		T OF HEALTH AND HUMAN SERVE D AND DRUG ADMINISTRATION	CES		
DISTRICT OFFICE ADDRESS AND PHO	ONE NUMBER		DATE(S) OF INSPECT	TION	
One Montvale Avenue			September 22 - 2	42014 0c+8, 2014	
Stoneham, MA 02180		•	FEI NUMBER	Oct 8, 2014	
(781)-587-7500 Fax: (781) 58	37-7556				
Industry Information: www.fda.g	WHOM REPORT IS ISSUED		1000120535		
TO: GINAF, M	Atthews, R.F	h. Pharmacy U	MANAGER		
FIRM NAME	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	STREET ADDRESS			
New England Home Therapies	, Inc.	337 Tumpike Rd			
CITY, STATE AND ZIP CODE		TYPE OF ESTABLISHMEN	TYPE OF ESTABLISHMENT INSPECTED		
Southborough, MA 01772-176	outhborough, MA 01772-1760 Producer of Ste		le Drug Products		
OBSERVATIONS; AND DO NOT REPR OBSERVATION, OR HAVE IMPLEMENT	ESENT A FINAL AGENCY DETI NTED, OR PLAN TO IMPLEME DA REPRESENTATIVE(S) DUR CONTACT FDA AT THE PHONI	RESENTATIVE(S) DURING THE INSPER ERMINATION REGARDING YOUR COMP ENT CORRECTIVE ACTION IN RESPO ING THE INSPECTION OR SUBMIT THE ENUMBER AND ADDRESS ABOVE.	PLIANCE, IF YOU HAVE A NSE TO AN OBSERVAT	N OBJECTION REGARDING AN	
,				1.45 (15)	
1. Clothing of personner er	igaged in the process	ing of drug products is not a	ippropriate for the	e duties they perform.	
Specifically,		}	•		
	ttached booties face	masks, hair bonnets, and go	agles/glasses wo	n by clean room	
operators working inside I			RRIES/RIASSES MOI	n by clean room	
b On 00/22/14 along warm	- amamatana vyama ahaa	, 	l auticoptic (b) (1)	(b) (4)) an handa	
	-	rved to use non-sterile hand			
working in ISO5 hoods.	ioves, men agant app	ly the non-sterile hand antis	epite with on gre	ved flands prior to	
c. On 09/22/14. (b) (4)	clean room operato	rs were observed to not wea	ar angales/alasses	while working in	
		ug products. Facial areas si		_	
exposed while working in		ug products. Taciai areas si	attounding cycs a	and cycs were	
d. Clean room operators we floor in the ante room.	ere observed on 09/22	2 & 24/14 to put on gown/co	overalls allowing	the gown to touch the	
	_	eved to have one cheeks not one of the cheek	-	ed by the face mask	
2. Buildings used in the pro	ocessing of a drug pro	duct are not maintained in a	a good state of rep	pair.	
0 '6 11					
Specifically,		ula sera da alaba a Escapita de la compansión de la compa		41t	
	_	nk was leaking from the pip	•		
	_	s to wash hands and forearn	_		
the state of the s	clean side of the demi	arcation line of the ante room	m. The clean roo		
observed to		(D) (4)		when	
EMPLOYEE(S) SIGN	ATURE	EMPLOYEE(S) NAME AND TITL	E (Print or Type)	DATE ISSUED	
SEE		Sharon KThoma, Investiga			
REVERSE Sus_f	Looke	Susan F. Laska, Sugar	4	October 08, 2014	
PAGE	/	- Camerson E. Mucary I	investigator-		
FORM FDA 483 (9/08) PREVIOUS EI	DITION OBSOLETE	INSPECTIONAL OBSERVA	ATIONS	D1-f4	
OLIM 1 DA 403 (3100) FIXENOUS EL		INSPECTIONAL OBSERVA	THOMS	Page 1 of 4	

DEPART	MENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION
DISTRICT OFFICE ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION
One Montvale Avenue	September 22 - 24, 2014 2 3 N 14
Stoneham, MA 02180	FEI NUMBER
(781)-587-7500 Fax: (781) 587-7556	
Industry Information: www.fda.gov/oc/industry	1000120535
TO: GWA F. MATHEWS I	L
FIRM NAME	STREET ADDRESS
New England Home Therapies, Inc.	337 Turnpike Rd
CITY, STATE AND ZIP CODE	TYPE OF ESTABLISHMENT INSPECTED
Southborough, MA 01772-1760	Producer of Sterile Drug Products
equipment to produce aseptic conditions.  Specifically,	
hoods are not sterile. No information was pr	infect ISO5 zones (Hoods (Hood
4. Aseptic processing areas are deficient rega	arding the system for monitoring environmental conditions.
	ring) is not conducted during aseptic processing of sterile injectable  [14] Your firm only monitors viable counts [15] (1) (1) by pleted on 08/19/14.
EMPLOYEE(S) SIGNATURE	EMPLOYEE(S) NAME AND TITLE (Print or Type) DATE ISSUED
SEE REVERSE OF THIS PAGE	Sharon K. Thoma, Investigator Susan F. Laska, CAmerson E. Marce, Investigator  October 08, 2014

	F HEALTH AND HUMAN SERVICES ND DRUG ADMINISTRATION			
DISTRICT OFFICE ADDRESS AND PHONE NUMBER	DA	TE(S) OF INSPECTION		
One Montvale Avenue	S	September 22 - 24, 2014		
Stoneham, MA 02180 (781)-587-7500 Fax: (781) 587-7556	FE	INUMBER	2017	
	. 1	1000120535		
Industry Information: www.fda.gov/oc/industry  NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED				
TO: GINA F. MAthews		MACY MANAG	E/	
FIRM NAME	STREET ADDRESS			
New England Home Therapies, Inc.  CITY, STATE AND ZIP CODE	337 Tumpike Rd	TYPE OF ESTABLISHMENT INSPECTED		
Southborough, MA 01772-1760		Producer of Sterile Drug Products		
Country of 1,12 1755	Troducer of Sterne Brag.	Troduces of Section Diag Troduces		
sterile injectable drug products in the ISO 5 zones. particulates and monitors non-viable particulates completed on 08/19/14.		outside contract firm.		
c. Personnel monitoring is not conducted following injectable drug products in ISO 5 zones. Personnel . P and goggles/glasses. No documentation and result tests completed.	monitoring was explained to ersonnel monitoring does no	be conducted (b) tinclude forearms, fore	) (4) head, chest	
d. (b) (4) (b) (4) (b) (4) for molds/yeasts for work a 20 – 25°C incubator. (b) (4) (b) (4) manufacturer's instructions	surface monitoring were obs and not in a 20-25°C in (b) (4) (b) (4)	erved in a clear (b) (4) ncubator. Your firm do (b) (4)	bag (b) (4) bes not have per the	
5. Testing and release of drug product for distributi satisfactory conformance to the identity and strengt injectable finished drug products are not tested for	h of each active ingredient pr	•		
6. Each batch of drug product purporting to be steri requirements. Specifically, injectable finished drug			to such	
7. The separate or defined areas necessary to preven	nt contamination or mix-ups	are deficient.		
Specifically,  a. Your firm is processing penicillin drug products with non-penicillin drug products. There is no isolate between Penicillin and non-penicillin drug products	ted structural area and a pote	ential for cross contamin		
EMPLOYEE(S) SIGNATURE	EMPLOYEE(S) NAME AND TITLE (Prin	nt or Type) DATE ISS	SUED	
SEE REVERSE OF THIS PAGE  STORY  F Casha  F Cash	Sharon K. Thoma, Investigator Susan F. Laska, Comerson F. Moore Tourse	Octobe	r 08, 2014	

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION DISTRICT OFFICE ADDRESS AND PHONE NUMBER DATE(S) OF INSPECTION September 22 - 24, 2014 One Montvale Avenue P105 Stoneham, MA 02180 FEI NUMBER (781)-587-7500 Fax: (781) 587-7556 1000120535 Industry Information: www.fda.gov/oc/industry NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED F. Matthews X. Ph New England Home Therapies, Inc. 337 Turnpike Rd CITY, STATE AND ZIP CODE TYPE OF ESTABLISHMENT INSPECTED Southborough, MA 01772-1760 Producer of Sterile Drug Products b. Your firm is processing cephalosporin drug products (e.g., Cefazolin, Cefoxitin, Cefepime, etc.) in ISO5 hoods (b) (4) with non-cephalosporin drug products. There is no isolated structural area and a potential for cross contamination between cephalosporin and non-cephalosporin drug products if cephalosporin powder vials accidently break. c. There is no isolated structural area and a potential for cross contamination between cytotoxic agents and other sterile penicillin, non-penicillin, cephalosporin, and non-cephalosporin drug products. The ante room is attached used to process cytotoxic agents and to the clean room used to process penicillins, cephalosporins, non-penicillin, and non-cephalosporin products. Entrance / Exit of both clean rooms is through the common ante room.

SEE REVERSE OF THIS PAGE EMPLOYEE(S) SIGNATURE

Flohe

EMPLOYEE(S) NAME AND TITLE (Print or Type)

Sharon K. Thoma, Investigator Susan F. Laska,

DATE ISSUED

October 08, 2014

The observations of objectionable conditions and practices listed on the front of this form are reported:

- 1. Pursuant to Section 704(b) of the Federal Food, Drug and Cosmetic Act, or
- 2. To assist firms inspected in complying with the Acts and regulations enforced by the Food and Drug Administration.

Section 704(b) of the Federal Food, Drug, and Cosmetic Act (21 USC 374(b)) provides:

"Upon completion of any such inspection of a factory, warehouse, consulting laboratory, or other establishment, and prior to leaving the premises, the officer or employee making the inspection shall give to the owner, operator, or agent in charge a report in writing setting forth any conditions or practices observed by him which, in his judgement, indicate that any food, drug, device, or cosmetic in such establishment (1) consists in whole or in part of any filthy, putrid, or decomposed substance, or (2) has been prepared, packed, or held under insanitary conditions whereby it may have become contaminated with filth, or whereby it may have been rendered injurious to health. A copy of such report shall be sent promptly to the Secretary."