DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION				
DISTRICT OFFICE	ADDRESS AND PHONE NUMBER	DATE(S) OF	INSPECTION	
	entral Expressway, Suite 300		17-08/22/201	17*
	0 Fax:(214)253-5314	FEI NUMBER		
	nation: www.fda.gov/oc/industry	30115641	121	
3.00.00.00.00.00.00.00.00.00.00.00.00.00	OF INDIVIDUAL TO WHOM REPORT IS ISSUED			
	sey L. Chandler, Center Manager			
FIRM NAME		STREET ADDRESS		
	ba United Medical Home Infusion	1527 South Bowman Road Suite	D	
CITY, STATE AND	Property of the Contract of th	TYPE OF ESTABLISHMENT INSPECTED		
Little Rock, Al	R 72211-4200	Producer of Sterile Drug Products	S	
THIS DOCUMENT LISTS OBSERVATIONS MADE BY THE FDA REPRESENTATIVE(S) DURING THE INSPECTION OF YOUR FACILITY. THEY ARE INSPECTIONAL OBSERVATIONS; AND DO NOT REPRESENT A FINAL AGENCY DETERMINATION REGARDING YOUR COMPLIANCE. IF YOU HAVE AN OBJECTION REGARDING AN OBSERVATION, OR HAVE IMPLEMENTED, OR PLAN TO IMPLEMENT CORRECTIVE ACTION IN RESPONSE TO AN OBSERVATION, YOU MAY DISCUSS THE OBJECTION OR ACTION WITH THE FDA REPRESENTATIVE(S) DURING THE INSPECTION OR SUBMIT THIS INFORMATION TO FDA AT THE ADDRESS ABOVE. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT FDA AT THE PHONE NUMBER AND ADDRESS ABOVE. DURING AN INSPECTION OF YOUR FIRM (I) (WE) OBSERVED:				
OBSERVATION 1				
A disinfecting agent is used in the ISO 5 areas that is not sterile. Specifically, your firm utilizes one disinfectant in the ISO 5 areas (b) (4) which is not sterile. This non-sterile disinfectant is utilized on a (b) (4) basis in the firm's (b) (4) laminar airflow hoods ((b) (4)				
and (b) (4)				=//
une (b) (.)				
			Add	d Continuation Page
LTINAY 1	EMPLOYEE(S) SIGNATURE	EMPLOYEE(S) NAME AND TITLE (Print or Type)	e)	DATE ISSUED
SEE REVERSE OF THIS	Jason R. Caballero -S Colonia provide in State 6. Galance 5. Colonia C	Jason R. Caballero, Investigator		
PAGE	Date 2017-0-10 and 10 control of the	Jason R. Cabaneto, hivesugator		08/22/2017

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION DISTRICT OFFICE ADDRESS AND PHONE NUMBER DATE(S) OF INSPECTION 4040 North Central Expressway, Suite 300 08/14/2017-08/22/2017* Dallas, TX 75204 (214)253-5200 Fax:(214)253-5314 FEI NUMBER 3011564121 Industry Information: www.fda.gov/oc/industry NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED TO: Ms. Chelsey L. Chandler, Center Manager FIRM NAME STREET ADDRESS Lineare, Inc. dba United Medical Home Infusion 1527 South Bowman Road Suite D CITY, STATE AND ZIP CODE TYPE OF ESTABLISHMENT INSPECTED Little Rock, AR 72211-4200 Producer of Sterile Drug Products *DATES OF INSPECTION 08/14/2017(Mon),08/15/2017(Tue),08/16/2017(Wed),08/17/2017(Thu),08/18/2017(Fri),08/21/2017 (Mon),08/22/2017(Tue), Add Continuation Page EMPLOYEE(S) SIGNATURE EMPLOYEE(S) NAME AND TITLE (Print or Type) DATE ISSUED REVERSE OF THIS Jason R. Caballero, Investigator 08/22/2017