## DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION DISTRICT OFFICE ADDRESS AND PHONE NUMBER DATE(S) OF INSPECTION 3/22/2021-4/12/2021 19701 Fairchild Irvine, CA 92612-2445 FEI NUMBER (949)608-2900 Fax:(949)608-4417 3018101540 Industry Information: www.fda.gov/oc/industry NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED. Michael H. Brookins, Director of Operations FIRM NAME STREET ADDRESS 533 E Micheltorena St. Suite #203 Age Management Institute Santa Barbara CITY, STATE AND ZIP CODE TYPE OF ESTABLISHMENT INSPECTED Santa Barbara, CA 93103-2200 Producer of Sterile Drug Products 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 FOA AT THE PHONE NUMBER AND ADDRESS ABOVE. DURING AN INSPECTION OF YOUR FIRM (I) (WE) OBSERVED: **OBSERVATION 1** You did not have a HEPA filter over the area to which sterile product was exposed. Specifically, You did not have a HEPA filter in the (b) (4) (b) (4) hood which sterile products were exposed to, nor did you have a HEPA filter in the IV storage and mixing room. A (b) (4) was used in the (b) (4) hood. As such, your sterile drug products were produced in an unclassified area. During the period of 1/13/2021 to 2/25/2021, you produced purportedly sterile drug products in the (b) (4) hood by combining multiple individual sterile drug products to prepare bags intended for intravenous (IV) infusion and IV (b) (4) syringes based on doctor's prescriptions for IV therapy, listed as follows: **OBSERVATION 2** Non-microbial contamination was observed in your production area. Specifically, Non-microbial contamination was observed in your IV storage and mixing room for the following: A. You used a (b) (4) dated 08/28/2008 in the(b) (4) hood to produce purportedly sterile drug products. The EMPLOYEE(S) NAME AND TITLE (Print or Type) DATE ISSUED EMPLOYEE(S) SIGNATURE

Taichun Oin, Investigator

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	HEALTH AND HUMAN SERVICES DRUG ADMINISTRATION			
DISTRICT OFFICE ADDRESS AND PHONE NUMBER	E	DATE(S) OF INSPECTION		
19701 Fairchild		3/22/2021-4/12/2021		
Irvine, CA 92612-2445 (949)608-2900 Fax:(949)608-4417	F	EI NUMBER		
		3018101540		
Industry Information: www.fda.gov/oc/industry NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED	i i			
TO: Michael H. Brookins. Director of Operations				
FIRM NAME	STREET ADDRESS			
Age Management Institute Santa Barbara	533 E Micheltorena St. Suite #203			
CITY, STATE AND ZIP CODE	TYPE OF ESTABLISHMENT INSPECTED			
Santa Barbara, CA 93103-2200	Producer of Sterile Drug	Producer of Sterile Drug Products		
back of the (b) (4) was observed to be dirty.				
B. You used a <b>(b) (4)</b> refrigerator for the storage of both opened and unopened sterile vials; however, it was observed that water drips remained on the cap of sterile vials and in the bottom of a refrigerator tray where vials were placed, and that ice buildup and frost remained under the bottom of the freezer directly above those vials.				
C. The working surface of the (b) (4) hood used in pro and the paint peeled off non-working surfaces.	oducing purportedly steril	e drug products had unknown stains		
D. Two sinks with brownish stains on (b) (4) approximately three feet from the (b) (4) hood.	were located in the	e IV storage and mixing room		
E. The air condition vent located in the IV storage and mixing room above the door was covered with dust and grime.				
F. There was a carpet covering part of the floor in the IV storage and mixing room, making it difficult to clean.				
G. An artificial plant was placed inside the IV storage and mixing room.				
H. The table used to hold the (b) (4) hood had unknown stains.				
I. Two rows of cabinets were installed in the IV stor ceiling, making the top difficult to clean.	age and mixing room app	roximately one foot apart from the		
OBSERVATION 3				
The aseptic processing areas had difficult to clean ed Specifically.	quipment or surfaces.			
Your (b) (4) hood used in producing purportedly steri	- 1	(27)		
EMPLOYEE(S) SIGNATURE	EMPLOYEE(S) NAME AND TITLE	(Print or Type) DATE ISSUED		

Page 2 of 4

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DISTRICT OFFICE ADDRESS AND PHONE NUMBER		DATE(S) OF INSPECTION		
19701 Fairchild	3	3/22/2021-4/12/2021		
Irvine, CA 92612-2445 (949)608-2900 Fax:(949)608-4417	FI	FEI NUMBER		
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Industry Information: www.fda.gov/oc/industry NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED	1			
TO: Michael H. Brookins, Director of Operations				
FIRM NAME	STREET ADDRESS			
Age Management Institute Santa Barbara	533 E Micheltorena St. Suite #203			
CITY, STATE AND ZIP CODE	TYPE OF ESTABLISHMENT INSPECTED			
Santa Barbara, CA 93103-2200	Producer of Sterile Drug Products			
A. The (b) (4) located inside the (b) (4) hood was the unsealed area.		Dinner Turk Commission Commission Thomas Commission Thomas Commission Commiss		
B. There was a gap between the irregular screw hinges used to fix the (b) (4) inside the hood and the top interior surface in the hood, making it difficult for cleaning and disinfection.				
OBSERVATION 4				
Sporicidal agents were not used in your production and Specifically,	ea.			
You used non-sterile (b) (4)  and sterile wipes saturated with (b) (4)  disinfection in your(b) (4) hood. The (b) (4)  According to your purchase invoices, no sporicidal agent was purchased from October 1, 2020 to March 31, 2021.  During the period of 1/13/2021 to 2/25/2021, you produced (b) (4)  Disinfectant Wipes from (b) (4)  Disinfectant Wipes were expired on 7/30/2020.  According to your purchase invoices, no sporicidal agent was purchased from October 1, 2020 to March 31, 2021.  During the period of 1/13/2021 to 2/25/2021, you produced (b) (a)				
Observation 5				
Failure to reject any lot of components that did not meet the appropriate written specifications for identity, strength, quality, and purity.  Specifically,				
You used an individual drug product that was expired to produce purportedly sterile drug products for IV therapy.				
On 2/22/2021, you produced (b) (4) for IV therapy that consisted of (b) (4)				
and an IV (b) (4)				
ENDLOWERS CIONATURE	EMPLOYERS NAME AND TO E	Description 1	DATE (00 I==	
EMPLOYEE(S) SIGNATURE	EMPLOYEE(S) NAME AND TITLE (	riint or Type)	DATE ISSUED	
REVERSE OF THIS PAGE	Taichun Qin. Investigator		4/12/2021	
FORM FDA 483 (9/08) PREVIOUS EDITION OBSOLETE	INSPECTIONAL OBSERVAT	IONS	Page 3 of 4	

INSPECTIONAL OBSERVATIONS

Page 3 of 4

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REVERSE OF THIS PAGE

Taichun Qin, Investigator

4/12/2021

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
- 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."