



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

March 23, 2023

Halle B. Diaz
hdiaz@bradley.com

No Review

Record #: 4149
Date of Request: March 1, 2023
Facility Name: Surgery Center of Pinehurst
FID #: 030796
Business Name: Surgery Center of Pinehurst, LLC
Business #: 1735
Project Description: Change in ownership structure
County: Moore

Dear Ms. Diaz:

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,

Tanya M. Saporito
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

Halle Diaz
Attorney
hdiaz@bradley.com
615.252.4633 direct



February 28, 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 – Surgery Center of Pinehurst, L.L.C.

Dear Ms. Mitchell:

I am writing on behalf of SCA Pinehurst Holdings, LLC (the “Buyer”) and Surgery Center of Pinehurst, L.L.C. (the “Company”). The Company owns and operates an ambulatory surgery center located at 10 First Village Drive, Pinehurst, North Carolina 28374 (the “Center”). The Center holds two certificates of need that were granted by your Division: Project No. H-6881-03 effective as of February 28, 2004 and Project No. H-7096-04 effective as of January 21, 2005 (the “CON”).

It is anticipated that, effective as of **April 1, 2023**, the Buyer will acquire a 10% ownership interest in the Company from the Company’s current owners (the “Transaction”). Additionally, and simultaneously with the closing of the Transaction, 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 Transaction, and the 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 Transaction will result in a minor change of the upstream ownership of the Company, the purpose of this letter is to request a “no review determination” by the Division in connection with the Transaction with respect to the CON.

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 (615) 252-4633 or hdiaz@bradley.com.

Sincerely,

BRADLEY ARANT BOULT CUMMINGS LLP

A handwritten signature in black ink that reads "Halle D".

By: Halle Diaz

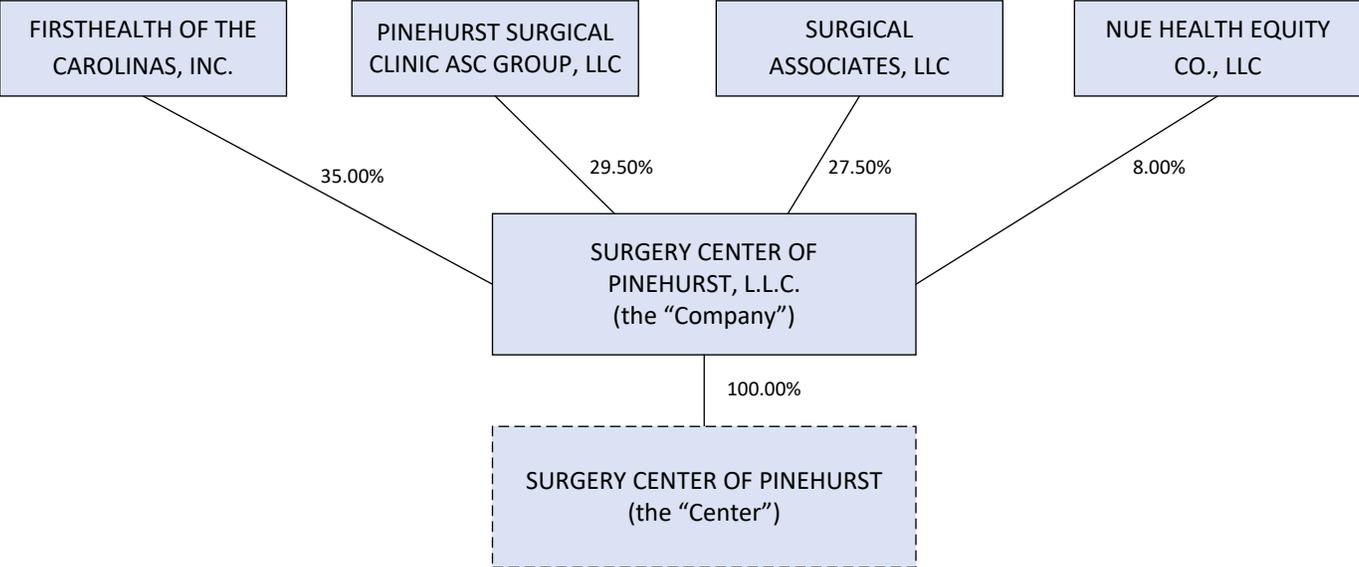
Enclosures

EXHIBIT A

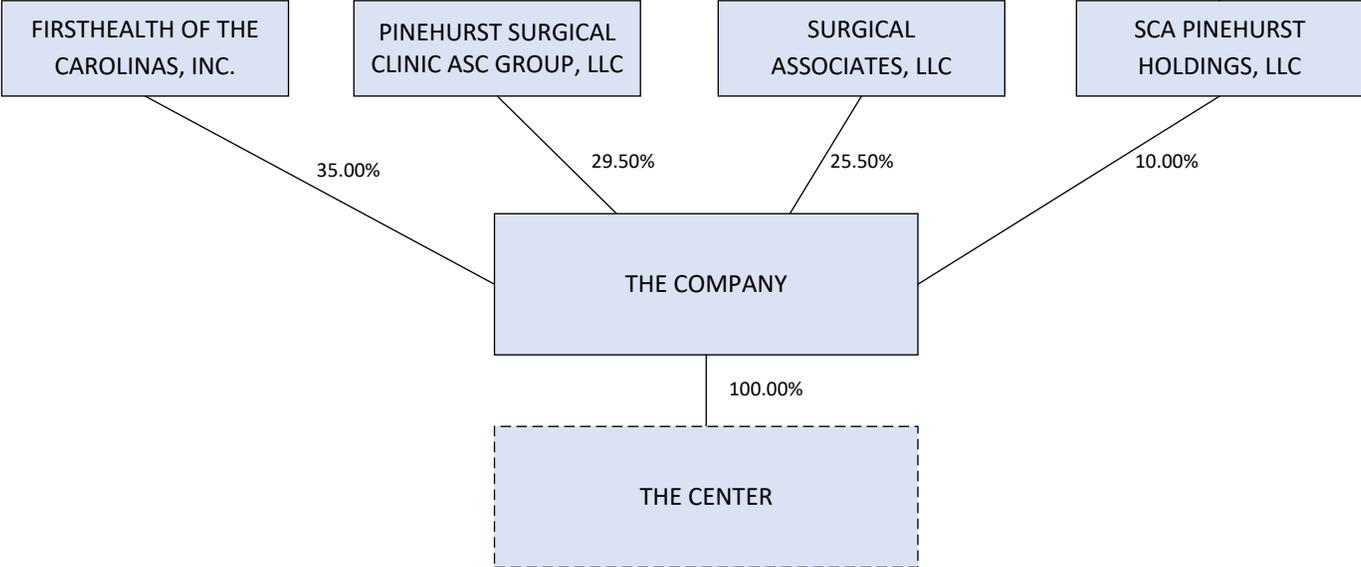
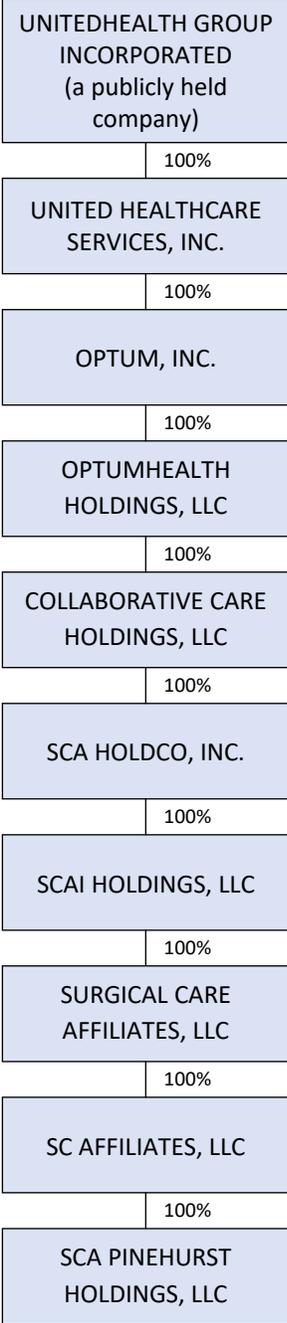
Pre- and Post-Closing Ownership Diagrams of Surgery Center of Pinehurst, L.L.C.

Please see attached.

SURGERY CENTER OF PINEHURST, L.L.C.
Current Ownership Structure



SURGERY CENTER OF PINEHURST, L.L.C.
Post-Closing Ownership Structure





Shipment Receipt

Address Information

Ship to: Michaela Mitchell NC Div of Health Service Reg 2704 Mail Service Center RALEIGH, NC 27699-2704 US 615-252-3578	Ship from: Halle Diaz Bradley 1600 Division Street Suite 700 NASHVILLE, TN 37203 US 6152523578
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Shipment Information:

Tracking no.: 771431252288
Ship date: 02/28/2023
Estimated shipping charges: 21.77 USD

Package Information

Pricing option: FedEx Standard Rate
Service type: Priority Overnight
Package type: FedEx Envelope
Number of packages: 1
Total weight: 1 LBS
Declared Value: 0.00 USD
Special Services:
Pickup/Drop-off: Use an already scheduled pickup at my location

Billing Information:

Bill transportation to: Bradley-378
Your reference: 0S3067-401523
PO no.:
Invoice no.:
Department no.:

Thank you for shipping online with FedEx ShipManager at fedex.com.

Please Note

FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1000, e.g., jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits; Consult the applicable FedEx Service Guide for details. The estimated shipping charge may be different than the actual charges for your shipment. Differences may occur based on actual weight, dimensions, and other factors. Consult the applicable [FedEx Service Guide](#) or the FedEx Rate Sheets for details on how shipping charges are calculated.

From: [Mitchell, Micheala L](#)
To: [Stancil, Tiffany C](#)
Subject: FW: [External] Certificate of Need "No Review Determination" Request - Surgery Center of Pinehurst, L.L.C.
Date: Tuesday, February 28, 2023 4:56:50 PM
Attachments: [SCA - Pinehurst - CON Notice Letter \(as sent 2.28.2023\), 4881-0386-4915, 1.pdf](#)

Tiffany,

Would you mind logging this and assigning it to Tanya?

Thank you,

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

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Sent: Tuesday, February 28, 2023 3:23 PM
To: Mitchell, Micheala L <Micheala.Mitchell@dhhs.nc.gov>
Cc: Hardcastle, Jay <jhardcastle@bradley.com>; Lauren Martin <Lauren.Martin1@scasurgery.com>; Scott Palecki <spalecki@valuehealth.com>; Dean M. McCord <DMcCord@wyrick.com>; McKinney, MK <mkmckinney@bradley.com>
Subject: [External] Certificate of Need "No Review Determination" Request - Surgery Center of Pinehurst, L.L.C.

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Hi Ms. Micheala Mitchell,

I hope you are doing well. Attached, please find our Certificate of Need "No Review Determination" Request relating to Surgery Center of Pinehurst, L.L.C. Please let us know if you have any questions.

Thank you,
Halle

Halle B. Diaz

Associate

e: hdiaz@bradley.com w: bradley.com

d: 615.252.4633

Bradley Arant Boult Cummings LLP

[LinkedIn](#) | [Facebook](#) | [Twitter](#) | [Instagram](#) | [Blogs](#) | [My Bio](#)

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From: [Hardcastle, Jay](#)
To: [Mitchell, Micheala L](#)
Subject: RE: [External] RE: Certificate of Need "No Review Determination" Request - Surgery Center of Pinehurst, L.L.C.
Date: Wednesday, March 1, 2023 3:28:28 PM

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thanks

Jay Hardcastle

Partner | [Bradley](#)
jhardcastle@bradley.com
d: 615.252.2386 c: 615.496.8350

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I'll forward this attachment to Tanya Saporito; she is the analyst that will be reviewing the request.

Thanks.

Micheala Mitchell, JD
[NC Department of Health and Human Services](#)
[Division of Health Service Regulation](#)
Section Chief, Healthcare Planning and CON Section
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Ms. Micheala Mitchell,

Attached, please find a Supplemental Certificate of Need "No Review Determination" Request relating to Surgery Center of Pinehurst, L.L.C. Since I provided the initial request on February 28, 2023, there has been a small change in the transaction structure. As such, this request contains updated pre- and post-closing transaction diagrams for your reference. We will also provide this request via overnight mail to your office.

Please let us know if you have any questions.

Thank you,

Halle



Halle B. Diaz

Associate

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d: 615.252.4633

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Halle Diaz
Attorney
hdiaz@bradley.com
615.252.4633 direct



March 1, 2023

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

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Healthcare Planning and Certificate of Need Section
2704 Mail Service Center
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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 (615) 252-4633 or hdiaz@bradley.com.

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By: Halle Diaz

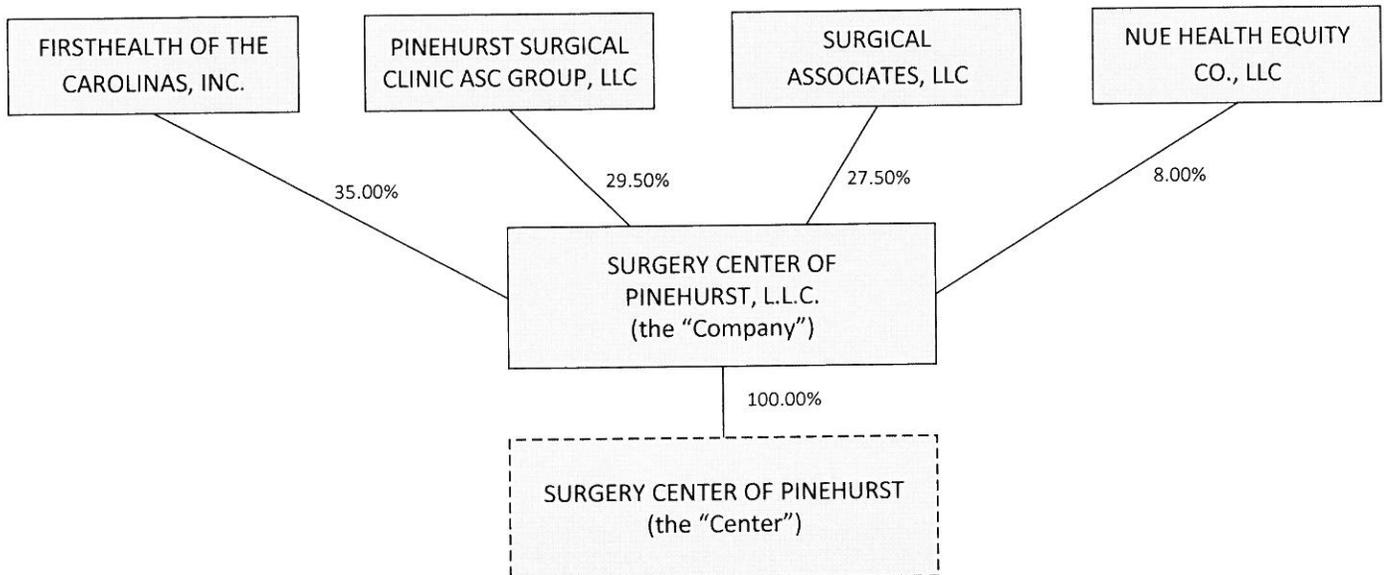
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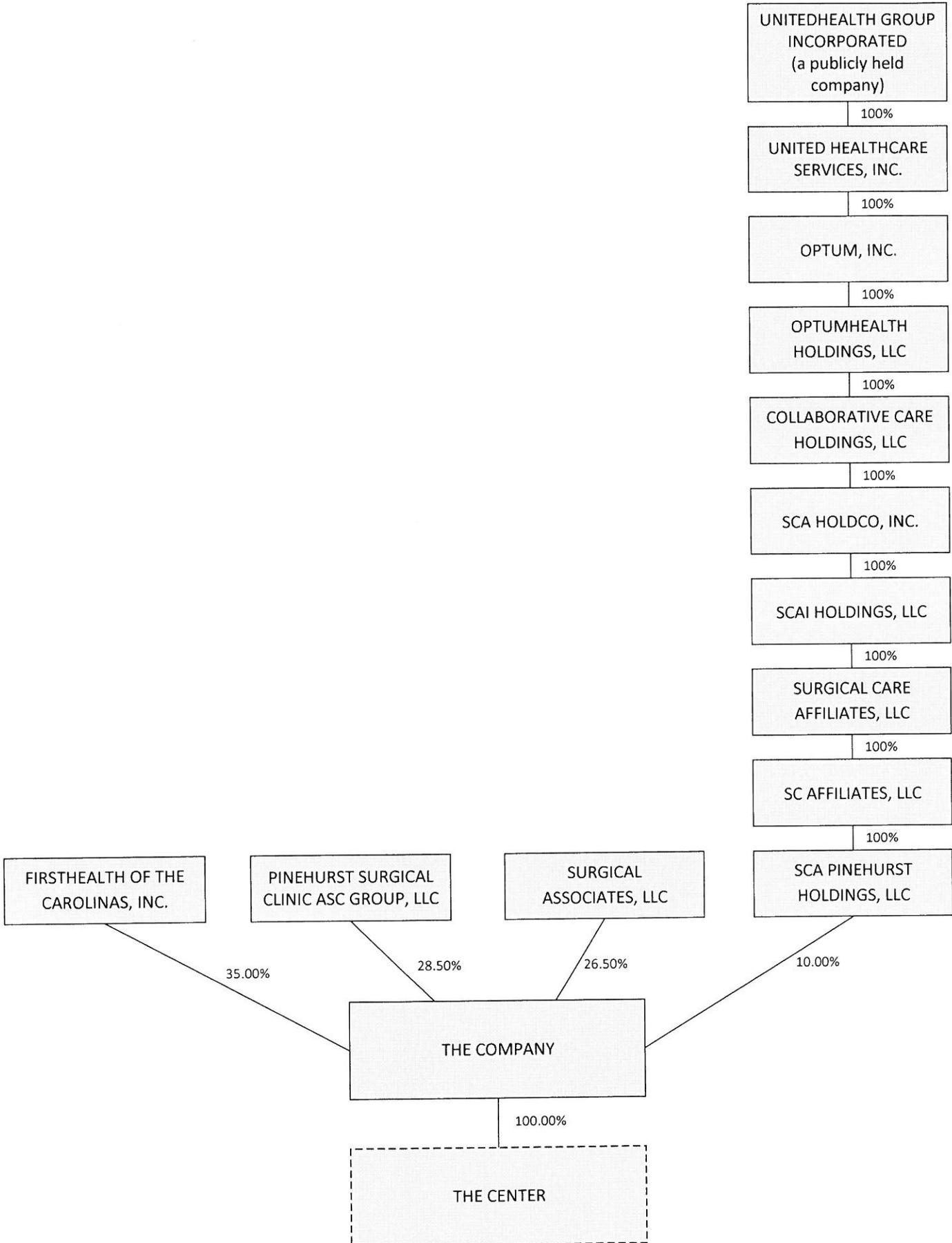
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Halle Diaz
Attorney
hdiaz@bradley.com
615.252.4633 direct



March 1, 2023

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By: Halle Diaz

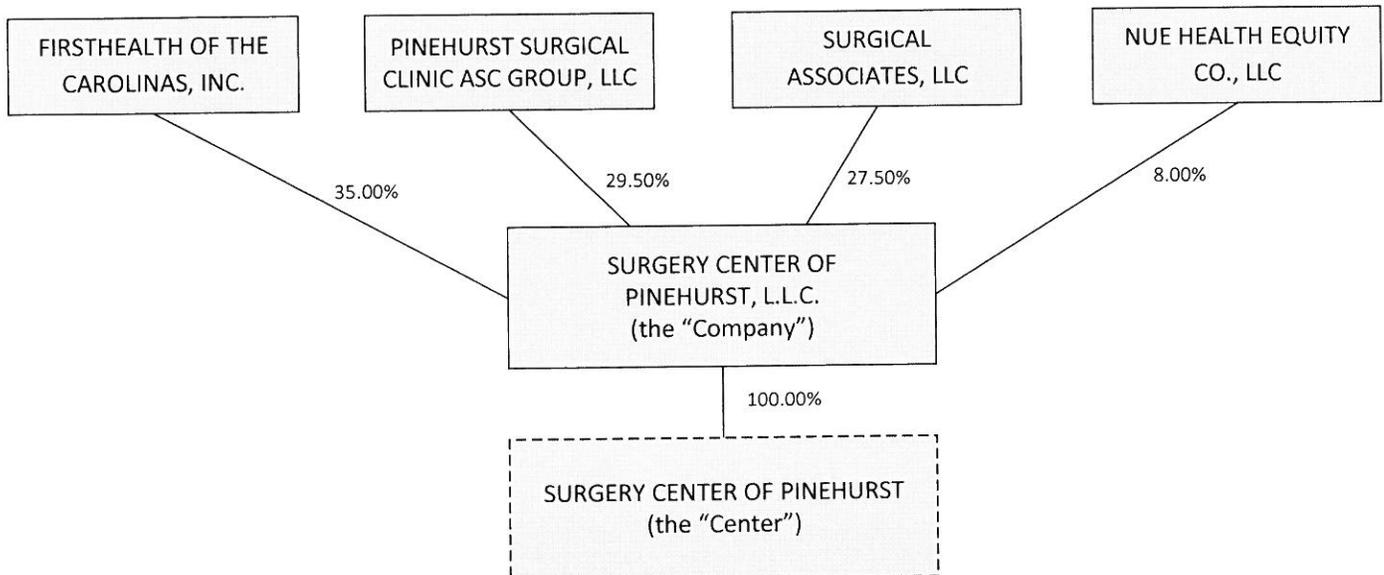
Enclosures

EXHIBIT A

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