



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

JOSH STEIN • Governor
DEV DUTTA SANGVAI • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

VIA EMAIL ONLY

December 18, 2025

Tommy Middleton
Tommy.Middleton@emergeortho.com

No Review – Qualified Urban Ambulatory Surgical Facility

Record #: 5032
Date of Request: December 5, 2025
Facility Name: Blue Ridge Surgery Center
Facility Address: 450 Julian Shoals Drive, Arden NC 28704
Business Name: EmergeOrtho, P.A.
Business #: 2716
Project Description: Develop a qualified urban ambulatory surgical facility
County: Buncombe

Dear Mr. Middleton:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) received your correspondence regarding the development of a qualified urban ambulatory surgical facility. Pursuant to NCGS §131E-176(21a), a qualified urban ambulatory surgical facility is an ambulatory surgical facility that meets all of the following criteria:

- a. Is licensed by the Department to operate as an ambulatory surgical facility.
b. Has a single specialty or multispecialty ambulatory surgical program.
c. Is located in a county with a population greater than 125,000 according to the 2020 federal decennial census or any subsequent federal decennial census.

Based on the representation in your request and 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. As a reminder, it is unlawful to offer or develop a new institutional health service without first obtaining a certificate of need. The Department reserves the right to impose sanctions, including civil penalties and the revocation of a license, upon any entity that

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1915 Health Services Way, Raleigh, NC 27607
MAILING ADDRESS: 1915 Health Services Way, 2704 Mail Service Center, Raleigh, NC 27699-2704
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offers or develops a new institutional health service without first obtaining a certificate of need.

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

Sincerely,



Ena Lightbourne
Project Analyst



Micheala Mitchell
Chief

cc: Acute and Home Care Licensure and Certification Section, DHSR
Construction Section, DHSR
Healthcare Planning, DHSR



129 McDowell Street

Asheville, NC 28801

TEL: 828.258.8800

Ms. Micheala Mitchell, Chief
North Carolina Department of Health and Human Services
Division of Health Service Regulation
Health Planning and Certificate of Need Section
2704 Mail Service Center
Raleigh, NC 27699-2704

Re: Request for Determination of Certificate of Need for Ambulatory Surgery Facility in
Buncombe County, North Carolina

Dear Ms. Mitchell,

I'm writing to request a determination that a Certificate of Need (CON) is not required to build an Ambulatory Surgery Facility in Buncombe County now that House Bill 76 has been signed into law and we have surpassed the initial two-year waiting period since the first HASP payments were made in November 2023. The proposed facility details are as follows:

Address: 450 Julian Shoals Dr., Arden, NC 28704 (Buncombe County)

The proposed facility will be +/-19,000 SF with 5 operating rooms and 20 pre and post operative bays.

Please let me know if you need any additional information to make this decision.

Thank you,

A handwritten signature in black ink that reads "Tommy Middleton".

Tommy Middleton
Chief Executive Officer
EmergeOrtho-Blue Ridge Region
828-281-7129
Tommy.Middleton@emergeortho.com

From: [Tommy Middleton](#)
To: [DHSR.CON.Request](#)
Cc: [Lightbourne, Ena](#)
Subject: [External] Request for Determination
Date: Friday, December 5, 2025 3:42:32 PM
Attachments: [emergeortho_logo40percent_7dfa44e2-0514-4270-827d-4f211f0a2de4.png](#)
[Request for Determination of CON.pdf](#)

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Good Afternoon,

Please see the attached request letter for determination of need for a certificate of need related to a new Ambulatory Surgery Facility located in Buncombe County, North Carolina. Please let me know if you need any additional information.

Thanks,
Tommy

Tommy Middleton | Chief Executive Officer
EmergeOrtho - Blue Ridge
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