

Application Details

Application Status	Approved
Application Id	BLA-0000006829
DBA Name of Facility/Agency	Fairlawn Surgery Center, LLC
Facility Type	Outpatient Surgical Hospital
Application Type	Renewal License
Approved Date	12/10/2025
Effective Date	1/1/2026
Expiration Date	12/31/2026

Confirm changes to your facility/agency

Changes to your facility/agency :

- Has the facility DBA or legal name changed?
- Has the facility operator or owner changed?
- Has the facility address changed?
- Has the number of operating rooms or procedure rooms changed?
- Have you changed or added new programs or services?

- None of these changes apply

Facility/Agency Details

Application Type	Renewal License	License Effective Date	1/1/2026
Legal Name of Facility/Agency	Fairlawn Surgery Center, LLC		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Fairlawn Surgery Center, LLC		
Facility/Agency Physical Address	2030 Stephenson Avenue SW		
Street	2030 Stephenson Avenue SW		
City/Town	Roanoke	County/Independent City	Roanoke City
State	Virginia	Zip Code	24014
Telephone Number	5406765338	Fax Number	5407774844

Mailing Address

Mailing Address	2030 Stephenson Avenue SW		
Street	Stephenson Ave SW		
City/Town	Roanoke	County/Independent City	Roanoke City
State	Virginia	Zip Code	24014

Facility/Agency Email Address : amber@fscmed.com

Federal Employer Identification Number (FEIN) : 27-1762713

Current License Number : OSH-0000709

Administrator of Record(If different than Owner/Operator)

Full Name : ALEISHA UMBER

Title : Clinical Director

Telephone Number : 5406765338

Email Address : amber@fscmed.com

Ownership Information

Legal Name of Owner : ROBERT JARRATT

Physical Address : 3329 Southwood Village Ct SW, Roanoke, VA 24014, USA

Street : Southwood Village Ct SW

City/Town : Roanoke

County/Independent City : Roanoke City

State : VA

Zip Code : 24014

Mailing Address : 2030 STEPHENSON AVE SW

Street : Stephenson Ave Sw

City/Town : Roanoke

County/Independent City : Roanoke City

State : VA

Zip Code : 24014

Email Address : rdevans@pcvmed.com

Telephone Number : 5409046170

Fax Number : 5407774844

Federal Employer Identification Number (FEIN) : 27-1762713

Chief Executive Officer

Full Name : Ryan Dale Evans

Email Address : rdevans@pcvmed.com

Chief Financial Officer

Full Name : Ryan Dale Evans

Email Address : rdevans@pcvmed.com

Additional Ownership Information

Names of any individual or entities having a financial interest of 5% or more

Full Name	Ownership Percentage (%)
SHAHRAM AHMADZADEH	12.50%
FRED BALLENGER	12.50%
JAMES CAIN	12.50%
CLIFFORD CULPEPPER	12.50%
EDGAR ESCASINAS	12.50%
RYAN EVANS	12.50%
ROBERT JARRATT	12.50%
MATT MATHEW	12.50%

Sum of Ownership Percentage (%) : 100.00%

Types of Ownerships & Control : For Profit

For Profit : Limited Liability Company

Not-for-Profit :

Public :

Other(Specify) :

Operator Information

Legal Name of Operator : Fairlawn Surgery Center, LLC

Physical Address : 2030 Stephenson Avenue SW
Street : Stephenson Ave SW
City/Town : Roanoke
County/Independent City : Roanoke City
State : Virginia
Zip Code : 24175

Mailing Address : 2030 STEPHENSON AVE SW
Street : Stephenson Ave SW
City/Town : Roanoke
County/Independent City : Roanoke City
State : VA
Zip Code : 24014

Phone Number : 5409046170
Email Address : rdevans@pcvmed.com

Federal Employer Identification Number (FEIN) : 27-1762713

Outpatient Surgical - Hospital Information

Ambulance services providing emergency transportation of patients : CARILION CLINIC PATIENT TRANSFER

Inpatient hospitals for transferring patients needing treatment beyond the scope of the applicant : CARILION ROANOKE MEMORIAL HOSPITAL D.B.A CARILION ROANOKE MEMORIAL HOSPITAL

Certification : Medicare

Medicare Provider Number : 49-C0001051

Medicaid Provider Number :

Accreditation : Yes

Accrediting Organization(s) : AAAHC

Outpatient Surgical - Services Offered

Ancillary Services

Laboratory

Pathology Onsite

Radiology

CT MRI X-Ray Ultrasound

Sexual Assault Treatment Services

Provision of this service on or after July 1, 2023 must be in accordance with a plan approved by the Virginia Department of Health. Hospitals wishing to transition from sexual assault treatment services to sexual assault transfer services (or vice versa) for either adult or pediatric populations must submit a midterm change application.

Adult Pediatric

Sexual Assault Transfer Services

Provision of this service on or after July 1, 2023 must be in accordance with a plan approved by the Virginia Department of Health. Hospitals wishing to transition from sexual assault treatment services to sexual assault transfer services (or vice versa) for either adult or pediatric populations must submit a midterm change application.

Adult Pediatric

Surgical Services

Plastic and Reconstructive ENT Cardiology Therapeutic Radiology Endoscopy
 Urology Ophthalmology Neurology Vascular Access Orthopedic General
Surgery

Outpatient Surgical - Operating Rooms

Total number of operating rooms : 1

Outpatient Surgical - Compliance with conditioned Certificates of Public Need (COPN)

The facility has review its COPN conditions and has determined that:

Conditioned COPNs are applicable to the facility : Yes

Conditioned COPNs are applicable to the facility and the facility has met the conditioned requirements.
Pursuant to 12VAC5-410-70, a license cannot be renewed if the agreed upon conditions have not been met. :
Yes

Outpatient Information - Operation Information

Answering these two questions is optional, but will help the Virginia Department of Health better estimate the number of small businesses that have or apply for licenses.

Is the facility/agency independently owned and operated? : Yes

Does the facility/agency have fewer than 500 employees? : Yes

Certification and Submission

By submitting this application, I hereby certify that the information contained in this application and any attachments are true, accurate, and complete

Name and Title of Authorized Representative : Aleisha UMBER, RN BSN

Date : 10/28/2025