		OF HEALTH AND HUMAN SERVED AND DRUG ADMINISTRATION	CES		
DISTRICT ADDRESS AND PHO	NE NUMBER	DATE(S) OF			
One Montvale			2/26/2018-3/2/2018 FEI NUMBER		
Stoneham, MA	A 02180 00 Fax:(781)587-7556		59373		
(101/301-130	o rav. (1011)001-1000				
NAME AND TITLE OF INDIVIDU					
	, Regional Director of				
Non England	Life Care Inc	STREET ADDRESS	1 Way		
CITY, STATE, ZIP CODE, COUN	Life Care, Inc.	108a Industrial Way TYPE ESTABLISHMENT INSPECTED			
Portland, ME	04103-1082	Producer of St	Producer of Sterile Drug Products		
observations, and do observation, or have action with the FDA	observations made by the FDA represent represent a final Agency determing implemented, or plan to implement, representative(s) during the inspection tact FDA at the phone number and a	nation regarding your compliance. I corrective action in response to an olon or submit this information to FDA	f you have an objection re oservation, you may discu	garding an ss the objection or	
OBSERVATIO	ction of your firm I observed ON 1 uate HEPA filter coverage a		which sterile produ	uct was	
classified (b) (sterile drugs for A. ISO 5 clairflow (b) (4)	laminar flow hoods (b) laminar flow hoods (b) human use: assified areas were not certiwas not verified under operal laminar flow hoods (b) (c) frugs for human use.	and biological and biological fied under dynamic conditional conditions in dynamic	safety cabine as	sed to produce uni-directional tudies in ISO 5	
5 lamina	eptic simulation (media fill) or flow hood (b) (4) ons are never performed in the drugs.	used for production and f	illing of sterile drug	gs and aseptic	
			¥		
SEE REVERSE OF THIS PAGE	EMPLOYEE(S)SIGNATURE Edmund F Mrak, Invest	igator	Edmind F Mrak Provided By Edmind F Mrak Jr - S See By Edmind F Mrak Jr - S Date Signed 03-02-2018 11-18-13	3/2/2018	
FORM FDA 483 (09/08)	PRÉVIOUS EDITION OBSOLETE	INSPECTIONAL OBSERVAT	TIONS	PAGE 1 OF 5 PAGES	

	DEPARTMENT OF HE FOOD AND D	ALTH AND HUM RUG ADMINISTRAT			
DISTRICT ADDRESS AND PHO	ONE NUMBER		DATE(S) OF INSPECTION	0	
	One Montvale Avenue Stoneham, MA 02180		2/26/2018-3/2/201 FEI NUMBER	8	
	(781)587-7500 Fax: (781)587-7556		1000159373		
NAME AND TITLE OF INDIVIDU	JAL TO WHOM REPORT ISSUED			****	
Bret M. Snow	, Regional Director of Phar	macy street address			
	Life Care, Inc.	The same of the sa	dustrial Way		
CITY, STATE, ZIP CODE, COUNTRY TYPE ESTABLIS		TYPE ESTABLISHM	LISHMENT INSPECTED		
Portland, ME	04103-1082	Producer	of Sterile Drug P	roducts	
biologic	pressure differential across the HE cal safety cabinet s not read and e gauge.		and part of the second of the part of the second of the se		
the HEI 10 light 20 cm s	27/2018 I observed approximately PA filter face at working height in yellow to brown colored dime to tain at working height on the HEP	ISO 5 lamina quarter sized A filter face	ar flow hoods(b) (4) stains and one faint appadjacent to the(b) (4)	and approximately proximately 3 cm x	
human	in ISO 5 laminar flow hood use. You do not have written proceed the hold in the latest in use in the	edures for (b)	(4) evaluation and acce	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
and you repairs (HEPA I	of HEPA Certification testing per or firm does not receive as found d (leak repair) are performed prior to Filter leaks detected during certification product risk assessment and root of	ata even whe o obtaining the cation testing	n adjustments(b) (4) ne final (reported) result are not followed up wit	or ts. Furthermore,	
(On 03/24/2017 a HEPA filter leak during routine HEPA certification include product risk assessment ar	testing and y	ou did not perform an i	r flow hood nvestigation to	
f	On 03/24/2017 a HEPA filter leak flow hood during routine HEPA investigation to include product ris	certification	testing and you did not	t perform an	
biosafet	Filter replacement in the ISO 5 cla y cabinet is not preceded by en eck and air velocity prior to remov	d of use or as	s found performance tes	sting to include	
SEE REVERSE	Edmund F Mrak, Investigato	r	Edmund F Mrak	3/2/2018	

		OF HEALTH AND HUMAN S AND DRUG ADMINISTRATION	SERVICES		
DISTRICT ADDRESS AND PHO			TE(S) OF INSPECTION	*	
One Montvale			/26/2018-3/2/2018 NUMBER		
Stoneham, MA (781)587-750	02180 0 Fax:(781)587-7556		1000159373		
	PALL CARACTER MATERIAL PROPERTY CONTROL CONTROL CONTROL				
E among the second seco	AL TO WHOM REPORT ISSUED	n!			
Bret M. Snow	, Regional Director of	Pharmacy I STREET ADDRESS			
New England	Life Care, Inc.	108a Industrial Way			
Portland, ME	04103-1082	Producer of	Producer of Sterile Drug Products		
certifica	ation testing such as visible s	taining.			
OBSERVATION	ON 2				
	peta-lactam drugs without pro	oviding adequate cont	ainment, segregation an	d cleaning of	
	o prevent cross-contamination				
Specifically:					
37 1	9 26 9 26 36	, , , , , , , , , , , , , , , , , , , ,	r n e · cae	EWED	
	n design and operational prod				
	Beta-Lactam antibiotic produ				
are routinely pr	ocessed in the same laminar	flow hoods (b) (4)	as other general	drug products	
separated only	by a wipe down of hood surf	aces with sterile (b) (4	4) For e	example:	
	I observed a Pharmacy Tech				
	ood According to your rec	ords the next order pro	ocessed in hood (P) (4)	was a	
TPN for RX #	b) (6)			19	
	an our van	25 FER SEE 25 G		av (3	
(2) 8/	ou do not have a specific pro				
A 12	y occur within the laminar fl	low hoods or facility d	luring handling, process	ing, or filling	
operations.					
O D C D D L L M L		(WILL)			
OBSERVATIO		·			
Materials or sup	oplies were not disinfected pr	rior to entering the ase	eptic processing areas.		
Chasifically	- 307				
Specifically:					
	er er				
				I	
SEE REVERSE	Edmund F Mrak, Investi	gator	4	3/2/2018	
OF THIS PAGE	Edmund P MIGK, INVESTI	.gatur	Edmand F Mrak	3/2/2010	
32 2 V. T			Investigator Signed By: Edmund F, Mrak ar S Date Signed: 03-02-2018 11:18:13		
	**************************************	INCRECTIONAL CROP	DUATIONS	Diena control	
FORM FDA 483 (09/08)	PREVIOUS EDITION OBSOLETE	INSPECTIONAL OBSE	KVATIUNS	PAGE 3 OF 5 PAGES	

DISTRICT ADDRESS AND PHO				
	NE NUMBER	1 8 98 98	INSPECTION	
	Montvale Avenue		/2018-3/2/2018 R	
Stoneham, MA (781)587-750	02180 0 Fax: (781)587-7556		159373	
		//		
	AL TO WHOM REPORT ISSUED	nomenanya)		
FIRM NAME	, Regional Director of Pharm	TACY STREET ADDRESS		
New England	Life Care, Inc.	108a Industrial Way		
CITY, STATE, ZIP CODE, COUN		TYPE ESTABLISHMENT INSPECTED		
Portland, ME	04103-1082	Producer of St	erile Drug Produ	ıcts
OBSERVATION Personnel engage Specifically:	diately before placing them, still in	and process equip the outer wrapping	oment including syri , into ISO 5 laminar hair.	nges were
observatio	e of ISO 5 laminar flow hoods dur to wear goggles or glasses so the	ring production oper face and forehead is	ations and cleaning. exposed above the	. Technicia dust mask
OBSERVATIO Disinfecting agesterile.	e of ISO 5 laminar flow hoods dur to wear goggles or glasses so the ON 5	ring production oper face and forehead is	ations and cleaning. exposed above the	. Technicia dust mask.

		OF HEALTH AND HUMAN SE DAND DRUG ADMINISTRATION	ERVICES	
DISTRICT ADDRESS AND PHO	NE NUMBER	DATE	(S) OF INSPECTION	
One Montvale			26/2018-3/2/2018	
Stoneham, MA (781)587-750	02180 0 Fax: (781) 587-7556	1,53.77	00159373	
NAME AND TITLE OF INDIVIDU	AL TO WHOM REPORT ISSUED			
Bret M. Snow	, Regional Director of	Pharmacy		
New England	Life Care, Inc.	108a Industrial Way		
Portland, ME		Producer of Sterile Drug Products		
• The label and app 5 hoods • (b) (4) surfaces Furthermore, your ISO 5 classified manufacturer's (b) (4) and manufacturer's (c) (d) (e) (e) (e)	and biological safety cabine terile. For example: eling provided for (b) (4) lied with non-sterile wipes for and biological safety cabine is directly applied with inside the ISO 5 hoods and bound onto provide sufficient (b) (4) laminar flow how directions for use of (b) (4) unufacturer's directions for (b) (d) nufact time. According to you le (b) (4) on non-sterile with the control of (b) (c)	does not claim sterility. For daily cleaning and dist. The non-sterile wipes for biological safety cabined disinfection agent containeds (b) (4) Indicate that the min (b) (4) The contained contained contained cate that the min (b) (4) The contained contained cate that the min (c) (d) The contained cate that the min (c) (d) The contained cate that the min (c) (d)	(b) (4) is(b) (4) sinfection of surfaces b) (4) cleaning and et. act (dwell) time on surfaces biological safety cabinimum effective contact	disinfection of faces within the net [0][4] The st time is [0][4] specify a
SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE Edmund F Mrak, Invest:	igator	Edmand F thrak Investigation Syrved By Colours' F Mink Jr - S Date Sepred: 03-02-2018 11:16:13	DATE ISSUED 3/2/2018
FORM FDA 483 (09/08)	PREVIOUS EDITION OBSOLETE	INSPECTIONAL OBSER	RVATIONS	PAGE 5 OF 5 PAGES