



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 19, 2025

Jeffery Shovelin
jshoveli@vidanthealth.com

No Review – Qualified Urban Ambulatory Surgical Facility

Record #: 5044
Date of Request: December 18, 2025
Facility Name: SurgiCenter of Eastern Carolina, LLC
Facility Address: 102 Bethesda Drive
Greenville NC 27834
FID: 943478
Business Name: SurgiCenter of Eastern Carolina, LLC
Business #: 1740
Project Description: Add 8 operating rooms to a QUASF
County: Pitt

Dear Mr. Shovelin:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) received your correspondence regarding the addition of 8 operating rooms at an existing 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

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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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**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 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,

A handwritten signature in cursive script, appearing to read "Cynthia Bradford".

Cynthia Bradford  
Project Analyst

A handwritten signature in cursive script, appearing to read "Micheala Mitchell".

Micheala Mitchell  
Chief

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