	H AND HUMAN SERVICES	
DISTRICT OFFICE ADDRESS AND PHONE NUMBER 550 W. Jackson Blvd, Suite 1500 Chicago, IL 60661	DATE(S) OF INSPECTION 6/19, 6/20, 6/21, 6/22, 6/27/2018	
312-353-5863 Email Responses To: <u>ORAPHARM3_RESPONSES@Ida.hhs.gov</u> Attn: Program Division Director	FEI NUMBER 3011581046	
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED <b>TO:</b> William J. Kalman, Owner	s.	
FIRM NAME Kalman Health & Wellness, Inc. dba Essential Wellness Pharma 2	STREET ADDRESS 4625 N University St.	
CITY, STATE AND ZIP CODE	TYPE OF ESTABLISHMENT INSPECTED Producer of Non-Sterile Drugs	

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.

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DURING AN INSPECTION OF YOUR FIRM WE OBSERVED:

## **OBSERVATION 1**

Procedures for cleaning and sanitization of common, nondedicated equipment used to make drug products have not been shown to prevent contamination or cross contamination with other drug substances such as beta lactams or potent drugs.

## **OBSERVATION 2**

Your firm is currently using (b) (4) water in (b) (4) plastic containers to make human drug products. On 6/20/18, I observed the compounding of Dexamethasone Ionto 4 mg/mL (liquid) formula ID 1160 Lot 1160-062018 using this water. You do not have objective evidence that this water is of sufficient quality to be used for pharmaceutical purposes.

SEE	EMPLOYEE(S) SIGNATURE
REVERSE	1
OF THIS	DS.c. DA.A
PAGE	Union Union

PREVIOUS EDITION OBSOLETE