



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 30, 2025

Dr. Wade Naziri
w.naziri@yahoo.com

No Review – Qualified Urban Ambulatory Surgical Facility

Record #: 5041
Date of Request: November 21, 2025
Facility Name: Southern Surgical Outpatient Surgery Center
Facility Address: 2457 Emerald Place Greenville, NC 27834
Business Name: Southern Surgical Associates, P.A.
Business #: 4037
Project Description: Develop a qualified urban ambulatory surgical facility
County: Pitt

Dear Dr. Naziri:

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
www.ncdhs.gov/dhsr • TEL: 919-855-3873

**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

Dr. Wade Naziri  
Medical Director  
Southern Surgical Outpatient Surgery Center  
2457 Emerald Place  
Greenville, NC 27834  
w.naziri@yahoo.com

NC Division of Health Service Regulation  
Healthcare Planning and Certificate of Need  
2704 Mail Service Center  
Raleigh, NC 27699-2704  
Michaela.mitchell@dhhs.nc.gov

November 21, 2025

To Whom it May Concern,

I am writing on behalf of Southern Surgical Outpatient Surgery Center to request a Certificate of Need exemption in order to transition from an office-based surgery center to a licensed, Qualified Urban Ambulatory Surgical Facility (QUASF).

As the sole owner and Medical Director of the above-named facility, I hereby attest that the facility meets all criteria to qualify as a QUASF under North Carolina General Statute §131E-184 and related administrative rules.

Specifically:

1. The center is located in Pitt County, which had 170,243 residents according to the 2020 census. This exceeds the threshold of 125,000 required to become a QUASF.
2. The facility performs general, bariatric, and plastic surgery procedures that meet the definition of ambulatory surgical facility under N.C.G.S. §131E-146(1).
3. The facility agrees to provide charity care equal to at least four percent (4%) of total annual gross revenue as defined by the North Carolina Department of Health Service Regulation (DHSR).
4. The facility agrees to collect, maintain, and report utilization and charity-care data annually to DHSR as required.
5. The facility understands that failure to meet or document the 4% charity-care threshold may result in loss of QUASF designation and/or licensure action.
6. The facility understands that all DHSR Construction Section, Life Safety, and licensure requirements remain fully applicable, and that this attestation does not waive such requirements.
7. The facility is already accredited through the Accreditation Association for Ambulatory Healthcare and agrees to maintain accreditation.

Please contact me with any additional questions.

Respectfully,



Wade Naziri, MD  
Medical Director