



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

January 8, 2026

Bob McCullen
eyebawls1@gmail.com

No Review – Qualified Urban Ambulatory Surgical Facility

Record #: 5056
Date of Request: November 21, 2025
Facility Name: Gastonia Eye Associates ASC
Facility Address : 2325 Aberdeen Blvd, Suite B, Gastonia, NC 28054
Business Name: Gastonia Eye Associates ASC
Business #: 4040
Project Description: Develop a qualified urban ambulatory surgical facility
County: Gaston

Dear Mr. McCullen:

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.ncdhhs.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

Gastonia Eye Associate's ASC

2325 Aberdeen Blvd
Gastonia, NC 28054
704-616-8260
eyebawls1@gmail.com

November 21, 2025

North Carolina Department of Health and Human Services
Healthcare Planning and Certificate of Need Section

Dear NCDHHS,

Subject: Notice of Compliance with Qualified Urban Ambulatory Surgical Facility Criteria —
Gastonia Ambulatory Surgery Center

Gastonia Eye Associates ASC hereby notify the North Carolina Healthcare Planning that our facility meets the criteria established for a Qualified Urban Ambulatory Surgical Facility (QUASF) under G.S. 131E-176(21a). Specifically, we confirm the following:

- 1) Licensure: Our facility will be licensed by NCDHHS to operate as an ambulatory surgical facility.
 - a) Our facility will seek Medicare certification through an accredited organization, once licensure requirements are met
2. Specialty Program: We will offer a single specialty surgical program in Ophthalmology.
3. Location: Our facility is located in Gaston County, which has a population greater than 125,000 according to the 2020 federal decennial census.
4. Health Service Facility Exclusion: We acknowledge that a qualified urban ambulatory surgical facility is not considered a health service facility under G.S. 131E-176(9b).
5. Charity Care Commitment: We commit to providing at least 4% of our total earned revenue from self-pay and Medicaid cases, in compliance with G.S. 131E-147.5.
6. Annual Reporting: We will submit annual reports to NCDHHS in accordance with department guidance, indicating our compliance with the charity care requirement and other operational data as specified.

7. Construction Timing Compliance: In accordance with G.S. 131E-178(c), construction will not commence prior to the effective date of the law, November 21, 2025.

Please consider this notice as our formal confirmation of compliance with the QUASF criteria. Should you require any additional information or documentation, please do not hesitate to contact us at 704-616-8260 or eyebawls1@gmail.com.

Thank you for your attention to this matter.

Sincerely,

Bob McCullen
704-616-8260
eyebawls1@gmail.com

A handwritten signature in black ink, appearing to read "Bob McCullen". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

From: [Mitchell, Micheala L](#)
To: [Stancil, Tiffany C](#)
Subject: FW: [External] Gastonia, NC- Submission of QUASF Compliance Notice (Gastonia Eye Associates ASC)
Date: Friday, November 21, 2025 12:56:17 PM
Attachments: [Outlook-dt4vopdg.png](#)
[Gastonia ASC QUASF Notice.docx](#)

Tiffany,

Can you log this one and assign to Greg? We'll see what Gloria wants to do with the other two.

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

From: Ethan Willson <Ewillson@scsa.com>
Sent: Friday, November 21, 2025 11:00 AM
To: Mitchell, Micheala L <Micheala.Mitchell@dhhs.nc.gov>; Pittman, Lisa <lisa.pittman@dhhs.nc.gov>
Cc: Philip Blair <Philip@scsa.com>; Matthew Garcia <MGarcia@scsa.com>; Marwan Tamimi <Mtamimi@scsa.com>; Eyebawls <eyebawls1@gmail.com>
Subject: [External] Gastonia, NC- Submission of QUASF Compliance Notice (Gastonia Eye Associates ASC)

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.

Hi Micheala and Lisa,

Hope you're doing well. Attached is the Qualified Urban Ambulatory Surgical Facility (QUASF) notice for Gastonia Eye Associates ASC, effective November 21st. Please confirm receipt and let me know if anything else is needed from our side at this time.

Thank you,

Ethan Willson
Project Coordinator
Surgery Center Services of America

2942 N. Greenfield Rd. #105

Mesa, AZ, 85215

602-309-3902 Cell

480-889-9152 Office

ewillson@scsa.com

www.surgerycenterservices.com



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