, Laurens, Oconee, Pickens, Spartanburg, Union

**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 Services**:
- Y
- Y
- Y
- Y

**Satellite Location**: GREENVILLE OFFICE
- **Address**: 440 ROPER MOUNTAIN RD STE G-1
- **City**: GREENVILLE
- **State**: SC
- **Zip Code**: 29615-42
- **Phone**: 864-288-9441

**Total Counties Served**: 10
### AMEDISYS HOME HEALTH OF CONWAY

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<tbody>
<tr>
<td>AMEDISYS HOME HEALTH OF CONWAY</td>
<td>HHA-0195 / 03/31/2021</td>
<td>Horry / Limited Liability</td>
<td>AMEDISYS HOME HEALTH OF SOUTH CAROLINA LLC</td>
</tr>
<tr>
<td>Location Street</td>
<td>208 ELM ST</td>
<td>Con: FACILITY #:866-205-4247</td>
<td>Counties Served: 5</td>
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<tr>
<td>Location City, State</td>
<td>CONWAY, SC 29526</td>
<td>JONES BRITTANY PH#: 843-347-5899</td>
<td>Administrator: JONES BRITTANY PH# 843-347-5899</td>
</tr>
<tr>
<td>Administrator</td>
<td>CONWAY, SC 29526</td>
<td>Facility Email: <a href="mailto:2222@AMEDISYS.COM">2222@AMEDISYS.COM</a></td>
<td>176 WACCAMAW MEDICAL PARK CT</td>
</tr>
<tr>
<td></td>
<td>Facility Email: <a href="mailto:2222@AMEDISYS.COM">2222@AMEDISYS.COM</a></td>
<td>Mailing Address: 176 WACCAMAW MEDICAL PARK CT</td>
<td>CONWAY, SC 29526-8965</td>
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</tbody>
</table>

**Total Counties Served:** 5

County/Counties Served: Darlington, Dillon, Horry, Marion, Marlboro

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 Services:

### AMEDISYS HOME HEALTH OF GEORGETOWN

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<thead>
<tr>
<th>Name of Facility</th>
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<tbody>
<tr>
<td>AMEDISYS HOME HEALTH OF GEORGETOWN</td>
<td>HHA-0192 / 01/31/2021</td>
<td>Georgetown / Limited Liability</td>
<td>GEORGETOWN HOSPITAL HOME HEALTH LLC</td>
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<tr>
<td>Location Street</td>
<td>2503 HIGHMARKET ST</td>
<td>GEORGETOWN, SC 29440-2900</td>
<td>Counties Served: 2</td>
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<tr>
<td>Location City, State</td>
<td>GEORGETOWN, SC 29440-2900</td>
<td>LANGSTON JENNIFER PH#:</td>
<td>Administrator: LANGSTON JENNIFER PH#</td>
</tr>
<tr>
<td>Administrator</td>
<td>2503 HIGHMARKET ST</td>
<td>Facility Email: <a href="mailto:2245@AMEDISYS.COM">2245@AMEDISYS.COM</a></td>
<td>GEORGETOWN, SC 29440-2900</td>
</tr>
<tr>
<td></td>
<td>Facility Email: <a href="mailto:2245@AMEDISYS.COM">2245@AMEDISYS.COM</a></td>
<td>Mailing Address: 2503 HIGHMARKET ST</td>
<td>GEORGETOWN, SC 29440-2900</td>
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</table>

**Total Counties Served:** 2

County/Counties Served: Georgetown, Williamsburg

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 Services:
<table>
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<th>Name of Facility</th>
<th>License#/Expiration</th>
<th>County/Ownership Type</th>
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<tr>
<td>AMEDISYS HOME HEALTH OF LEXINGTON</td>
<td>HHA-0190 / 01/31/2021</td>
<td>Lexington / Ltd. Liability</td>
<td>714 S LAKE DR STE 250</td>
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<tr>
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<td>LEXINGTON, SC 29072-3462</td>
</tr>
<tr>
<td>BURLESON ANDREA</td>
<td></td>
<td></td>
<td>714 S LAKE DR STE 250</td>
</tr>
<tr>
<td>Phone</td>
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<td>LEXINGTON, SC 29072-3462</td>
</tr>
<tr>
<td>Facility Email:</td>
<td><a href="mailto:2211@AMEDISYS.COM">2211@AMEDISYS.COM</a></td>
<td>AMEDISYS SC LLC</td>
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<tr>
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<td>No Facility Contact Email on</td>
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<tr>
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<td>Record</td>
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</table>

**Total Counties Served: 13**

- Aiken
- Bamberg
- Barnwell
- Calhoun
- Edgefield
- Lee
- Lexington
- McCormick
- Newberry
- Orangeburg
- Richland
- Saluda
- Sumter

**License Restrictions:**
- Physical Therapy: Y
- Speech Therapy: Y
- Occupational Therapy: Y
- Med. Social Services: Y
- Home Health Aid: Y

**Other Services:**
- Medical Supplies/Appliances/Durable Medical Equipment: N

**Satellite Location:** SUMTER OFFICE  
**Address:** 3481 DECLARATION BLVD  
**City:** SUMTER  
**State:** SC  
**Zip Code:** 29154  
**Phone:** 803-720-5244

**Satellite Location:** NEWBERRY OFFICE  
**Address:** 184 COMMERCE DR  
**City:** NEWBERRY  
**State:** SC  
**Zip Code:** 29108  
**Phone:** 803-276-9359

**Satellite Location:** ORANGEBURG OFFICE  
**Address:** 1704 VILLAGE PARK DR  
**City:** ORANGEBURG  
**State:** SC  
**Zip Code:** 29118  
**Phone:** 803-534-2022

**Satellite Location:** AIKEN OFFICE  
**Address:** 6240 WOODSIDE EXECUTIVE COURT  
**City:** AIKEN  
**State:** SC  
**Zip Code:** 29803  
**Phone:**
### AMEDISYS HOME HEALTH OF MYRTLE BEACH

<table>
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<tr>
<th>Name of Facility</th>
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<tbody>
<tr>
<td>AMEDISYS HOME HEALTH OF MYRTLE BEACH</td>
<td>HHA-0187 / 01/31/2021</td>
<td>Horry / Limited Liability</td>
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<tr>
<td>1309 PROFESSIONAL DR STE 100</td>
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<tr>
<td>MYRTLE BEACH, SC 29577-5701</td>
<td>1309 PROFESSIONAL DR STE 100</td>
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<tr>
<td>NEASBITT LEISA VICTORIA PH# : 843-916-0931</td>
<td>MYRTLE BEACH, SC 29577-5701</td>
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<tr>
<td>Facility Email: <a href="mailto:ALEXANDRA.DUPUIS@AMEDISYS.COM">ALEXANDRA.DUPUIS@AMEDISYS.COM</a></td>
<td>GEORGETOWN HOSPITAL HOME HEALTH LLC</td>
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Facility Email: ALEXANDRA.DUPUIS@AMEDISYS.COM
Fac. Cont. Email: No Facility Contact Email on Record

**Total Counties Served:** 1

**County/Counties Served:** Horry

**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 Services:**

### GEORGETOWN HOSPITAL HOME HEALTH LLC

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<tr>
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<td>HHA-0068 / 02/28/2021</td>
<td>Anderson / Non-Profit Corporation</td>
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<td>1309 PROFESSIONAL DR STE 100</td>
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<td>MYRTLE BEACH, SC 29577-5701</td>
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<tr>
<td>NEASBITT LEISA VICTORIA PH# : 843-916-0931</td>
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<tr>
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<td>GEORGETOWN HOSPITAL HOME HEALTH LLC</td>
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Facility Email: ALEXANDRA.DUPUIS@AMEDISYS.COM
Fac. Cont. Email: No Facility Contact Email on Record

**Total Counties Served:** 2

**County/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 Services:**
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<tr>
<th>Name of Facility</th>
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<tr>
<td>ATRIUM HEALTH AT HOME YORK</td>
<td>226 NORTHPARK DR STE 120</td>
<td>HHA-0327 / 06/30/2021</td>
<td>York / Limited Liability</td>
<td>ROCK HILL, SC  29730  FACILITY #:803-327-8874</td>
<td>CAROLINAS MEDICAL CENTER AT HOME LLC</td>
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<td></td>
<td>PH#:</td>
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<td></td>
<td>Facility Email: <a href="mailto:MARIE.MCCARTERFROHNA@ATRIUMHEALTH.ORG">MARIE.MCCARTERFROHNA@ATRIUMHEALTH.ORG</a></td>
<td>Fac. Cont. Email: No Facility Contact Email on Record</td>
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**Total Counties Served:** 2

**County/Counties Served:** Lancaster, 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 Services: RESPIRATORY THERAPY

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<table>
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<tr>
<td>BAYADA HOME HEALTH CARE-GREENVILLE</td>
<td>25 WOODS LAKE ROAD BUILDING 5, STES 503 &amp; 504</td>
<td>HHA-0345 / 08/31/2021</td>
<td>Greenville / Corporation</td>
<td>GREENVILLE, SC  29607  FACILITY #:864-263-4801</td>
<td>BAYADA HOME HEALTH CARE INC</td>
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<tr>
<td></td>
<td>PH#:</td>
<td></td>
<td></td>
<td>HENDRICKS STEPHANIE PH#: 864-263-4801</td>
<td>Fac. Cont. Email: <a href="mailto:SHENDRICKS@BAYADA.COM">SHENDRICKS@BAYADA.COM</a></td>
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<td>Fac. Cont. Email: <a href="mailto:SHENDRICKS@BAYADA.COM">SHENDRICKS@BAYADA.COM</a></td>
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</table>

**Total Counties Served:** 3

**County/Counties Served:** Anderson, Greenville, Spartanburg

**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 Services: SKILLED NURSING SERVICES
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<th>Name of Facility</th>
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<th>County/Ownership Type</th>
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<tr>
<td>BAYADA HOME HEALTH CARE-ROCK HILL</td>
<td>454 S ANDERSON RD STE 320</td>
<td>HHA-0331 / 01/31/2021</td>
<td>York / Corporation</td>
<td>DARLINGTON, SC 29532-7625</td>
</tr>
<tr>
<td>NOEL DAN</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facility Email:</td>
<td><a href="mailto:EYOCUM@BAYADA.COM">EYOCUM@BAYADA.COM</a></td>
<td>BAYADA HOME HEALTH CARE INC</td>
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**Total Counties Served:** 3

**County/Counties Served:** Chester, Lancaster, 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 Services: SKILLED NURSING SERVICES

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<tr>
<th>Name of Facility</th>
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<th>License#/Expiration</th>
<th>County/Ownership Type</th>
<th>Mailing Address</th>
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</thead>
<tbody>
<tr>
<td>BETHEA HOME HEALTH</td>
<td>157 HOME AVE</td>
<td>HHA-0143 / 07/31/2021</td>
<td>Darlington / Non-Profit Corporation</td>
<td>DARLINGTON, SC 29532-7625</td>
</tr>
<tr>
<td>NOEL DAN</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facility Email:</td>
<td><a href="mailto:BSPURLING@SCBMA.COM">BSPURLING@SCBMA.COM</a></td>
<td>SOUTH CAROLINA BAPTIST MINISTRIES FOR THE AGING INC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fac. Cont. Email:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total Counties Served:** 1

**County/Counties Served:** Darlington

**License Restrictions:** SERVING CAMPUS RESIDENTS ONLY
- Physical Therapy: N
- Speech Therapy: N
- Occupational Therapy: N
- Med. Social Services: N
- Home Health Aid: Y
- Medical Supplies/Appliances/Durable Medical Equipment: N
- Other Services:
## BIOSCRIP INFUSION SERVICES

<table>
<thead>
<tr>
<th>Name of Facility</th>
<th>License# / Expiration</th>
<th>County / Ownership Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIOSCRIP INFUSION SERVICES</td>
<td>HHA-0211 / 11/30/2020</td>
<td>Spartanburg / Corporation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location Street</th>
<th>Location City, State</th>
<th>Administrator</th>
</tr>
</thead>
<tbody>
<tr>
<td>160 CONGRESS BLVD STE D</td>
<td>DUNCAN, SC 29334-8890</td>
<td>VANPUTTE MARTHA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Facility Email</th>
<th>Mailing Address</th>
<th>Licensee</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="mailto:LICENSURE@BIOSCRIP.COM">LICENSURE@BIOSCRIP.COM</a></td>
<td>1600 BROADWAY STE 700</td>
<td>HOMECHOICE PARTNERS INC</td>
</tr>
</tbody>
</table>

**Fac. Cont. Email:** No Facility Contact Email on Record

### Total Counties Served: 9

**County/Counties Served:** Anderson, Cherokee, Greenville, Laurens, Oconee, Pickens, Spartanburg, Union, 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 Services: SKILLED NURSING

## BRIGHTSTAR CARE

<table>
<thead>
<tr>
<th>Name of Facility</th>
<th>License# / Expiration</th>
<th>County / Ownership Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRIGHTSTAR CARE</td>
<td>HHA-0376 / 05/31/2021</td>
<td>York / Corporation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location Street</th>
<th>Location City, State</th>
<th>Administrator</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012 HWY 160 W STE 4</td>
<td>FORT MILL, SC 29708-8401</td>
<td>PH#</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Facility Email</th>
<th>Mailing Address</th>
<th>Licensee</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="mailto:STEVEN.SMITH@BRIGHTSTAR.CARE.COM">STEVEN.SMITH@BRIGHTSTAR.CARE.COM</a></td>
<td>803-578-9900</td>
<td>FUTURESMITH INC</td>
</tr>
</tbody>
</table>

**Fac. Cont. Email:** No Facility Contact Email on Record

### Total Counties Served: 2

**County/Counties Served:** Lancaster, 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 Services:**
<table>
<thead>
<tr>
<th>Name of Facility</th>
<th>License#/Expiration</th>
<th>County/Ownership Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRIGHTSTAR CARE OF CHARLESTON</td>
<td>HHA-0229 / 06/30/2021</td>
<td>Charleston / Limited Liability</td>
</tr>
<tr>
<td>4130 FABER PL DR STE 108</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NORTH CHARLESTON, SC 29405-8502</td>
<td>FACILITY #:843-300-3008</td>
<td></td>
</tr>
<tr>
<td>JAMES KRISTIN PH#: 843-300-3008</td>
<td>4130 FABER PL DR STE 108</td>
<td></td>
</tr>
<tr>
<td>Facility Email: <a href="mailto:KRISTINJAMES@BRIGHTSTARCARE.COM">KRISTINJAMES@BRIGHTSTARCARE.COM</a></td>
<td>NORTH CHARLESTON, SC 29405-8502</td>
<td>TOWNES HOLDINGS LLC</td>
</tr>
<tr>
<td>Fac. Cont. Email: <a href="mailto:KRISTINJAMES@BRIGHTSTARCARE.COM">KRISTINJAMES@BRIGHTSTARCARE.COM</a></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total Counties Served: 1**

**County/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 Services:** IV-IG INFUSION

<table>
<thead>
<tr>
<th>Name of Facility</th>
<th>License#/Expiration</th>
<th>County/Ownership Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRIGHTSTAR CARE-BLUFFTON</td>
<td>HHA-0223 / 12/31/2020</td>
<td>Beaufort / Limited Liability</td>
</tr>
<tr>
<td>29 PLANTATION PARK DR STE 105</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BLUFFTON, SC 29910-9010</td>
<td>FACILITY #:843-837-3773</td>
<td>177 MOORING BUOY</td>
</tr>
<tr>
<td>WHITTELEY SUSAN PH#: 843-837-3773</td>
<td>HILTON HEAD ISLAND, SC 29928-5287</td>
<td>SS&amp;J ASSOCIATES LLC</td>
</tr>
<tr>
<td>Facility Email: <a href="mailto:SWHITTELEY@BRIGHTSTARCARE.COM">SWHITTELEY@BRIGHTSTARCARE.COM</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fac. Cont. Email: <a href="mailto:LOWCOUNTRY@BRIGHTSTARCARE.COM">LOWCOUNTRY@BRIGHTSTARCARE.COM</a></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total Counties Served: 2**

**County/Counties Served:** Beaufort, Jasper

**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 Services:**
<table>
<thead>
<tr>
<th>Name of Facility</th>
<th>License#/Expiration</th>
<th>County/Ownership Type</th>
<th>Mailing Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRIGHTSTAR OF SPARTANBURG</td>
<td>HHA-0328 / 06/30/2021</td>
<td>Greenville / Limited Liability</td>
<td>110 W CHURCH ST STE A GREER, SC 29650-0000 FACILITY #:864-599-0452</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>PH#: <a href="mailto:FRANK.SANDERS@BRIGHTSTAR.CARE.COM">FRANK.SANDERS@BRIGHTSTAR.CARE.COM</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Fac. Cont. Email: No Facility Contact Email on Record</td>
</tr>
</tbody>
</table>

**Total Counties Served:** 2

- County/Counties Served: Greenville, Spartanburg
- License Restrictions:
  - Physical Therapy: Y
  - Speech Therapy: N
  - Occupational Therapy: N
  - Med. Social Services: N
  - Home Health Aid: Y
  - Medical Supplies/Appliances/Durable Medical Equipment: N
  - Other Services: INFUSION THERAPY

<table>
<thead>
<tr>
<th>Name of Facility</th>
<th>License#/Expiration</th>
<th>County/Ownership Type</th>
<th>Mailing Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAROLINAS HOME HEALTH</td>
<td>HHA-0109 / 12/31/2020</td>
<td>Florence / Limited Liability</td>
<td>1945 W PALMETTO ST STE 405 FLORENCE, SC 29501 FACILITY #:843-629-6811</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>POSTON JOE A PH#: 843-629-6811</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Facility Email: <a href="mailto:LRA@LHCGROUP.COM">LRA@LHCGROUP.COM</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Fac. Cont. Email: No Facility Contact Email on Record</td>
</tr>
</tbody>
</table>

**Total Counties Served:** 6

- County/Counties Served: Darlington, Dillon, Florence, Marion, Marlboro, Williamsburg
- 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 Services: SKILLED NURSING
<table>
<thead>
<tr>
<th>Name of Facility</th>
<th>License#/Expiration</th>
<th>County/Ownership Type</th>
<th>Mailing Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHESTERFIELD VISITING NURSES SERVICE</td>
<td>HHA-0065 / 08/31/2021</td>
<td>Chesterfield / Corporation</td>
<td>PO BOX 813</td>
</tr>
<tr>
<td>918 CHESTERFIELD HWY</td>
<td></td>
<td>CHERAW, SC 29520-0813</td>
<td></td>
</tr>
<tr>
<td>AMERSON ELIZABETH ANN PH#</td>
<td>HHA-0381 / 04/30/2021</td>
<td>Chesterfield / Corporation</td>
<td>CHERAW, SC 29520-0813</td>
</tr>
<tr>
<td>Facility Email</td>
<td><a href="mailto:JJOHNSON@AHCE.NET">JJOHNSON@AHCE.NET</a></td>
<td>CHESTERFIELD VISITING NURSES SERVICE INC</td>
<td></td>
</tr>
<tr>
<td>Fac. Cont. Email</td>
<td>No Facility Contact Email on Record</td>
<td>CHESTERFIELD VISITING NURSES SERVICE INC</td>
<td></td>
</tr>
</tbody>
</table>

**Total Counties Served:** 3

**County/Counties Served:** Chesterfield, Darlington, Marlboro

**License Restrictions:**
- Physical Therapy: Y
- Speech Therapy: N
- Occupational Therapy: N
- Med. Social Services: N
- Home Health Aid: Y
- Medical Supplies/Appliances/Durable Medical Equipment: N
- Other Services: SKILLED NURSING

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<table>
<thead>
<tr>
<th>Name of Facility</th>
<th>License#/Expiration</th>
<th>County/Ownership Type</th>
<th>Mailing Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>COASTAL HEALTH LLC</td>
<td>HHA-0381 / 04/30/2021</td>
<td>Florence / Limited Liability</td>
<td></td>
</tr>
<tr>
<td>2420 HOFFMEYER RD STE C</td>
<td></td>
<td>FLORENCE, SC 29501</td>
<td></td>
</tr>
<tr>
<td>WEBB-WILLIAMS ROBIN PH#</td>
<td>843-680-4509</td>
<td>COASTAL HEALTH LLC</td>
<td></td>
</tr>
<tr>
<td>Facility Email</td>
<td><a href="mailto:COASTALHEALTHLLC@GMAIL.COM">COASTALHEALTHLLC@GMAIL.COM</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fac. Cont. Email</td>
<td>No Facility Contact Email on Record</td>
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</tr>
</tbody>
</table>

**Total Counties Served:** 5

**County/Counties Served:** Clarendon, Dillon, Florence, Marion, Williamsburg

**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 Services:
<table>
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<th>Name of Facility</th>
<th>License# / Expiration</th>
<th>County / Ownership Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>CONTINUUM PEDIATRIC NURSING</td>
<td>HHA-0378 / 11/30/2020</td>
<td>Charleston / Corporation</td>
</tr>
<tr>
<td></td>
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</tr>
<tr>
<td>COVENANT PLACE CCRC HOME HEALTH SERVICES</td>
<td>HHA-0209 / 05/31/2021</td>
<td>Sumter / Non-Profit Corporation</td>
</tr>
</tbody>
</table>

**Total Counties Served:** 3

- County/Counties Served: Berkeley, Charleston, Dorchester

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

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<table>
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<tr>
<th>Name of Facility</th>
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<th>County / Ownership Type</th>
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</table>

**Total Counties Served:** 1

- County/Counties Served: Sumter, Special Note - RESTRICTED TO RESIDENTS OF COVENANT PLACE OF SUMTER CAMPUS ONLY

**License Restrictions:** SERVING CAMPUS RESIDENTS ONLY
- 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 Services:** HOME HEALTH SERVICES
### CYPRESS CLUB HOME HEALTH AGENCY

<table>
<thead>
<tr>
<th>Name of Facility</th>
<th>Location Street</th>
<th>License#/Expiration</th>
<th>County/Ownership Type</th>
<th>Facility Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>CYPRESS CLUB HOME HEALTH AGENCY</td>
<td>20 LADY SLIPPER LN</td>
<td>HHA-0146 / 07/31/2021</td>
<td>Beaufort / Corporation</td>
<td><a href="mailto:SSHEA@THECYPRESS.COM">SSHEA@THECYPRESS.COM</a></td>
</tr>
</tbody>
</table>

**County/Counties Served:** Beaufort, Special Note - Restricted to Residents of The Cypress Club Only on Hilton Head Island, South Carolina.

**License Restrictions:** SERVING CAMPUS RESIDENTS ONLY

- Physical Therapy: \( N \)
- Speech Therapy: \( N \)
- Occupational Therapy: \( N \)
- Med. Social Services: \( N \)
- Home Health Aid: \( Y \)
- Medical Supplies/Appliances/Durable Medical Equipment: \( N \)
- Other Services: NURSING

### ENCOMPASS HEALTH HOME HEALTH-AIKEN

<table>
<thead>
<tr>
<th>Name of Facility</th>
<th>Location Street</th>
<th>License#/Expiration</th>
<th>County/Ownership Type</th>
<th>Facility Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENCOMPASS HEALTH HOME HEALTH-AIKEN</td>
<td>37 VARDEN DR STE C</td>
<td>HHA-0218 / 10/31/2020</td>
<td>Aiken / Limited Liability</td>
<td>LISA <a href="mailto:ARBUCKLE@ENCOMPASSHEALTH.COM">ARBUCKLE@ENCOMPASSHEALTH.COM</a></td>
</tr>
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</table>

**County/Counties Served:** Aiken, Lexington, Richland

**Facility Email:** LICENSING@EHHI.COM

**Total Counties Served:** 3
<table>
<thead>
<tr>
<th>Name of Facility</th>
<th>Location Street</th>
<th>Location City, State</th>
<th>Administrator</th>
<th>License#/Expiration</th>
<th>County/Ownership Type</th>
<th>Mailing Address</th>
<th>Licensee</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENCOMPASS HEALTH HOME HEALTH-BLUFFTON</td>
<td>1 WESTBURY PKWY STE 250</td>
<td>BLUFFTON, SC 29909</td>
<td>HINSON MELISSA PH#:</td>
<td>HHA-0330 / 10/31/2020</td>
<td>Beaufort / Limited Liability</td>
<td>111 WILDEWOOD PARK DR</td>
<td>CARESOUTH HHA HOLDINGS OF SOUTH CAROLINA LLC</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Facility Email:</td>
<td><a href="mailto:LISA.ARBUCKLE@ENCOMPASSHEALTH.COM">LISA.ARBUCKLE@ENCOMPASSHEALTH.COM</a></td>
<td></td>
<td></td>
<td>Facility Email: No Facility Contact Email on Record</td>
</tr>
</tbody>
</table>

**Total Counties Served:** 2

**County/Counties Served:** Beaufort, Jasper

**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 Services: N

<table>
<thead>
<tr>
<th>Name of Facility</th>
<th>Location Street</th>
<th>Location City, State</th>
<th>Administrator</th>
<th>License#/Expiration</th>
<th>County/Ownership Type</th>
<th>Mailing Address</th>
<th>Licensee</th>
</tr>
</thead>
<tbody>
<tr>
<td>FIRST PRIORITY HOME HEALTH CARE</td>
<td>111 WILDEWOOD PARK DR</td>
<td>COLUMBIA, SC 29223</td>
<td>STEWART WILLIAM PH#:</td>
<td>HHA-0354 / 03/31/2021</td>
<td>Richland / Limited Liability</td>
<td></td>
<td>FIRST PRIORITY HOME CARE LLC</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Facility Email:</td>
<td><a href="mailto:FIRSTPRIORITYHOMECARE@GMAIL.COM">FIRSTPRIORITYHOMECARE@GMAIL.COM</a></td>
<td></td>
<td></td>
<td>Facility Email: No Facility Contact Email on Record</td>
</tr>
</tbody>
</table>

**Total Counties Served:** 1

**County/Counties Served:** Richland

**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 Services: N
<table>
<thead>
<tr>
<th>Name of Facility</th>
<th>License#/Expiration</th>
<th>County/Ownership Type</th>
<th>Mailing Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>FLORENCE VISITING NURSES SERVICE</td>
<td>HHA-0064 / 01/31/2021</td>
<td>Florence / Corporation</td>
<td>WAYCROSS, GA 31502</td>
</tr>
<tr>
<td></td>
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<td></td>
</tr>
<tr>
<td>GROVE PARK PHARMACY HOME CARE</td>
<td>HHA-0370 / 07/31/2021</td>
<td>Orangeburg / Limited Liability</td>
<td></td>
</tr>
</tbody>
</table>

### Total Counties Served: 4

**County/Counties Served:** Dillon, Florence, Lee, Marion

License Restrictions:
- Physical Therapy: Y
- Speech Therapy: N
- Occupational Therapy: N
- Med. Social Services: N
- Home Health Aid: Y
- Medical Supplies/Appliances/Durable Medical Equipment: N
- Other Services: SKILLED NURSING

### Total Counties Served: 1

**County/Counties Served:** Orangeburg

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 Services:
HEALTH RELATED HOME CARE

104 W PICKENS ST
ABBEVILLE, SC 29620-2427  FACILITY #: 864-366-9151

SMITH LISA ANN PH#:
Facility Email: LSMITH@HRHC.NET
Fac. Cont. Email: No Facility Contact Email on Record

License# / Expiration: HHA-0116 / 12/31/2020
County / Ownership Type: Abbeville / County
Mailing Address: 104 W PICKENS ST

Total Counties Served: 9
County / Counties Served: Abbeville, Anderson, Edgefield, Greenville, Greenwood, Laurens, McCormick, Newberry, Saluda
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 Services: 

Satellite Location: CLINTON OFFICE
Address: 500 PLAZA CIR
STE K
City: CLINTON
State: SC
Zip Code: 29325
Phone: 864-833-1999

Satellite Location: GREENWOOD OFFICE
Address: 520 EPTING AVENUE
City: GREENWOOD
State: SC
Zip Code: 29646
Phone: 

Satellite Location: LAURENS OFFICE
Address: 500 PLAZA CIRCLE
City: LAURENS
State: SC
Zip Code: 29360

HOME CARE OF HOSPICE
CARE OF THE PIEDMONT

408 W ALEXANDER AVE
GREENWOOD, SC 29646-4031  FACILITY #: 864-227-9393

CORLEY RN NANCY B PH#: 864-227-9393
Facility Email: NCORLEY@HOSPICEPIEDMONT.ORG
Fac. Cont. Email: NCORLEY@HOSPICEPIEDMONT.ORG

Total Counties Served: 5
County / Counties Served: Abbeville, Greenwood, Laurens, McCormick, Saluda
License Restrictions:
- FOR THE TERMINALLY ILL ONLY
- 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 Services:  SKILLED NURSING, SPIRITUAL COUNSELING

HHA-0134 / 09/30/2019 (Renewal Pending)
Greenwood / Corporation
408 W ALEXANDER AVE
GREENWOOD, SC 29646-4031
### HOME CARE OF LANCASTER

**Address:**
- 901 W MEETING ST STE 201, LANCASTER, SC 29720-6209
- 105 VINECREST CT STE 400, GREENWOOD, SC 29646-8031

**Facility Details:**
- **Administrator:** KENNINGTON CINDY
- **License#/Expiration:** HHA-0050 / 12/31/2020
- **County/Ownership Type:** Lancaster / Limited Liability
- **Facility Email:** LRA@LHCGROUP.COM
- **Fac. Cont. Email:** No Facility Contact Email on Record

**Total Counties Served:** 4

**County/Counties Served:** Chester, Kershaw, Lancaster, 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 Services: REGISTERED DIETITION

### HOME HEALTH SERVICES OF SELF REGIONAL HEALTHCARE

**Address:**
- 105 VINECREST CT STE 400, GREENWOOD, SC 29646-8031

**Facility Details:**
- **Facility Email:** EWHITE@SELFREGIONAL.ORG
- **Fac. Cont. Email:** No Facility Contact Email on Record

**Total Counties Served:** 7

**County/Counties Served:** Abbeville, Edgefield, Greenwood, Laurens, McCormick, Newberry, Saluda

**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 Services: SKILLED NURSING
HOMECARE OF THE REGIONAL MEDICAL CENTER
1175 COOK RD STE 325
ORANGEBURG, SC  29118-8201   FACILITY #:803-395-2600
CLECKLEY CIARA PH#: 803-290-5390
Facility Email: NSHENDRICKS@REGMED.COM
Fac. Cont. Email: CACLECKLEY@REGMED.COM

Total Counties Served: 3
County/Counties Served: Bamberg, Calhoun, Orangeburg

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 Services: SKILLED NURSING

INTERIM HEALTHCARE
4995 LACROSS RD STE 1300
N CHARLESTON, SC  29406   FACILITY #:843-518-5437
PITTMAN ASHLEE PH#:
Facility Email: DABAKER@INTERIMHEALTHCARE.COM
Fac. Cont. Email: No Facility Contact Email on Record

Total Counties Served: 4
County/Counties Served: Beaufort, 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 Services: BEAUFORT IS RESTRICTED TO PEDIATRIC HOME HEALTH 0-18 YOA ONLY
<table>
<thead>
<tr>
<th>Name of Facility</th>
<th>License#/Expiration</th>
<th>County/Ownership Type</th>
<th>Mailing Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>INTERIM HEALTHCARE OF ROCK HILL</td>
<td>HHA-0169 / 11/30/2020</td>
<td>York / Corporation</td>
<td>2526 WARD BLVD</td>
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<tr>
<td>INTERIM HEALTHCARE OF THE UPSTATE</td>
<td>HHA-0332 / 01/31/2021</td>
<td>Greenville / Limited Liability</td>
<td>2526 WARD BLVD</td>
</tr>
</tbody>
</table>

**Total Counties Served:** 3

**County/Counties Served:** Chester, Lancaster, 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 Services: 

<table>
<thead>
<tr>
<th>Name of Facility</th>
<th>License#/Expiration</th>
<th>County/Ownership Type</th>
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<tbody>
<tr>
<td>INTERIM HEALTHCARE OF THE TRIAD INC</td>
<td>Interim Healthcare of the Triad Inc</td>
<td>Interim Healthcare of the Triad Inc</td>
<td>WILSON, NC 27893-1600</td>
</tr>
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</table>

**Total Counties Served:** 8

**County/Counties Served:** Anderson, Cherokee, Greenville, Laurens, Oconee, Pickens, Spartanburg, Union

**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 Services: 

### Home Health Agencies

**SCDHEC**

**Home Health Agencies**

**DHEC Regulation 61-77**

<table>
<thead>
<tr>
<th>Name of Facility</th>
<th>License# / Expiration</th>
<th>County / Ownership Type</th>
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<tbody>
<tr>
<td><strong>INTREPID USA HEALTHCARE SERVICES</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2694 LAKE PARK DR 1ST FLOOR</td>
<td>HHA-0180 / 06/30/2021</td>
<td>Charleston / Corporation</td>
<td></td>
</tr>
<tr>
<td>NORTH CHARLESTON, SC 29406-9826  FACILITY #: 843-569-3516</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MC LAUGHLIN JEFFERY S PH#:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facility Email: <a href="mailto:KYLE.CHANDLER@INTREPIDUSA.COM">KYLE.CHANDLER@INTREPIDUSA.COM</a></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fac. Cont. Email:</td>
<td>No Facility Contact Email on Record</td>
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#### Total Counties Served: 6

**County/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 Services:

#### Satellite Location: WALTERBORO OFFICE

- **Address:** 302 MEDICAL PARK DRIVE SUITE 215
- **City:** WALTERBORO
- **State:** SC
- **Zip Code:** 29488

| **ISLAND HEALTH CARE** | | | |
| 300 NEW RIVER PKWY, STE 7 | HHA-0111 / 02/28/2021 | Jasper / Corporation | |
| HARDEEVILLE, SC 29927-4450  FACILITY #: 843-208-3660 | | | |
| BOLCH ELLEN B PH#: 843-208-3660 | | | |
| Facility Email: EBOLCH@THAGROUP.ORG | | | |
| Fac. Cont. Email: EBOLCH@THAGROUP.ORG | | | |

#### Total Counties Served: 2

**County/Counties Served:** Beaufort, Jasper

**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 Services:

#### Satellite Location: BEAUFORT OFFICE

- **Address:** 1211 NEW CASTLE ST STE C
- **City:** BEAUFORT
- **State:** SC
- **Zip Code:** 29902

---

**October 2, 2020**

**Page 22 of 53**
## Home Health Agencies

### KERSHAWHEALTH HOME HEALTH

<table>
<thead>
<tr>
<th>Name of Facility</th>
<th>License# / Expiration</th>
<th>County / Ownership Type</th>
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<tbody>
<tr>
<td>KERSHAWHEALTH HOME HEALTH</td>
<td>HHA-0321 / 07/31/2021</td>
<td>Kershaw / Limited Liability</td>
</tr>
<tr>
<td>1165 HWY 1 S STE 400</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LUGOFF, SC 29078-0340 FACILITY #: 803-425-1182</td>
<td>1165 HWY 1 SOUTH STE 400</td>
<td>Kershaw / Limited Liability</td>
</tr>
<tr>
<td>FRY TERESA PH#: 803-425-1182</td>
<td>LUGOFF, SC 29078-0000</td>
<td></td>
</tr>
</tbody>
</table>

**Facility Email:** AMYW@KERSHAWHEALTH.ORG  
**Fac. Cont. Email:** TFRY@KERSHAWHEALTH.ORG

**Total Counties Served:** 1

### KINDRED AT HOME

<table>
<thead>
<tr>
<th>Name of Facility</th>
<th>License# / Expiration</th>
<th>County / Ownership Type</th>
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<tbody>
<tr>
<td>KINDRED AT HOME</td>
<td>HHA-0154 / 11/30/2020</td>
<td>Richland / Limited Liability</td>
</tr>
<tr>
<td>2000 CENTER POINT RD STE 2300</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COLUMBIA, SC 29210-7318 FACILITY #: 803-731-2365</td>
<td>12900 FOSTER ST STE 400</td>
<td>Richland / Limited Liability</td>
</tr>
<tr>
<td>FENNEIL SHEENA PH#:</td>
<td>OVERLAND PARK, KS 66213-2696</td>
<td>Capital Care Resources of South Carolina LLC</td>
</tr>
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</table>

**Facility Email:** JANET.COMBS@GENTIVA.COM  
**Fac. Cont. Email:** No Facility Contact Email on Record

**Total Counties Served:** 4

### Additional Information

- **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 Services:**
## KINDRED AT HOME-ANDERSON

**Address:** 1704 E GREENVILLE ST STE 2D  
**City:** ANDERSON  
**State:** SC  
**Zip Code:** 29621-7914  
**Facility #:** 864-332-8200  
**FACILITY #:** HHA-0001 / 12/31/2020  
**Price Melissa PH#:**  
**Facility Email:** JANET.COMBS@GENTIVA.COM  
**Fac. Cont. Email:** No Facility Contact Email on Record  
**County/Counties Served:** Abbeville, Anderson, Cherokee, Greenville, Greenwood, Laurens, McCormick, Oconee, Pickens, Spartanburg, Union  
**Total Counties Served:** 11  
**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 Services:** REGISTERED NURSE  

### Satellite Location: PICKENS OFFICE

**Address:** 200 MCDANIEL AVENUE  
**City:** PICKENS  
**State:** SC  
**Zip Code:** 29671  
**Phone:** 864-898-5839

### Satellite Location: SPARTANBURG OFFICE

**Address:** 151 EAST WOOD STREET  
**City:** SPARTANBURG  
**State:** SC  
**Zip Code:** 29303  
**Phone:** 864-596-3320

### Satellite Location: CLINTON OFFICE

**Address:** 93 HUMAN SERVICE RD  
**City:** CLINTON  
**State:** SC  
**Zip Code:** 29325  

## KINDRED AT HOME-CHARLESTON

**Address:** 4975 LACROSS RD STE 354  
**City:** CHARLESTON  
**State:** SC  
**Zip Code:** 29406-6525  
**Facility #:** 843-744-1191  
**SEBEN LAUREN M PH#:**  
**Facility Email:** JANET.COMBS@GENTIVA.COM  
**Fac. Cont. Email:** No Facility Contact Email on Record  
**County/Counties Served:** Berkeley, Charleston, Dorchester  
**Total Counties Served:** 3  
**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  

---

**Total Counties Served:** 11  
**County/Counties Served:** Abbeville, Anderson, Cherokee, Greenville, Greenwood, Laurens, McCormick, Oconee, Pickens, Spartanburg, Union  
**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 Services:**
KINDRED AT HOME-COASTAL
1240 21ST AVE N STE 200
MYRTLE BEACH, SC  29577-7401   FACILITY #:843-448-7060
MILLER AMANDA J PH#: 843-448-7060
Facility Email: JANET.COMBS@GENTIVA.COM
Fac. Cont. Email: No Facility Contact Email on Record

County/Counties Served: Georgetown, Horry, Williamsburg

License Restrictions:
Medical Supplies/Appliances/Durable Medical Equipment: N
Other Services:

KINDRED AT HOME-GREENVILLE
15 BRENDA WAY STE 250
GREENVILLE, SC  29615-3562   FACILITY #:864-297-5711
FRY CYNTHIA PH#: 843-448-7060
Facility Email: JANET.COMBS@GENTIVA.COM
Fac. Cont. Email: No Facility Contact Email on Record

County/Counties Served: Anderson, Cherokee, Greenville, Laurens, Oconee, Pickens, Spartanburg, Union

License Restrictions:
Medical Supplies/Appliances/Durable Medical Equipment: N
Other Services: REGISTERED NURSE

Satellite Location: SPARTANBURG OFFICE
Address: 905 E MAIN ST
City: SPARTANBURG  State:SC  Zip Code: 29302-218
Satellite Location: ANDERSON OFFICE
Address: 1704 E GREENVILLE ST
City: ANDERSON  State:SC  Zip Code: 29621-796
Satellite Location: SENECA OFFICE
Address: 10 ACCOUNTANTS CIR
THE COMMONS
City: SENECA  State:SC  Zip Code: 29678

Total Counties Served: 3
Total Counties Served: 8
### KINDRED AT HOME-LOW COUNTRY

**Name of Facility:** KINDRED AT HOME-LOW COUNTRY  
**Location Street:** 415 ROBERTSON BLVD STE E  
**Location City, State:** WALTERBORO, SC 29488-5713  
**Administrator:** BROOKS DEBORAH CALHOUN  
**License#/Expiration:** HHA-0011 / 12/31/2020  
**County/Ownership Type:** Colleton / Limited Liability  
**Mailing Address:** OVERLAND PARK, KS 66213-2696  
**Facility Email:** JANET.COMBS@GENTIVA.COM  
**Fac. Cont. Email:** No Facility Contact Email on Record

#### Total Counties Served: 9

- Allendale, Bamberg, Beaufort, Berkeley, Charleston, Colleton, Dorchester, Hampton, Jasper

#### 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 Services: REGISTERED NURSE

#### Satellite Locations:

- **NORTH CHARLESTON-OFFICE**  
  - **Address:** 4050 BRIDGEVIEW DRIVE  
  - **City:** CHARLESTON  
  - **State:** SC  
  - **Zip Code:** 29405  
  - **Phone:** 843-953-2450

- **VARNVILLE-OFFICE**  
  - **Address:** 531 CAROLINA AVE  
  - **City:** VARNVILLE  
  - **State:** SC  
  - **Zip Code:** 29944  
  - **Phone:** 803-943-4649

- **ORANGEBURG-OFFICE**  
  - **Address:** 1550 CAROLINA AVENUE  
  - **City:** ORANGEBURG  
  - **State:** SC  
  - **Zip Code:** 29115  
  - **Phone:** 803-268-5734

### KINDRED AT HOME-MIDLANDS

**Name of Facility:** KINDRED AT HOME-MIDLANDS  
**Location Street:** 2521 EVANS ST  
**Location City, State:** NEWBERRY, SC 29108  
**Administrator:** GUY HARRIETT  
**License#/Expiration:** HHA-0040 / 12/31/2020  
**County/Ownership Type:** Newberry / Limited Liability  
**Mailing Address:** OVERLAND PARK, KS 66213-2696  
**Facility Email:** JANET.COMBS@GENTIVA.COM  
**Fac. Cont. Email:** No Facility Contact Email on Record

#### Total Counties Served: 11

- 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 Services: REGISTERED NURSE

#### Satellite Locations:

- **BARNWELL OFFICE**  
  - **Address:** 11015 ELLENTON STREET  
  - **Phone:** 803-541-1190  
  - **City:** BARNWELL  
  - **State:** SC  
  - **Zip Code:** 29812
<table>
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<tbody>
<tr>
<td>KINDRED AT HOME-PEE DEE</td>
<td>HHA-0009 / 12/31/2020</td>
<td>Florence / Limited Liability</td>
<td>12900 FOSTER ST STE 400, OVERLAND PARK, KS 66213-2696</td>
<td>CAPITAL CARE RESOURCES OF SOUTH CAROLINA LLC</td>
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</table>

**Total Counties Served: 13**

County/Counties Served: Chesterfield, Clarendon, Darlington, Dillon, Florence, Georgetown, Horry, Kershaw, Lee, Marion, Marlboro, Sumter, Williamsburg

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 Services: REGISTERED NURSE
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<th>Name of Facility</th>
<th>License#/Expiration</th>
<th>County/Ownership Type</th>
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**Satellite Location:** UNION OFFICE

**Address:** 1261 S DUNCAN BYPASS

**City:** UNION  **State:** SC  **Zip Code:** 29379

**Phone:** 864-429-4821

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<th>County/Counties Served</th>
<th>License Restrictions</th>
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**Satellite Location:** ROCK HILL OFFICE

**Address:** 250 PIEDMONT BLVD

**City:** ROCK HILL  **State:** SC  **Zip Code:** 29732-18

**Phone:** 803-329-3184

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<th>License Restrictions</th>
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<tr>
<td>WEST COLUMBIA, SC  29169-6939  FACILITY #:803-796-0370</td>
<td></td>
<td></td>
<td>Lexingotn only</td>
<td>Physical Therapy: N  Speech Therapy: N  Occupational Therapy: N  Med. Social Services: N  Home Health Aid: Y  Medical Supplies/Appliances/Durable Medical Equipment: N</td>
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**Facility Email:** JIM.DEEL@LAURELCREST.ORG

**Fac. Cont. Email:** JIM.DEEL@LAURELCREST.ORG
### LIBERTY HOME CARE-MYRTLE BEACH

- **License #:** HHA-0163 / 12/31/2020
- **Address:** 1293 PROFESSIONAL DR STE C
- **Location:** MYRTLE BEACH, SC 29577-5754
- **Facility #:** 843-839-2273
- **Administrator:** HARRIS KAREN PH#: 843-839-2273
- **Facility Email:** HMACDONALD@LIBERTYHOMECARE.COM
- **Mailing Address:** LIBERTY HOME CARE LLC
- **County:** Horry
- **Ownership Type:** Ltd. Liability

#### Total Counties Served: 2

- **County:** Georgetown, Horry

### MCLEOD HOME HEALTH

- **License #:** HHA-0085 / 05/31/2021
- **Address:** 300 S DARGAN ST
- **Location:** FLORENCE, SC 29506-2537
- **Facility #:** 843-777-3050
- **Administrator:** MELTON DENISE J PH#: 803-435-4494
- **Facility Email:** DENISE.MELTON@MCLEODHEALTH.ORG
- **Mailing Address:** MCLEOD REGIONAL MEDICAL CENTER OF THE PEE DEE INC
- **County:** Florence
- **Ownership Type:** Non-Profit Corporation

#### Total Counties Served: 10

- **County:** Chesterfield, Clarendon, Darlington, Dillon, Florence, Horry, Lee, Marion, Marlboro, Sumter

### Satellite Locations

- **MCLEOD HOME HEALTH - CHERAW**
  - **Address:** 711 CHESTERFIELD HIGHWAY
  - **City:** CHERAW
  - **State:** SC
  - **Zip Code:** 29520
  - **Phone:** 843-320-5510

- **MCLEOD HOME HEALTH - HORRY**
  - **Address:** 3655 MITCHELL STREET
  - **City:** LORIS
  - **State:** SC
  - **Zip Code:** 29569
  - **Phone:** 843-716-7337

- **MCALEOD HOME HEALTH - CLARENDON**
  - **Address:** 619 SOUTH MANNING STREET
  - **City:** MANNING
  - **State:** SC
  - **Zip Code:** 29102
  - **Phone:** 803-435-4494
MEDICAL SERVICES OF AMERICA - COASTAL  
HHA-0039 / 02/28/2021
4685 HWY 17 BYP S
Horry / Corporation
MYRTLE BEACH, SC  29577-6681   FACILITY #:843-293-4614
4685 HWY 17 BYP S
MOORE TONYA PH#:
MYRTLE BEACH, SC  29577-6681
Facility Email: LICENSING@MSA-CORP.COM
Fac. Cont. Email: No Facility Contact Email on Record

Satellite Location: MCLEOD HOME HEALTH - DILLON  
Address: 807 SIXTH STREET
City: DILLON  State:SC  Zip Code:29536

Total Counties Served: 11
County/Counties Served: Berkeley, Charleston, Chesterfield, Darlington, Dillon, Florence, Georgetown, Horry, Marion, Marlboro, Williamsburg
License Restrictions:
Medical Supplies/Appliances/Durable Medical Equipment: Y
Other Services: DIETARY

Satellite Location: GEORGETOWN OFFICE  
Address: 107 QUEEN ST
UNIT A
City: GEORGETOWN  State:SC  Zip Code:29440-36

Satellite Location: NORTH MYRTLE BEACH OFFICE  
Address: 106 HWY 17 S
SUNDIAL CENTER
City: N MYRTLE BEACH  State:SC  Zip Code:29582

Satellite Location: FLORENCE OFFICE  
Address: 1402 D MEADORS FARM ROAD
City: FLORENCE  State:SC  Zip Code:29505-271

Phone: 843-487-1371
Phone:
Phone: 843-665-8135
Phone: 843-487-1371
MEDICAL SERVICES OF AMERICA HOME HEALTH
2 PALMETTO WOOD PKWY STE 201
IRM0, SC 29063-2881 FACILITY #:803-561-7680

THORPE MELISSA PH#: HHA-0026 / 12/31/2020
LEXINGTON / Corporation
PO BOX 609
LEXINGTON, SC 29071

Facility Email: LICENSING@MSA-CORP.COM
Fac. Cont. Email: No Facility Contact Email on Record

Total Counties Served: 35

License Restrictions:
Medical Supplies/Appliances/Durable Medical Equipment: N Other Services:

Satellite Location: Aiken Office
Address: 2130 WOODSIDE EXECUTIVE COURT

City: Aiken State:SC Zip Code:29803
Phone: 803-641-1127

Satellite Location: Union Office
Address: 101 SOUTH BOYCE ST

City: Union State:SC Zip Code:29379
Phone: 864-427-8322
METHODIST MANOR HOME HEALTH
2100 TWIN CHURCH RD
FLORENCE, SC 29501-8200  FACILITY #:843-664-0700
REICH TERESSA L PH#: 843-664-0700
Facility Email: TTABOR@THEMANORSENIORLIVING.COM
Fac. Cont. Email: TREICH@THEMANORSENIORLIVING.COM

License Restrictions: RESTRICTED TO CCRC RESIDENTS OF THE METHODIST MANOR RETIREMENT COMMUNITY

Total Counties Served: 1

County/Counties Served: Florence
Medical Supplies/Appliances/Durable Medical Equipment: N  Other Services:
<table>
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<tr>
<td>MUSC HEALTH AT HOME BY BAYADA - CONWAY</td>
<td>HHA-0329 / 01/31/2021</td>
<td>Horry / Limited Liability</td>
<td>1300 S CAROLINA HWY 544 STE F-107</td>
<td>SCHHA LLC</td>
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<td></td>
<td></td>
<td>CONWAY, SC  29526 FACILITY#:843-492-6602</td>
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<tr>
<td>BLASZCYZK BRYAN PH#: 843-492-6602</td>
<td></td>
<td></td>
<td>176 CROGHAN SPUR RD STE 102</td>
<td></td>
</tr>
<tr>
<td>Facility Email: <a href="mailto:BBLASZCYZK@BAYADA.COM">BBLASZCYZK@BAYADA.COM</a></td>
<td></td>
<td></td>
<td>CHARLESTON, SC  29407</td>
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<tr>
<td>Fac. Cont. Email: No Facility Contact Email on Record</td>
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</table>

**Total Counties Served: 2**

**County/Counties Served:** Georgetown, Horry

**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 Services: SKILLED NURSING SERVICES

<table>
<thead>
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<tbody>
<tr>
<td>MUSC HEALTH AT HOME BY BAYADA-CHARLESTON</td>
<td>HHA-0324 / 12/31/2020</td>
<td>Charleston / Limited Liability</td>
<td>1671 BELLE ISLE DR STE 115-B</td>
<td>SCHHA LLC</td>
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<td>MOUNT PLEASANT, SC  29464 FACILITY#:843-576-5378</td>
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<tr>
<td>KUKULKA DIANE PH#:</td>
<td></td>
<td></td>
<td>176 CROGHAN SPUR RD STE 102</td>
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<tr>
<td>Facility Email: <a href="mailto:DKUKULKA@BAYADA.COM">DKUKULKA@BAYADA.COM</a></td>
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<td>CHARLESTON, SC  29407</td>
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**Total Counties Served: 3**

**County/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 Services:
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<th>Location Street</th>
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<tr>
<td>NEIGHBORS CARE HOME HEALTH AGENCY AN AMEDISYS COMPANY</td>
<td>1645 J A COCHRAN BYP STE I</td>
<td>HHA-0198 / 08/31/2021</td>
<td>Chester / Ltd. Liability</td>
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<tr>
<td></td>
<td>CHESTER, SC 29706-3101 FACILITY # 866-327-3205</td>
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<td>LANNEN RN DEBRA PH#: 1645 J A COCHRAN BYP STE I</td>
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<tr>
<td></td>
<td>Facility Email: <a href="mailto:2226@AMEDISYS.COM">2226@AMEDISYS.COM</a></td>
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**Total Counties Served:** 4

**County/Counties Served:** Cherokee, Chester, Lancaster, 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 Services:**

- DIETARY CONSULTATION

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<th>Facility Email:</th>
<th>Phone: 844-227-3491</th>
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<tr>
<td><a href="mailto:2226@AMEDISYS.COM">2226@AMEDISYS.COM</a></td>
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**Satellite Location:** AMEDISYS HOME HEALTH OF ROCK HILL

**Address:** 231 SOUTH HERLONG AVE SUITE 201

**City:** ROCK HILL  **State:** SC  **Zip Code:** 29732-11

---

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<td>HHA-0181 / 06/30/2021</td>
<td>Aiken / Limited Liability Limited Partnership</td>
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<td>AIKEN, SC 29803 FACILITY # 803-643-1701</td>
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**Total Counties Served:** 5

**County/Counties Served:** Aiken, Allendale, Barnwell, Edgefield, Orangeburg

**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 Services:** DIETARY CONSULTATION
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<th>License#/Expiration</th>
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<tbody>
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<td>NHC HOMECARE-BEAUFORT</td>
<td>HHA-0216 / 09/30/2021</td>
<td>Beaufort / Limited Liability</td>
<td>PO BOX 1199</td>
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<tr>
<td>NHC HOMECARE-GREENWOOD</td>
<td>HHA-0182 / 06/30/2021</td>
<td>Greenwood / Limited Liability Limited Partnership</td>
<td>PO BOX 1708</td>
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**Facility Email:** LSMITH@NHCCARE.COM

**Fac. Cont. Email:** No Facility Contact Email on Record

**Total Counties Served:** 4

**County/Counties Served:** Beaufort, Colleton, Hampton, Jasper

**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 Services: DIETARY CONSULTATION

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<td>NHC HOMECARE-SOUTH CAROLINA LLC</td>
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**Facility Email:** LSMITH@NHCCARE.COM

**Fac. Cont. Email:** No Facility Contact Email on Record

**Total Counties Served:** 5

**County/Counties Served:** Abbeville, Greenwood, McCormick, Newberry, Saluda

**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 Services: DIETARY CONSULTATION
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<td>700 PLAZA CIR STE O</td>
<td>CLINTON, SC 29325-7556</td>
<td>HOPKINS GREG PH# 803-481-3131</td>
<td>HHA-0183 / 06/30/2021</td>
<td>Laurens / Limited Liability Limited Partnership</td>
<td>PO BOX 309</td>
<td>NHC/OP LP</td>
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<td></td>
<td>Fac. Cont. Email: <a href="mailto:NHC@NHCHOMECARELAURENS.COM">NHC@NHCHOMECARELAURENS.COM</a></td>
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<tr>
<td>County/Counties Served:</td>
<td>Anderson, Greenville, Laurens, Oconee, Pickens, Spartanburg</td>
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<td>Phone: 864-289-9982</td>
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<tr>
<td></td>
<td></td>
<td>Address: 111 SMITH HINES ROAD, SUITE L</td>
<td></td>
<td></td>
<td>City: GREENVILLE</td>
<td>State:SC</td>
<td>Zip Code: 29607</td>
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<tr>
<td>NHC HOMECARE-LOW COUNTRY</td>
<td>2070 NORTHBROOK BLVD STE B1</td>
<td>NORTH CHARLESTON, SC 29406</td>
<td>SCRUGGS MASON PH# 843-851-0999</td>
<td>HHA-0138 / 04/30/2021</td>
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<td>2070 NORTHBROOK BLVD SUITE B1</td>
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<td>NHC HOME CARE-MIDLANDS</td>
<td>HHA-0151 / 04/30/2021</td>
<td>Lexington / Limited Liability</td>
<td>WEST COLUMBIA, SC  29171-3876</td>
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<tr>
<td>3229 SUNSET BLVD STE N</td>
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<td>SINGLETON GWENDOLYN PH#:</td>
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**Total Counties Served: 6**

**County/Counties Served:** Calhoun, Fairfield, Kershaw, Lexington, Richland, Sumter

**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 Services: DIETARY CONSULTATION

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<table>
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<tr>
<th>Name of Facility</th>
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<tr>
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<td>HHA-0215 / 09/30/2021</td>
<td>Horry / Limited Liability</td>
<td>MURRELLS INLET, SC 29576-9301</td>
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<td>11947 GRANDHAVEN DR STE K</td>
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<td>9405 HWY 17 BYP</td>
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<tr>
<td>SIMMONS JULIE C PH#: 803-641-9955</td>
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<td>NHC HOME CARE-SOUTH CAROLINA LLC</td>
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**Total Counties Served: 4**

**County/Counties Served:** Dillon, Georgetown, Horry, Marion

**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 Services: DIETARY CONSULTATION
NHC HOMECARE-PIEDMONT
1674 CRANIUM DR STE 101
ROCK HILL, SC  29732-3506   FACILITY #:803-325-1455
WILLIAMSON BONNIE PH#: 803-643-0001
Facility Email:  LSMITH@NHCCARE.COM
Fac. Cont. Email:  BWILLIAMSON@LIBERTYHOMECARE.COM

Home Health Agencies
DHEC Regulation 61-77

Total Counties Served:  4

County/Counties Served:  Chester, Lancaster, Union, York

License Restrictions:
Medical Supplies/Appliances/Durable Medical Equipment:  N
Other Services:  DIETARY CONSULTATION

OAKS HOME HEALTH
1000 METHODIST OAKS DR
ORANGEBURG, SC  29116   FACILITY #:803-534-1212
KREIL VALDEKO PH#: 000-000-0000
Facility Email:  VAL.KREIL@THEOAKSSC.COM
Fac. Cont. Email:  No Facility Contact Email on Record

Total Counties Served:  1

County/Counties Served:  Orangeburg, Special Note - SERVING CAMPUS RESIDENTS ONLY

License Restrictions:  SERVING CAMPUS RESIDENTS ONLY
Medical Supplies/Appliances/Durable Medical Equipment:  Y
Other Services:
### OPTUM WOMEN’S AND CHILDREN’S HEALTH LLC

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<tr>
<td>107 WESTPARK BLVD STE 110</td>
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<td>COLUMBIA, SC  29210  FACILITY #:800-950-3963</td>
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<table>
<thead>
<tr>
<th>Administrator</th>
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<tr>
<td>ACKERMAN KRISTI</td>
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**Facility Email:** FERN.MATTHEWS@OPTUM.COM

**Total Counties Served:** 13

- Aiken, Beaufort, Berkeley, Charleston, Colleton, Dorchester, Fairfield, Georgetown, Kershaw, Lancaster, Lexington, Newberry, Richland

**Fac. Cont. Email:** No Facility Contact Email on Record

**License Restrictions:** OBSTETRIC PATIENTS ONLY

- 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 Services:** IV THERAPY & SERVICE TO OBSTETRICAL PATIENTS

### OPTUM WOMEN’S AND CHILDREN’S HEALTH-PIEDMONT

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<tr>
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<td>2 INDEPENDENCE POINTE</td>
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<td>GREENVILLE, SC  29615  FACILITY #:800-950-3963</td>
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<td>ACKERMAN KRISTI</td>
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**Facility Email:** FERN.MATTHEWS@OPTUM.COM

**Total Counties Served:** 33


**Fac. Cont. Email:** No Facility Contact Email on Record

**License Restrictions:** OBSTETRIC PATIENTS ONLY

- 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 Services:** IV THERAPY
Name of Facility | License#/Expiration | County/Owerness Type | Mailing Address
--- | --- | --- | ---
PALLIATIVE CARE OF THE LOWCOUNTRY | HHA-0117 / 09/30/2021 | Beaufort / Non-Profit Corporation | PO BOX 3827
7 PLANTATION PARK DR UNIT 4 STE C2 | BLUFFTON, SC 29910 | FACILITY #: 843-706-4094 | BRASINGTON RN JENNY PH#: 843-706-2296
BRASINGTON RN JENNY PH#: 843-706-2296 | BLUFFTON, SC 29910-3827 | FACILITY #: HOSPICE CARE OF THE LOWCOUNTRY INC | INFO@HOSPICECARELC.ORG
Fac. Cont. Email: JBRASINGTON@HOSPICECARELC.ORG
Facility Email: JBRASINGTON@HOSPICECARELC.ORG
Facility Email: INFO@HOSPICECARELC.ORG
Facility Email: DAVIDGOODALL@WINYAHRX.COM
Fac. Cont. Email: No Facility Contact Email on Record

Total Counties Served: 2
County/Counties Served: Beaufort, Jasper, Special Note - RESTRICTED TO RESIDENTS WHO ARE TERMINALLY ILL AS DEFINED IN REGULATION 61-78
License Restrictions: RESTRICTED TO RESIDENTS WHO ARE TERMINALLY ILL AS DEFINED IN REGULATION 61-78
Other Services:

PALMETTO INFUSION SERVICES | HHA-0371 / 11/30/2020 | Georgetown / Limited Liability | FACILITY #: 843-979-7061
147 PROFESSIONAL LN STE C | PAWLEYS ISLAND, SC 29585 | FACILITY #: 843-979-7061 | ROGERS RN ANGIE PH#: 843-979-7061
ROGERS RN ANGIE PH#: 843-979-7061 | FACILITY #: PALMETTO INFUSION SERVICES LLC | PALMETTO INFUSION SERVICES LLC
Facility Email: DAVIDGOODALL@WINYAHRX.COM
Facility Email: No Facility Contact Email on Record
Fac. Cont. Email: No Facility Contact Email on Record

Total Counties Served: 46
License Restrictions:
Other Services:
### Home Health Agencies

**SCDHEC**

**Home Health Agencies**

**DHEC Regulation 61-77**

<table>
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<th>License#/Expiration</th>
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<tr>
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<td>HHA-0084 / 03/30/2021</td>
<td>Charleston / Corporation</td>
<td>1923-D MAYBANK HWY</td>
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<td>PHC HOME HEALTHCARE</td>
<td>HHA-0341 / 01/31/2021</td>
<td>York / Limited Liability</td>
<td>YORK</td>
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**Facility Email:** SARAHWILBANKS@PHCHEALTH.COM  
**Fac. Cont. Email:** LORIWOOD@PHCHEALTH.COM

### Total Counties Served: 3

**County/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 Services: NURSING

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<td>FACILITY #:</td>
<td>803-659-3350</td>
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### Total Counties Served: 1

**County/Counties Served:** 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 Services: NURSING
### Home Health Agencies

#### DHEC Regulation 61-77

<table>
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<tr>
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<td>PRESBYTERIAN COMMUNITIES OF SC HOME HEALTH AGENCY</td>
<td>HHA-0212 / 12/31/2020</td>
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<td>COLUMBIA, SC 29210-5009 FACILITY #: 803-772-5885</td>
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<td>STAMPER AMANDA L PH#: 803-772-5885</td>
<td>COLUMBIA, SC 29210-5009</td>
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<tr>
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<tbody>
<tr>
<td><a href="mailto:MANDY.STAMPER@PRESCOMM.ORG">MANDY.STAMPER@PRESCOMM.ORG</a></td>
<td>PRESBYTERIAN COMMUNITIES OF SOUTH CAROLINA</td>
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</table>

**Fac. Cont. Email:** MANDY.STAMPER@PRESHOMESC.ORG

**Total Counties Served:** 7

**County/Counties Served:** Berkeley, Dorchester, Florence, Laurens, Lexington, Pickens, Richland, Special Note - Berkeley, Dorchester, Florence, Laurens, Lexington Pickens & Richland CCRC campus residents only

**License Restrictions:** SERVING CONTINUING CARE RETIREMENT COMMUNITY CAMPUSES ONLY IN 7 COUNTIES AS LISTED

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

#### Satellite Locations

<table>
<thead>
<tr>
<th>Satellite Location</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLINTON BRANCH</td>
<td>801 MUSGROVE ST</td>
<td></td>
</tr>
<tr>
<td>City: CLINTON</td>
<td>State: SC</td>
<td>Zip Code: 29325</td>
</tr>
<tr>
<td>COLUMBIA BRANCH</td>
<td>700 DAVEGA DR</td>
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<tr>
<td>City: LEXINGTON</td>
<td>State: SC</td>
<td>Zip Code: 29073-961</td>
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<td>FOOTHILLS BRANCH</td>
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<td>State: SC</td>
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<tr>
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<td>State: SC</td>
<td>Zip Code: 29483-671</td>
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</table>
### Home Health Agencies

**Name of Facility**

**Location Street**

**Location City, State**

**Administrator**

**License#/Expiration**

**County/Ownership Type**

**Mailing Address**

**Licensee**

<table>
<thead>
<tr>
<th>Facility</th>
<th>License#/Expiration</th>
<th>County/Ownership Type</th>
<th>Mailing Address</th>
<th>Licensee</th>
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<td>PRISMA HEALTH HOME HEALTH</td>
<td>HHA-0148 / 02/28/2021</td>
<td>Richland / Non-Profit Corporation</td>
<td>PO BOX 7275</td>
<td>PRISMA HEALTH - MIDLANDS</td>
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<tr>
<td>1400 PICKENS ST</td>
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<tr>
<td>COLUMBIA, SC 29201-3465</td>
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<tr>
<td>FACILITY #:803-296-3100</td>
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<tr>
<td>PH#:</td>
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<tr>
<td>Facility Email: <a href="mailto:KIM.PRICE@PRISMAHEALTH.ORG">KIM.PRICE@PRISMAHEALTH.ORG</a></td>
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<tr>
<td>Fac. Cont. Email: No Facility Contact Email on Record</td>
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<td><strong>Total Counties Served:</strong> 2</td>
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<tr>
<td>County/Counties Served: Lexington, Richland</td>
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<tr>
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<tr>
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<tr>
<td>PRISMA HEALTH HOME HEALTH-UPSTATE</td>
<td>HHA-0323 / 10/31/2021</td>
<td>Greenville / Corporation</td>
<td>440 ROPER MOUNTAIN RD</td>
<td>PRISMA HEALTH - UPSTATE</td>
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<tr>
<td>County/Counties Served: Anderson, Greenville, Oconee, Pickens</td>
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### PRISMA HEALTH TUOMEY HOME HEALTH

**Location:**
500 PINEWOOD RD STE 2
SUMTER, SC 29154-6197

**Facility #:**
803-773-4663

**Administrator:**
ANSTEY LENORA

**Mailing Address:**
129 N WASHINGTON ST

**PH#:**
SUMTER, SC 29150-4983

**Facility Email:**
KIM.PRICE@PRISMAHEALTH.ORG

**Fac. Cont. Email:**
No Facility Contact Email on Record

**Total Counties Served:** 3

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

### PROVIDENCE CARE AT HOME

**Location:**
202 WALL ST
PIEDMONT, SC 29673-6754

**Facility #:**
864-982-0489

**Administrator:**
ANSTYE LENORA

**PH#:**
803-325-1455

**Facility Email:**
CDEJACIMO@PROVIDENCECANHELP.COM

**Fac. Cont. Email:**
NHC@NHCHOMECAREPIEDMONT.COM

**Total Counties Served:** 9

**County/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 Services:

**Satellite Location:**
PROVIDENCE AT HOME
Address: 500 LAKESHORE PKWY

**City:**
ROCK HILL

**State:**
SC

**Zip Code:**
29730

**Phone:**
803-372-5885

**Satellite Location:**
PROVIDENCE AT HOME
Address: 634 FAIRVIEW RD

**City:**
SIMPSONVILLE

**State:**
SC

**Zip Code:**
29680

**Phone:**
864-757-9521
<table>
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<tbody>
<tr>
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<td>HHA-0361 / 03/31/2021</td>
<td>Richland / Limited Liability</td>
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<td>140 STONERIDGE DR STE 620</td>
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<tr>
<td>COLUMBIA, SC 29210-8258 FACILITY #:803-343-5100</td>
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<td>OWENS JENNIFER PH#: 803-939-2788</td>
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<tr>
<td>Fac. Cont. Email: <a href="mailto:DHANSARD@PORTSBRIDGEHOSPICE.COM">DHANSARD@PORTSBRIDGEHOSPICE.COM</a></td>
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</table>

**Total Counties Served:** 2

- County/Counties Served: Richland, Sumter

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 Services:

<table>
<thead>
<tr>
<th>Name of Facility</th>
<th>License#/Expiration</th>
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<tbody>
<tr>
<td>PRUITTHEALTH @ HOME - COLUMBIA</td>
<td>HHA-0232 / 01/31/2021</td>
<td>Richland / Corporation</td>
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<tr>
<td>240 STONERIDGE DR STE 100</td>
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<td>COLUMBIA, SC 29210-8013 FACILITY #:803-626-0089</td>
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<td>YOUNG STEPHANIE PH#: 803-359-2253</td>
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<tr>
<td>Fac. Cont. Email: <a href="mailto:2211@AMEDISYS.COM">2211@AMEDISYS.COM</a></td>
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</table>

**Total Counties Served:** 20

- County/Counties Served: Abbeville, Anderson, Calhoun, Cherokee, Chester, Fairfield, Greenville, Greenwood, Kershaw, Laurens, Lexington, Newberry, Oconee, Pickens, Richland, Spartanburg, Sumter, 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 Services:
<table>
<thead>
<tr>
<th>Name of Facility</th>
<th>Location Street</th>
<th>License#/Expiration</th>
<th>County/Ownership Type</th>
<th>Mailing Address</th>
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<tbody>
<tr>
<td><strong>PRUITTHEALTH @ HOME - FLORENCE</strong></td>
<td>2051 ELIJAH LUDD RD STE 1</td>
<td>HHA-0233 / 02/28/2021</td>
<td>Florence / Corporation</td>
<td>609 S COIT ST</td>
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<td>MOORE SHARON PH#: 843-662-8633</td>
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<tr>
<td><strong>Fac. Cont. Email:</strong></td>
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</tbody>
</table>

**Total Counties Served:** 11

County/Counties Served: Chesterfield, Clarendon, Darlington, Dillon, Florence, Georgetown, Horry, Lee, Marion, Marlboro, Williamsburg

**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 Services:

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<thead>
<tr>
<th>Name of Facility</th>
<th>Location Street</th>
<th>License#/Expiration</th>
<th>County/Ownership Type</th>
<th>Mailing Address</th>
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<tbody>
<tr>
<td><strong>PRUITTHEALTH @ HOME - LOW COUNTRY</strong></td>
<td>108 TRADERS CROSS STE 100</td>
<td>HHA-0214 / 04/30/2021</td>
<td>Beaufort / Corporation</td>
<td>108 TRADERS CROSS STE 100</td>
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<td>BLUFFTON, SC 29909</td>
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<td>KINARD ROBIN PH#: 843-322-0280</td>
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<tr>
<td><strong>Fac. Cont. Email:</strong></td>
<td><a href="mailto:RKINARD@PRUITTHEALTH.COM">RKINARD@PRUITTHEALTH.COM</a></td>
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</table>

**Total Counties Served:** 15

County/Counties Served: Aiken, Allendale, Bamberg, Barnwell, Beaufort, Berkeley, Charleston, Colleton, Dorchester, Edgefield, Hampton, Jasper, McCormick, Orangeburg, Saluda

**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 Services:
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<thead>
<tr>
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<th>License#/Expiration</th>
<th>County/Ownership Type</th>
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<tbody>
<tr>
<td>ROLLING GREEN VILLAGE HOME HEALTH AGENCY</td>
<td>HHA-0213 / 12/31/2020</td>
<td>Greenville / Non-Profit Corporation</td>
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<tr>
<td>ROPER-ST FRANCIS HOME HEALTH CARE</td>
<td>HHA-0062 / 12/31/2020</td>
<td>Charleston / Non-Profit Corporation</td>
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<table>
<thead>
<tr>
<th>Location Street</th>
<th>Location City, State</th>
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<tbody>
<tr>
<td>1 HOKE SMITH BLVD</td>
<td>GREENVILLE, SC  29615-5308</td>
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<tr>
<td>1483 TOBIAS GADSON BLVD STE 208</td>
<td>CHARLESTON, SC  29407-4796</td>
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<table>
<thead>
<tr>
<th>Administrator</th>
<th>Licensee</th>
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<tbody>
<tr>
<td>TOERNER RYAN PH#: 864-987-9800</td>
<td>ROLLING GREEN VILLAGE</td>
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<td>SHEEHAN TERRI PH#:</td>
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<table>
<thead>
<tr>
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<tbody>
<tr>
<td><a href="mailto:RYANT@ROLLINGGREENVILLAGE.COM">RYANT@ROLLINGGREENVILLAGE.COM</a></td>
<td><a href="mailto:RYANT@ROLLINGGREENVILLAGE.COM">RYANT@ROLLINGGREENVILLAGE.COM</a></td>
</tr>
<tr>
<td><a href="mailto:BONNIE.MELLO@RSFH.COM">BONNIE.MELLO@RSFH.COM</a></td>
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</table>

**Total Counties Served:**

**GREENVILLE**

**County/Counties Served:** Greenville

License Restrictions: SERVING CONTINUING CARE RETIREMENT COMMUNITY AT ROLLING GREEN VILLAGE RESIDENTS ONLY.

- 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 Services:** HOME HEALTH AGENCY FOR RGC RESIDENTS ONLY

**BERKELEY, CHARLESTON, DORCHESTER**

**County/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 Services:** REGISTERED DIETITIAN/CDE; CERTIFIED WOUND AND OSTOMY NURSES; TELEMONITORING
<table>
<thead>
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<th>Location Street</th>
<th>Location City, State</th>
<th>Administrator</th>
<th>License#/Expiration</th>
<th>County/Ownership Type</th>
<th>Licensee</th>
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<tbody>
<tr>
<td>SEABROOK WELLNESS AND HOME HEALTH CARE</td>
<td>300 WOODHAVEN DR</td>
<td>HILTON HEAD ISLAND, SC 29928-4682</td>
<td>LEE ROBERT M</td>
<td>HHA-0173 / 11/30/2020</td>
<td>Beaufort / Non-Profit Corporation</td>
<td>SEABROOK OF HILTON HEAD INC</td>
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<td>300 WOODHAVEN DR OFC</td>
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<td></td>
<td>120 HEYWOOD AVE STE 300</td>
<td>SPARTANBURG, SC 29302-1211</td>
<td>ANDERSON DAVID</td>
<td>HHA-0038 / 09/30/2021</td>
<td>Spartanburg / District</td>
<td>SPARTANBURG REGIONAL HEALTH SERVICES DISTRICT INC</td>
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<td><a href="mailto:RLEE@THESEABROOK.COM">RLEE@THESEABROOK.COM</a></td>
</tr>
<tr>
<td><a href="mailto:DANDERSON3@SRHS.COM">DANDERSON3@SRHS.COM</a></td>
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</table>

<p>| Total Counties Served: 4 |
| County/Counties Served: Cherokee, Greenville, Spartanburg, Union |
| License Restrictions: |
| Medical Supplies/Appliances/Durable Medical Equipment: N |
| Other Services: SKILLED NURSING |</p>
<table>
<thead>
<tr>
<th>Name of Facility</th>
<th>License#/Expiration</th>
<th>County/Ownership Type</th>
<th>Mailing Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>ST FRANCIS HOSPITAL HOME CARE</td>
<td>HHA-0167 / 12/31/2020</td>
<td>Greenville / Corporation</td>
<td>10 PATEWOOD DR BLDG 6 STE 300 GREENVILLE, SC 29615-6341</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>PH#: ROBERTSON NIKKI W PH#: 803-739-5043</td>
</tr>
<tr>
<td></td>
<td>Facility Email: <a href="mailto:REGINA_ERVIN@BSHSI.ORG">REGINA_ERVIN@BSHSI.ORG</a></td>
<td></td>
<td>FACILITY #:864-233-5300</td>
</tr>
<tr>
<td></td>
<td>Fac. Cont. Email: No Facility Contact Email on Record</td>
<td></td>
<td></td>
</tr>
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<td></td>
<td>Total Counties Served: 4</td>
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<td>Other Services:</td>
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<table>
<thead>
<tr>
<th>Name of Facility</th>
<th>License#/Expiration</th>
<th>County/Ownership Type</th>
<th>Mailing Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>STILL HOPES HOME HEALTH</td>
<td>HHA-0199 / 12/31/2020</td>
<td>Lexington / Corporation</td>
<td>1 STILL HOPES DR WEST COLUMBIA, SC 29169-7164</td>
</tr>
<tr>
<td></td>
<td>Facility Email: <a href="mailto:EILDERTON@STILLHOPES.ORG">EILDERTON@STILLHOPES.ORG</a></td>
<td></td>
<td>FACILITY #:803-223-6173</td>
</tr>
<tr>
<td></td>
<td>Fac. Cont. Email: <a href="mailto:NROBERTSON@STILLHOPES.ORG">NROBERTSON@STILLHOPES.ORG</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total Counties Served: 1</td>
<td></td>
<td></td>
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<td></td>
<td>Other Services:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Facility</td>
<td>License# / Expiration</td>
<td>County / Ownership Type</td>
<td></td>
</tr>
<tr>
<td>---------------------------------------</td>
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<td>--------------------------------</td>
<td></td>
</tr>
<tr>
<td>TRINITY HOME HEALTH OF AIXEN</td>
<td>HHA-0316 / 11/30/2020</td>
<td>Aiken / Limited Liability</td>
<td></td>
</tr>
<tr>
<td>Location Street: 690 MEDICAL PARK DR 400</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Location City, State: AIXEN, SC 29801</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administrator: KEATING RN JULIE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>License#/Expiration: 803-641-8220</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mailing Address: 690 MEDICAL PARK DR STE 400</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Licensee: AUGUSTA HOME CARE SERVICES LLC</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fac. Cont. Email: No Facility Contact Email on Record</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Total Counties Served:** 3

**County/Counties Served:** Aiken, Barnwell, Edgefield

**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 Services: SKILLED NURSING

<table>
<thead>
<tr>
<th>Name of Facility</th>
<th>License# / Expiration</th>
<th>County / Ownership Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNIVERSITY HOME HEALTH NORTH AUGUSTA</td>
<td>HHA-0137 / 10/31/2020</td>
<td>Aiken / Corporation</td>
</tr>
<tr>
<td>Location Street: 106 E MARTINTOWN RD UNIT B</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Location City, State: NORTH AUGUSTA, SC 29841-3425</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administrator: HARDEN RN MARY J</td>
<td></td>
<td></td>
</tr>
<tr>
<td>License#/Expiration: 803-278-0770</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mailing Address: 106 E MARTINTOWN RD UNIT B</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Licensee: UNIVERSITY HEALTH SERVICES INC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fac. Cont. Email: M <a href="mailto:HARDEN@UH.ORG">HARDEN@UH.ORG</a></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total Counties Served:** 2

**County/Counties Served:** Aiken, Edgefield

**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 Services:

**Satellite Location:** EDGFIELD OFFICE

<table>
<thead>
<tr>
<th>Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

| Address: 1168 BAUSKETT ST STE A |
| City: EDGFIELD |
| State:SC Zip Code: 29824 |

**Satellite Location:** WAGENER OFFICE

<table>
<thead>
<tr>
<th>Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

| Address: 109 RAILROAD AVE |
| City: WAGENER |
| State:SC Zip Code: 29164 |
VNA OF GREATER BAMBERG
923 MIDWAY ST
BAMBERG, SC 29003-1957  FACILITY #:803-245-5611
WEATHERFORD JENNIFER PH#: 803-245-5611
Facility Email: VNABAMBERG@YAHOO.COM
Fac. Cont. Email: No Facility Contact Email on Record

Total Counties Served: 7
County/Counties Served: Allendale, Bamberg, Barnwell, Calhoun, Colleton, Hampton, Orangeburg
License Restrictions:
  Other Services: SKILLED NURSING

Satellite Location: ORANGEBURG OFFICE
Address: 1695 CHESTNUT ST NE
City: ORANGEBURG  State:SC  Zip Code:29116

WELL CARE HOME HEALTH OF THE LOWCOUNTRY
1039 44TH AVENUE NORTH STE 101
MYRTLE BEACH, SC 29577  FACILITY #:888-815-5310
GROSS-MILLSAP CATHY PH#
Facility Email: DTHOMPSON@WELLCAREHEALTH.COM
Fac. Cont. Email: No Facility Contact Email on Record

Total Counties Served: 9
County/Counties Served: Beaufort, Berkeley, Charleston, Colleton, Dorchester, Georgetown, Horry, Marion, Williamsburg
License Restrictions:
  Medical Supplies/Appliances/Durable Medical Equipment: Y
  Other Services: SKILLED NURSING
WELL CARE HOME HEALTH OF THE MIDLANDS

2215-F W PALMETTO ST
FLORENCE, SC 29501  FACILITY #:888-815-5310
GROSS-MILLSAP CATHY PH#:
Facility Email: DTHOMPSON@WELLCAREHEALTH.COM
Fac. Cont. Email: No Facility Contact Email on Record

Total Counties Served: 15
County/Counties Served: Aiken, Calhoun, Clarendon, Darlington, Dillon, Fairfield, Florence, Kershaw, Lee, Lexington, Newberry, Orangeburg, Richland, Saluda, Sumter

License Restrictions:
- Physical Therapy: Y
- Speech Therapy: Y
- Occupational Therapy: Y
- Med. Social Services: Y
- Home Health Aid: Y
- Other Services: SKILLED NURSING

WELL CARE HOME HEALTH OF THE UPSTATE

1658 CRANIUM DR STE 105
ROCK HILL, SC 29732  FACILITY #:888-815-5310
PH#:
Facility Email: DTHOMPSON@WELLCAREHEALTH.COM
Fac. Cont. Email: No Facility Contact Email on Record

Total Counties Served: 11
County/Counties Served: Anderson, Cherokee, Chester, Greenville, Lancaster, Laurens, Oconee, Pickens, Spartanburg, Union, York

License Restrictions:
- Physical Therapy: N
- Speech Therapy: N
- Occupational Therapy: N
- Med. Social Services: N
- Home Health Aid: N
- Other Services:
### WESLEY COMMONS HOME HEALTH CARE

**Name of Facility:** WESLEY COMMONS HOME HEALTH CARE  
**Location:** 1110 MARSHALL RD  
**Location City, State:** GREENWOOD, SC 29646-4299  
**Facility #:** 864-227-7480  
**Administrator:** DAVIS DORIS E  
**Phone #:** 864-227-7480  
**License #:** HHA-0202  
**Expiration:** 02/28/2021  
**County/Ownership Type:** Greenwood / Non-Profit Corporation  
**Mailing Address:** GREENWOOD, SC 29646-4299  
**Facility Email:** DDAVIS@WESLEYCOMMONS.ORG  
**Fac. Cont. Email:** No Facility Contact Email on Record  

#### Total Counties Served: 1

- **County:** Greenwood, Special Note - SERVING CAMPUS RESIDENTS ONLY  
- **License Restrictions:** SERVING CAMPUS RESIDENTS ONLY  
  - Physical Therapy: N  
  - Speech Therapy: N  
  - Occupational Therapy: N  
  - Med. Social Services: N  
  - Home Health Aid: Y  
  - Medical Supplies/Appliances/Durable Medical Equipment: N  
  - Other Services:

### WESTMINSTER TOWERS HOME HEALTH

**Name of Facility:** WESTMINSTER TOWERS HOME HEALTH  
**Location:** 1330 INDIA HOOK RD  
**Location City, State:** ROCK HILL, SC 29732-2462  
**Facility #:** 803-328-5121  
**Administrator:** LAUGHLIN AMY  
**Phone #:** 803-328-5121  
**License #:** HHA-0201  
**Expiration:** 01/31/2021  
**County/Ownership Type:** York / Non-Profit Corporation  
**Mailing Address:** ROCK HILL, SC 29732-2462  
**Facility Email:** ALAUGHLIN@WESTMINSTERTOWERS.ORG  
**Fac. Cont. Email:** No Facility Contact Email on Record  

#### Total Counties Served: 1

- **County:** York, Special Note - SERVING CAMPUS RESIDENTS ONLY  
- **License Restrictions:** SERVING CAMPUS RESIDENTS ONLY  
  - 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 Services:

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**Total Number of Facilities:** 100  
**Total Counties Served:** 579