



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor

KODY H. KINSLEY • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

VIA EMAIL ONLY

June 9, 2023

John D. Wall  
[jwall@waldrepwall.com](mailto:jwall@waldrepwall.com)

**No Review**

**Record #:** 4223  
**Date of Request:** June 2, 2023  
**Facility Name:** Piedmont Outpatient Surgery Center, LLC  
**FID #:** 100255  
**Business Name:** Piedmont Outpatient Surgery Center, LLC  
**Business #:** 1419  
**Project Description:** Change in indirect ownership structure with no change in direct ownership, change in operator  
**County:** Forsyth

Dear Mr. Wall:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) received your correspondence regarding the project described above. Based on the CON law **in effect on the date of this response to your request**, the project as described is not governed by, and therefore, does not currently require a certificate of need. If the CON law is subsequently amended such that the above referenced proposal would require a certificate of need, this determination does not authorize you to proceed to develop the above referenced proposal when the new law becomes effective.

This determination is binding only for the facts represented in your correspondence. If changes are made in the project or in the facts provided in the correspondence referenced above, a new determination as to whether a certificate of need is required would need to be made by this office.

Please do not hesitate to contact this office if you have any questions.

Sincerely,

Gregory F. Yakaboski, Project Analyst

Micheala Mitchell, Chief

cc: Acute and Home Care Licensure and Certification Section, DHSR

**NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION  
HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION**

LOCATION: 809 Ruggles Drive, Edgerton Building, Raleigh, NC 27603  
MAILING ADDRESS: 809 Ruggles Drive, 2704 Mail Service Center, Raleigh, NC 27699-2704  
<https://info.ncdhhs.gov/dhsr/> • TEL: 919-855-3873

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

May 31, 2023

**Via Overnight Mail and Email to Micheala.Mitchell@dhhs.nc.gov**

North Carolina Division of Health Service Regulation  
Healthcare Planning and Certificate of Need Section  
2704 Mail Service Center  
Raleigh, NC 27699-2704  
Attn: Micheala Mitchell

**Re: Certificate of Need “No Review Determination” Request – Piedmont  
Outpatient Surgery Center, LLC**

Dear Ms. Mitchell:

I am writing on behalf of Piedmont Outpatient Surgery Center, LLC (the “**Company**”) which owns and operates an ambulatory surgery center located at 2465 Hanestown Lane, Winston-Salem, North Carolina 27103 (the “**Center**”). The Center holds a certificate of need that was granted by your Division (the “**CON**”).

It is anticipated that, effective as of **July 1, 2023**, SCA-Winston-Salem, LLC, a Delaware limited liability company (the “**Buyer**”), will acquire a 20% ownership interest in the Company from the Company’s current owners (the “**Proposed Transaction**”). Currently, the Company is wholly owned by various physician investors. Additionally, and simultaneously with the closing of the Proposed Transaction, it is anticipated that the Company will enter into a new agreement for management services with Surgical Care Affiliates, LLC, an affiliate of the Buyer. For the avoidance of doubt, the Company will continue to own and operate the Center following the Proposed Transaction, and the Proposed Transaction will not result in a change in the name, location, services, number of operating and procedures rooms, federal tax identification number, or Medicare provider number of the Center. Please find enclosed herein as **Exhibit A** a pre- and post-closing ownership chart of the Company reflecting these proposed changes.

As the Proposed Transaction will only result in a change in a 20% minority ownership of the Company, the purpose of this letter is to request a “no review determination” by the Division in connection with the Proposed Transaction with respect to the CON.

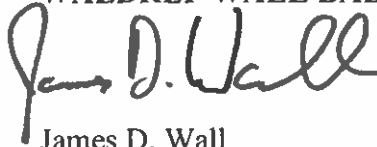
May 31, 2023

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Thank you for your attention to this matter. If you have any questions, or if you require any additional information, please do not hesitate to contact me at (336) 722-2900 or [jwall@waldrepwall.com](mailto:jwall@waldrepwall.com).

Respectfully,

**WALDREP WALL BABCOCK & BAILEY PLLC**

A handwritten signature in black ink that reads "James D. Wall". The signature is written in a cursive style with a large initial "J" and a long, sweeping underline.

James D. Wall  
Attorney

Enclosures

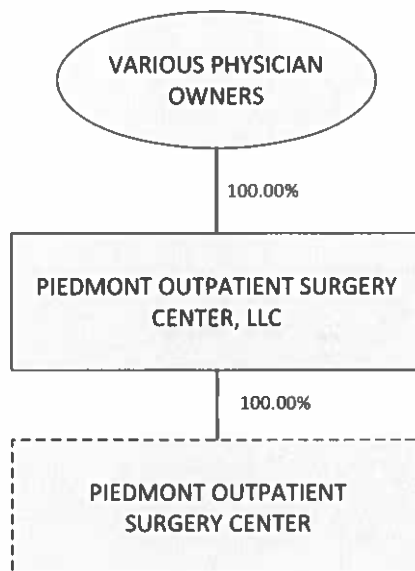
cc: Dr. Lucas Inman  
Mr. Andy Murray  
Ms. Catherine Grow  
Ms. Halle Diaz

**EXHIBIT A**

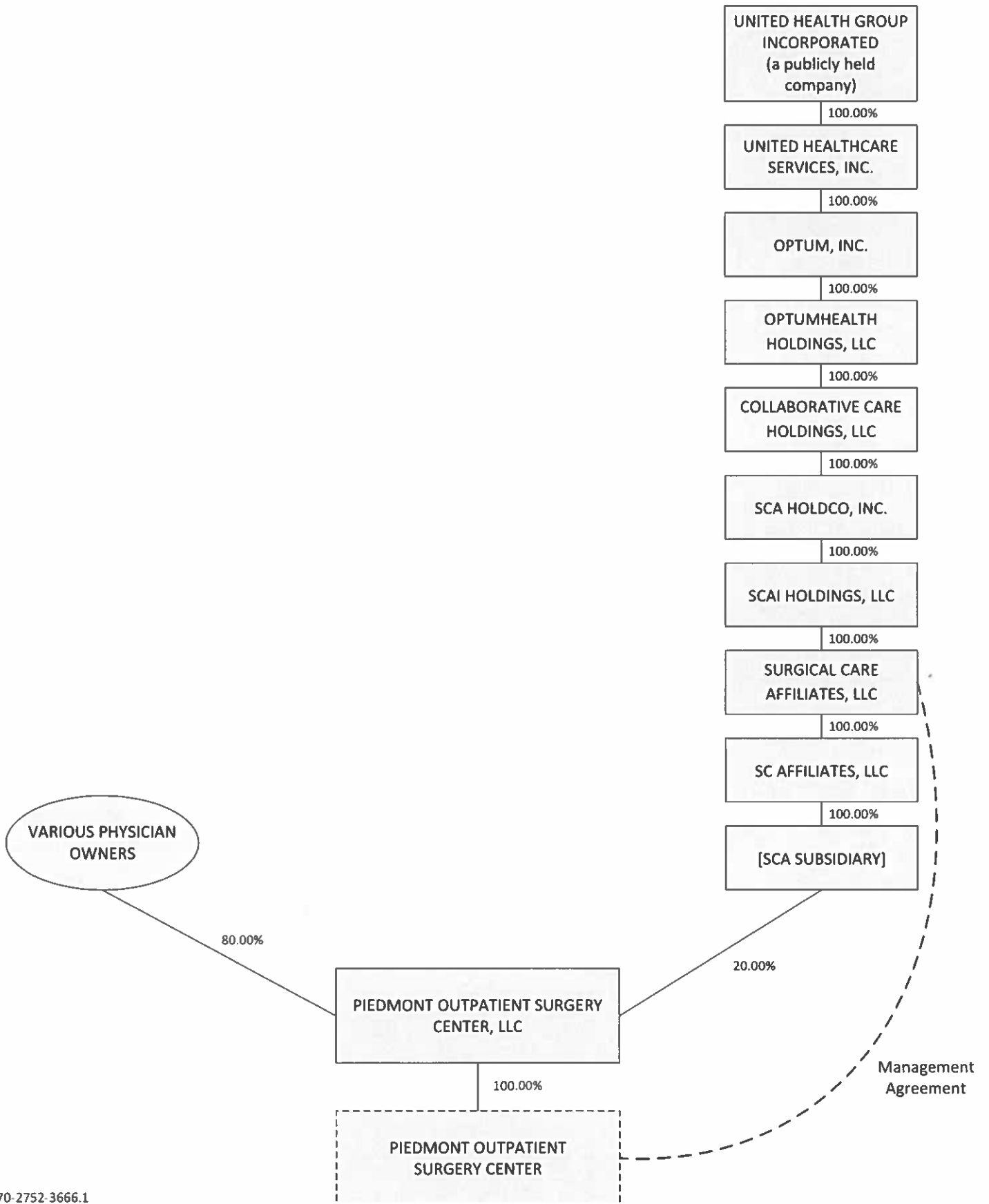
**Pre- and Post-Closing Ownership Diagrams of Piedmont Outpatient Surgery Center, LLC**

*Please see attached.*

**PIEDMONT OUTPATIENT  
SURGERY CENTER, LLC**  
**Pre-Closing Ownership Structure**



**PIEDMONT OUTPATIENT  
SURGERY CENTER, LLC**  
Post-Closing Ownership Structure



**From:** [Mitchell, Micheala L](#)  
**To:** [Stancil, Tiffany C](#)  
**Subject:** FW: [External] Piedmont Outpatient Surgery Center, LLC  
**Date:** Friday, June 2, 2023 9:47:01 AM  
**Attachments:** [image002.png](#)  
[Scanned from a Xerox Multifunction Printer.pdf](#)

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Hey Tiffany,

I hope you are well.

Would you mind logging the attached no review and assigning it to Greg?

Thanks,

Micheala Mitchell, JD  
[NC Department of Health and Human Services](#)  
[Division of Health Service Regulation](#)  
Section Chief, Healthcare Planning and CON Section  
809 Ruggles Drive, Edgerton Building  
2704 Mail Service Center  
Raleigh, NC 27699-2704  
Office: 919 855 3879  
[Micheala.Mitchell@dhhs.nc.gov](mailto:Micheala.Mitchell@dhhs.nc.gov)

Don't wait to vaccinate. Find a COVID-19 vaccine location near you at [MySpot.nc.gov](https://www.myspot.nc.gov).  
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**From:** Jackie Jones <[jjones@waldrepwall.com](mailto:jjones@waldrepwall.com)>  
**Sent:** Wednesday, May 31, 2023 4:47 PM  
**To:** Mitchell, Micheala L <[Micheala.Mitchell@dhhs.nc.gov](mailto:Micheala.Mitchell@dhhs.nc.gov)>  
**Cc:** Jim Wall <[jwall@waldrepwall.com](mailto:jwall@waldrepwall.com)>; Michael L. Drye <[mdrye@waldrepwall.com](mailto:mdrye@waldrepwall.com)>  
**Subject:** [External] Piedmont Outpatient Surgery Center, LLC

**CAUTION:** External email. Do not click links or open attachments unless verified. Report suspicious emails with the Report Message button located on your Outlook menu bar on the Home tab.

To Micheala Mitchell –

Attached please find correspondence regarding the above entity.

Thank you,  
Jackie Jones

## Jackie Jones

Paralegal



t: (336) 722-7587

e: [jjones@waldrepwall.com](mailto:jjones@waldrepwall.com)

**in**

370 Knollwood St., Suite 600

Winston-Salem, NC 27103

[www.waldrepwall.com](http://www.waldrepwall.com)

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