DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION				
DATE(S) OF INSPECTION				
7/23/2019-7/30/2019*				
FEI NUMBER 3013352224				
001000888				
macy Manager				
STREET ADDRESS				
4151 Lafayette Center Dr., Suite 600				
TYPE ESTABLISHMENT INSPECTED				
Producer of sterile drug products				
during the inspection of your facility. They are inspectional arding your compliance. If you have an objection regarding an action in response to an observation, you may discuss the objection or it this information to FDA at the address above. If you have any ve.				
quate segregation, cleaning of work surfaces and cleaning				
quate segiogation, vicating of work surfaces and electring				
 A. On July 25, 2019, a portion of "Meropenem 1 g/ 50 ml NS IVP Q8H" (Rx(b) (6)) spouted out of the syringe onto the working surface of the ISO 5 classified area of laminar flow hood 1 during production. Upon completion of producing the product, cleaning was performed by wiping the exposed working surface of the laminar flow hood with a sterile wipe and sterile(b) (4). Following, two additional beta-lactam products were produced with subsequent cleaning of the exposed working surface of the laminar flow hood with a sterile wipe and sterile(b) (4). Immediately after, a non-beta-lactam product, "0.9% NaCL 500 ml IV daily via HP" (Rx (b) (6)) was produced without cleaning to prevent cross-contamination from a beta-lactam product. Rx (b) (6) was released and distributed. B. On July 23, 2019, "Cefepime 1gm/ 10ml NS Q24H IVP" (Rx (b) (6)) was produced while a non-beta-lactam product, unsealed vials of "Vancomycin 1000 mg/100 ml NS Q12H EP" (Rx (b) (6)), remained in the same ISO 5 classified area laminar flow hood, hood (b) (a) was released and distributed. OBSERVATION 2 The ISO 5 classified aseptic processing areas had visibly dirty equipment or surface. 				
DATE ISSUED 7/30/2019 Sena G Disemeyer Investigator Styred By: Sena G. Disemeyer-S Date Signed. 07-30-2019 14-10-28				

INSPECTIONAL OBSERVATIONS

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PREVIOUS EDITION OBSOLETE

FORM FDA 483 (09/85)

		TH AND HUMAN SERVIC ADMINISTRATION	ES	
DISTRICT ADDRESS AND PHONE	NUMBER	DATE(S) OF IN		
	rive, Suite 101		019-7/30/2019*	
Baltimore, MD			2224	
(4±U) //9-5455	Fax: (410) 779-5707			
NAME AND TITLE OF INDIVIDUAL		1	- 10.550mm	
	Smeraglinolo, Pharm D, Phar			
FIRM NAME		STREET ADDRESS	Contan Dr. Crita 600	
InfuScience, Services	Inc. dba Bioscrip Infusion	4151 Larayette	Center Dr., Suite 600	
CITY, STATE, ZIP CODE, COUNT	COUNTRY TYPE ESTABLISHMENT INSPECTED			
Chantilly, VA	20151-1220	Producer of sterile drug products		
were observed with HEPA airflow. The in those hoods, subtotal parenteral numbers of the observation of the interest of the int	uly 23 – 26, 2019, the rear HEPA filte (th white "staining." The (b) (4) such e "staining" was not removed before uch as "TPN 3-in-1 4000 mL, over 13 utrition (TPN) products are produced in the staining of the staining was not removed before uch as "TPN 3-in-1 4000 mL, over 13 utrition (TPN) products are produced in the staining was also better the staining was not removed before the staining was not removed by the stainin	or in between aseptic hours," (Rx (b) (6) n those (b) (4) hoods.	processing of all products produce). Management stated that all	
	ound an open unit, either before or aft			
B. On July 2 in hood ((b) (4) exposed :	sterile connection was blocked from fi	TTPN 3-in-1 4000 mL. le connections between an IV I	ocked the exposed sterile connection over 13 hours," (Rx (b) (6) n an "(b) (4) equipment such that the	
OBSERVATION Personnel did not	N 4 t disinfect and change gloves frequently	y enough to prevent c	ontamination.	
Specifically,				
7 classifi	23, 2019, a technician reached with a led "IV Compounding Room" to push 0 mL, over 12 hours, QD" (Rx (b) (6)	down trash and retur		
	EMPLOYEE(S) SIGNATURE		DATE ISSUED	
SEE REVERSE OF THIS PAGE	Sena G Dissmeyer, Investiga	tor	Siena G Disseneyer Investigator Bigned By Sana G. Disseneyer - S. Date Signed: 07-30-2019 14-18-29	
FORM FDA 483 (09/08)	PREVIOUS EDITION OBSOLETE IN	SPECTIONAL OBSERVAT	TONS PAGE 2 of 5 PAGE	

	DEPARTMENT OF HEAL			
FOOD AND DRUG ADMINISTRAT DISTRICT ADDRESS AND PHONE NUMBER			ON DATE(S) OF INSPECTION	
	ive, Suite 101	7/23/2019-7/30/2019*		
Baltimore, MD		2	3013352224	
(410)779-5455	Fax: (410)779-5707		0010002221	
NAME AND TITLE OF INDIVIDUAL	TO WHOM REPORT ISSUED			
Ms. Regina N.	Smeraglinolo, Pharm D, Phar		ger	- N
FIRM NAME		STREET ADDRESS		- 500
	Inc. dba Bioscrip Infusion	4151 Laf	ayette Center Dr., Su	ite 600
Services CITY, STATE, ZIP CODE, COUNT	RY	TYPE ESTABLISHME	ENT INSPECTED	
Chantilly, VA	mantilly, VA 20151-1220 Producer of sterile drug produce			ucts
changing or sanitizing gloves and coveralls. B. On July 23, 2019, technicians repeatedly reached back and forth between the ISO 7 classified "IV Compounding Room" and the ISO 5 classified laminar flow hoods, such as to obtain materials from their respective stock carts and to use a(b) (4) , without changing or sanitizing gloves. Personnel touched surfaces located outside of the ISO 5 classified aseptic processing area with gloved hands and engaged in aseptic processing during production of "Cefazolin 2 g / 20ml in Sterile Water syringe" (Rx (b) (6)) in hood				
OBSERVATION Disinfectant contra	nieve adequate levels of disinfection.			d were
S				
Specifically, Sab 05-30-19				
A L. On July 2 "(b) (4) hoods(b)	25, 2019, during (b) (4) cleaning(b) (4) Disinfectant Solution" sterile ger	required cor		d laminar flow
	2-19 23 – 26, 2019, upon usage of your disi of ISO 5 classified laminar flow hoods			
	EMPLOYEE(S) SIGNATURE			DATE ISSUED
SEE REVERSE OF THIS PAGE	Sena G Dissmeyer, Investiga	tor	Seria G Disseneyer Irrestingular Symel By Sena G Disseneyer S Dalle Signed: 07-30-2019 14:10:2	7/30/2019
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INSPECTIONAL OBSERVATIONS

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PREVIOUS EDITION OBSOLETE

	DEPARTMENT OF HEAL				
FOOD AND DRUG ADMINISTRATI			DATE(S) OF INSPECTION		
	ro Drive, Suite 101		7/23/2019-7/30/2019*		
	ltimore, MD 21215		3013352224		
(410) //9-5455	Fax: (410)779-5707		+		
NAME AND TITLE OF INDIVIDUA	ALTO WHOM REPORT ISSUED				
Committee of the commit	Smeraglinolo, Pharm D, Phar	A STATE OF THE PARTY OF THE PAR	ger		
FIRM NAME	To a Discoule To find to	STREET ADDRESS		+= 600	
InfuScience, Inc. dba Bioscrip Infusion 4151 Laf Services			ayette Center Dr., Sui	Le buu	
CITY, STATE, ZIP CODE, COUN	TRY	TYPE ESTABLISHME	ENT INSPECTED		
Chantilly, VA	A 20151-1220	Producer	of sterile drug produ	icts	
required contact time for bactericidal activity of (b) (4) was not achieved. Cleaning of some hoods had a sterile(b) (4) drying time of less than five seconds. 313 03.30-19 C. E. On July 25, 2019, during(b) (4) cleaning (b) (4) production operations, your disinfectant, sterile(b) (4) was not used in ISO 5 classified laminar flow hoods (b) (4) Furthermore, sterile (b) (4) disinfectant was not used during (b) (4) cleaning operations in hood he previous production day, July 24, 2019. Sterile production operations were commenced in hoods(b) (4). 313 03.30-19 C. E. On July 25, 2019, during(b) (4) cleaning (b) (4) cleaning operations were commenced in hoods(b) (4). 314 03.30-19 C. E. On July 25, 2019, during(b) (4) cleaning operations were commenced in hoods(b) (4). 315 03.30-19 C. E. On July 25, 2019, during(b) (4) cleaning operations were commenced in hoods(b) (4). 316 03.30-19 C. E. On July 25, 2019, during(b) (4) cleaning operations were commenced in hoods(b) (4). 317 03.30-19 C. E. On July 25, 2019, during(b) (4) cleaning (b) (4) cleaning operations were commenced in hoods(b) (4). 318 03.30-19 C. E. On July 24, 2019, during(b) (4) cleaning (b) (4) cleaning operations were commenced in hoods(b) (4). 318 03.30-19 C. E. On July 24, 2019, during(b) (4) cleaning (b) (4) cleaning operations were commenced in hoods(b) (4). 318 03.30-19 C. E. On July 24, 2019, during(b) (4) cleaning operations were commenced in hoods(b) (4).					
OBSERVATION 7 ISO 5 classified areas were not certified under dynamic conditions.					
Specifically, unidirectional airflow was not verified under dynamic operational conditions representative of your aseptic processing practices. Smoke studies performed in the ISO 5 classified laminar flow hoods did not demonstrate unidirectional airflow, for example, around IV bags hung in each hood and the presence of a repeater or (b) (4) pump.					
OBSERVATION 8					
The facility design was observed to allow the influx of poor quality air into a higher classified area.					
SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE Sena G Dissmeyer, Investigat	tor	Seria G Disameyor Investigator Separa By Seria G. Disameyor -S State Signers: 07-30-2016 14:10-28	DATE ISSUED 7/30/2019	
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INSPECTIONAL OBSERVATIONS

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PREVIOUS EDITION OBSOLETE

	DEPARTMENT OF HEA	ALTH AND HUMAN SERVICES UG ADMINISTRATION		
DISTRICT ADDRESS AND PHONE	NUMBER	DATE(S) OF INSPECTI		
Baltimore, MD	ive, Suite 101 21215	FEI NUMBER	7/23/2019-7/30/2019* FEI NUMBER 3013352224	
(410)779-5455	Fax: (410)779-5707	501550222		
NAME AND TITLE OF INDIVIDUAL		armagu Managar		
Ms. Regina N.	Smeraglinolo, Pharm D, Pharm D	STREET ADDRESS		
	Inc. dba Bioscrip Infusion	4151 Lafayette Cen	ter Dr., Suite 600	
Services CITY, STATE, ZIP CODE, COUNTI	2004 A 1/05 NO 1004 A 1/05 A 1			
Chantilly, VA	20151-1220	Producer of steril	e drug products	
Specifically, there the ISO 7 classified pe	e are (b) (4) located ed "IV Compounding Room." All p rmitting unclassified air to enter the	roduction materials are excl	(b) (4) general pharmacy area and nanged (b) (4) (b) (4)	
*DATES OF INS		n contact to disciplinate		
7/23/2019(Tue), 7	7/24/2019(Wed), 7/25/2019(Thu), 7/	/26/2019(Fri), 7/30/2019(Tu	e)	
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	EMPLOYEE(S) SIGNATURE		DATE ISSUED	
SEE REVERSE OF THIS PAGE	Sena G Dissmeyer, Investi	gator -	Sena G Disseneyer Investigator Signed By: Sena G. Disseneyer 45 Date Signed: 97-98-2019 14:10:28	
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