DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION DISTRICT ADDRESS AND PHONE NUMBER 19701 Fairchild 7/21/2017-7/27/2017* FEI NUMBER Irvine, CA 92612-2445 3013670025 (949)608-2900 Fax: (949)608-4417 NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED Judi E. Meglio , Office Manager FIRM NAME 120 S Spalding Dr, Suite 300 California Stem Cell Treatment Center/Cell Surgical Network CITY, STATE, ZIP CODE, COUNTRY TYPE ESTABLISHMENT INSPECTED Beverly Hills, CA 90212-1800 Manufacturer

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.

The observations noted in this Form FDA-483 are not an exhaustive listing of objectionable conditions. Under the law, your firm is responsible for conducting internal self-audits to identify and correct any and all violations of the quality system requirements.

DURING AN INSPECTION OF YOUR FIRM WE OBSERVED:

OBSERVATION 1

There are no written procedures for production and process controls designed to assure that the drug products have the identity, strength, quality, and purity they purport or are represented to possess.

Specifically,

Your firm has failed to validate your manufacturing process for the autologous SVF product and the product at your Beverly Hills facility.

OBSERVATION 2

Procedures designed to prevent microbiological contamination of drug products purporting to be sterile are not established and followed.

Specifically,

Since July 2, 2015, your firm has manufactured approximately batches of autologous Stromal Vascular Fraction (SVF) product. The autologous SVF product is to be administered by intravenous

	Darla J Christopher, Investigator Michele L Forster, Investigator - Team Biologics	Daris J Christopher Investigates that J. Orielopher -5 Signed By Data J. Orielopher -5 Date Digned -7/2/7/2017	7/27/2017
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A STATE OF THE STA	lio , Office Manager			
FIRM NAME		STREET ADDRESS		
Contraction of Property and State Services	Stem Cell Treatment Surgical Network	120 S Spal	lding Dr, Suite 300	
CHILDELY COLE, COL	Surgical Network	TYPE ESTABLISHMENT	INSPECTED	
Beverly Hill	ls, CA 90212-1800	Manufactur	cer	
nebulization. Since Decemb (mixed with SV prepared the au procedure and be administere (b) (4) (A) An aseptic product has not manufactured i i. No evidence (b) (4) provided to der temperature, hu of these product iii Color of these product iii Color of gloves. There is	region (b) (4) at your firm by an atologous SVF product from recover deployed the mixed (b) (4) deployed the mixed product was manufacturing the autous the been established and validated to a manner that prevents microbiological was provided to show that the manufacturing the mixed product is performed in a commonstrate that clean area control paramidity and air particulate count, have the mixed (b) (4) deployed the mixed	that is a mixture ctured at your for outside affiliar red adipose tisses product. I jection. As an extra logous SVF products are that these product contaminate of a trolled environmental environment	te of autologous SVF and firm. The (b) (4) te under their procedure sue using your SVF preparents (b) (4) the example, one batch of the did deployed at your firm to duct and (b) the products can be consistent on the example. The example, no example, no example, no example to the suite used for the	was prepared, s. Your firm paration product is to ne on 7/19/17. (4) stently and evidence was air flow, for production prepared is by your firm for sk, and sterile propriate
SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE Darla J Christopher, Invest Michele L Forster, Investig Biologics		Darfs J Christiopher treestigater Signel Epi Casts J Christiopher -S Date Signel: 7/27/2017	DATE ISSUED 7/27/2017

INSPECTIONAL OBSERVATIONS

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FORM FDA 483 (09/08)

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FIRM NAME	7000	STREET ADDRESS	S S IS XI WIND	
California S	Stem Cell Treatment	120 S Spaldi	ng Dr, Suite 300	
Center/Cell	Surgical Network	TYPE ESTABLISHMENT INSPEC	CTEÓ	
	ls, CA 90212-1800	Manufacturer		
observati	instruments and (b) (4) used to	for production of the au	itologous SVF produ	ict.
Each batch of	drug product required to be free coratory testing.	e of objectionable micr	oorganisms is not te	sted through
Specifically,				
		(h)	(4)	
	failed to perform sterility testin			oduct
manufactured f	from July 2, 2015 to July 20, 20)17 and ^{(b) (4)} patches of	(b) (4)	product
manufactured f	from December 3, 2015 to July	19, 2017. Autologous	SVF batches manufa	actured by your
	istered by intravenous infusion			January.
	lar injection, or nebulization.	(1 \ / 4 \	batches manufactu	32
			Datelles manufacti	ifed by your
firm are admin	istered by intravenous or intra-	tumoral injection.		
OBSERVATION	ON 4			
	sing areas are deficient regardir	ng the system for moni	toring environmenta	l conditions.
	O			THE RESERVE AND THE PROPERTY OF THE PARTY OF
Specifically,				
No environmenthe (b) (tal monitoring is performed du (4)	ring the manufacture o	f the autologous SV	F product and
	EMPLOYEE(S) SIGNATURE			DATE ISSUED
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OF THIS PAGE	Michele L Forster, Inves	stigator - Team	Daria J Christopher invooligator Signed By Carts J. Christopher S.	
	Biologics		encotigater Signed By, Oarts J, Christopher -S Date Signed: 2/27/2017	
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	io , Office Manager		
FIRM NAME		STREET ADDRESS	2 1/0 22322
	Stem Cell Treatment	120 S Spalding Dr	, Suite 300
CENTER/CELL	ell Surgical Network DE, COUNTRY TYPE ESTABLISHMENT INSPECTED		
Beverly Hill	s, CA 90212-1800	Manufacturer	
(B) There is no	personnel monitoring. non-viable particulate monitoring. active or passive air monitoring.		
equipment to p Specifically, (A) Your firm u (b) (4) cleaning the sumethods, equip (B) Your writted the autologous	sing areas are deficient regarding the roduce aseptic conditions. Itilizes a checklist for cleaning of the product is prepared and deployite that includes assignment of responsent, and materials used to perform an procedure for cleaning reusable states are product and (b) (4) ment, and materials used to perform the product and (b) (4)	e suite where the autologyed, but there is no write onsibility and a descript a the cleaning. Examples steel instrument product does not income	ogous SVF product and tten procedure established for tion in sufficient detail of the
100	ON 6 each component of a drug product ing specific identity tests if they exist		cting at least one test to verify
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FORM FDA 483 (09/08)	PREVIOUS EDITION OBSOLETE INS	PECTIONAL OBSERVATIONS	S PAGE 4 OF 10 PAGES

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FIRM NAME	a	STREET ADDRESS	111 - Dr. 001+0 300	
	Stem Cell Treatment Surgical Network	IZU 5 spa	alding Dr, Suite 300	
-CITY, STATE, ZIP CODE, COU	INTRY DELWOIR	TYPE ESTABLISHMEN	T.INSPECTED	
Beverly Hill	ls, CA 90212-1800	Manufactu	rer	
product manufa (b) batches of auto	ed to perform an identity test for the facturing: (b) (4) Since July 2, 2 plogous SVF product. Since Dece (b) (4) product.	2015, your firm h	nas manufactured approxi	imately(b) (4)
specifications, product contain identity, strengt	ON 7 ntrols do not include the establishmater standards, sampling plans and test ners, closures, in-process materials, th, quality and purity.	st procedures des	signed to assure that comp	ponents, drug
Specifically,				
SVF product m in (4 > 4 >	(k	g components used for the o) (4) n has manufactured appro	***
(D) Vour firm (did not establish a written procedu	that describe	a the in process and relea	as suiteria for
		(b) (4)		
	SVF product. An	V 2/ V Z	NEAR SECTION	d to calculate
All Sales			our firm has failed to estab	
specifications fo			autologous SVF product.	
2015, approxim	nately ^{(b) (4)} batches of autologous S	SVF product we	re manufactured and depl	loyed to
1 000			100	,
<u> </u>				
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FORM FDA 483 (09/08)	PREVIOUS EDITION OBSOLETE]	INSPECTIONAL OBS	SERVATIONS	PAGE 5 OF 10 PAGES

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FIRM NAME		STREET ADDRESS	
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- THE LINE LAND SHOWS AND THE PARTY OF THE P	s, CA 90212-1800	Manufacturer	
(b) (4)	product were manufact	ured and deployed to patients	by your firm.
	ON 8 on and control records are not uplete information relating to		
Specifically,			
autologous SV	has not prepared and maintain F product since July 2, 2015 a ince December 3, 2015.		(b) (4) batches of product
(B) Your firm to autologous SV limited to: (b) (b) (4)	· · · · · · · · · · · · · · · · · · ·	*	anufacturing of each batch of nents include, but are not
(C) Your firm f product and (b) (4) (b) (4)		luding, but not limited to: (b	
17523 56	ailed to record the start and st of each batch of autologous S		b) (4) in the product.
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	io , Office Manager			
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handling, samp Specifically, Written proced that: (A) Your firm lone year for		e in sufficient detail the ction of components. The manufacturing process and stability test date and	tess for autologous SV ata to support the expir frozen form.	on, storage, F product in ration date of
OBSERVATION The responsibile Specifically,	ON 10 ities and procedures applicable	to the quality control	unit are not in writing	DATE ISSUED
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FIRM NAME		STREET ADDRESS		
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Beverly Hill	s, CA 90212-1800	Manufacti	ırer	
(b) No written the identity, str	procedures have been established for als, and drug products. procedures have been established for rength, quality, and purity of the auto Your firm uses written procedures the unit.	approving logous SVF	or rejecting all procedure	s impacting on) (4)
OBSERVATION 11 Employees are not given training in current good manufacturing practices. Specifically,				
No training in current good manufacturing practices is provided to employees engaged in the manufacture of the autologous SVF product and (b) (4) product.				
	ON 12 If in the manufacture, processing, pacing to facilitate operations for its inte		ling of drug products is r	not of
~poomount)				
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for the following (b) (4) product: (b) (4) and OBSERVATION Written procedure.	(b) (4)	ure of autologous (b) (4) written and oral c	SVF product and	(b) (4)
Specifically, Your written pr and reported to i. Patien	rocedure for handling adverse event the FDA. The following events we not (b) (6) was treated for astrocytoma was and deployed by your firm by IV	ts does not assure are not investigate with the (b	that events are adequated or reported to the FI (4)	DA: anufactured by
ii. A pat hyperve procedu	tient treated for COPD with the SVI entilation during the deployment pro are and was subsequently resuscitated tered by IV and nebulization.	F product manufa ocedure on 2/6/17	actured by your firm ex . He passed out at the	xperienced end of the
SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE Darla J Christopher, Invest Michele L Forster, Investig. Biologics		Date J Christopher institipater Stated By: Date J. Christopher & Date Suproct. 1727/2017	DATE ISSUED 7/27/2017

INSPECTIONAL OBSERVATIONS

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DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION DISTRICT ADDRESS AND PHONE NUMBER DATE(S) OF INSPECTION 19701 Fairchild 7/21/2017-7/27/2017* FEI NUMBER Irvine, CA 92612-2445 3013670025 (949)608-2900 Fax: (949)608-4417 NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED Judi E. Meglio , Office Manager FIRM NAME STREET ADDRESS California Stem Cell Treatment 120 S Spalding Dr, Suite 300 Center/Cell Surgical Network CITY, STATE, ZIP CODE, COUNTRY TYPE ESTABLISHMENT INSPECTED Beverly Hills, CA 90212-1800 Manufacturer

*DATES OF INSPECTION

7/21/2017(Fri),7/24/2017(Mon),7/25/2017(Tue),7/27/2017(Thu)



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EMPLOYEE(S) SIGNATURE

Darla J Christopher, Investigator Michele L Forster, Investigator - Team

Biologics

Daria J Christopher
Investigator
Signed by: Daria J, Christopher -S
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DATE ISSUED 7/27/2017

FORM FDA 483 (09/08) PAGES PREVIOUS EDITION OBSOLETE

INSPECTIONAL OBSERVATIONS

PAGE 10 OF 10



Date: September 14, 2017

Judi E. Meglio California Stem Cell Treatment Center, Inc 120 S Spalding Dr Suite 300 Beverly Hills, CA 90212-1800

Subject: System Notification

Dear Judi E. Meglio,

We are notifying you that due to a technical error related to a software update, the FDA Form 483 you received recently inadvertently included a sentence meant only for medical device firms. That statement says, "Under the law, your firm is responsible for conducting internal self-audits to identify and correct any and all violations of the quality system requirements."

This statement refers to quality system requirements applicable only to medical device establishments, but was inadvertently included on certain Form 483's issued to non-device establishments for a brief period of time. Please note that the statement has no bearing on the inspection observations themselves, which remain applicable as of the date that you were issued the Form FDA 483.

Should you have any questions, please send to AskORAIT@fda.hhs.gov.

Sincerely,

Lisa Creason

Director, Office of Information Systems Management

Office of Regulatory Affairs

Food and Drug Administration