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| | ALTH AND HUMAN SERVICE RUG ADMINISTRATION | ŝ | | |
| DISTRICT OFFICE ADDRESS AND PHONE NUMBER | | DATE(S) OF INSPECTION | | |
| 60 Eighth Street NE | | 3/7 - 3/9/2022, 3/11/20 |)22 | |
| Atlanta, GA 30309 | | FEI NUMBER | | |
| (404) 25301161 Fax: (404) 253-1202 | s. | 3015859129 | | |
| Industry Information: www.fda.gov/oc/industry NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED | | 5010007125 | | |
| en ante a la companya de la company Nota de la companya de | | | | |
| TO: Joshua A. Eudy, CEO | Lauren die enter | | | |
| FIRM NAME | STREET ADDRESS | | | |
| Family Pharmacy of Statesville, Inc. | | | | |
| CITY, STATE AND ZIP CODE Statesville, NC 28625 | TYPE OF ESTABLISHMENT | | | |
| | Producer of Sterile and Non-sterile Drug Products | | | |
| THIS DOCUMENT LISTS OBSERVATIONS MADE BY THE FDA REPRESENTA OBSERVATIONS; AND DO NOT REPRESENT A FINAL AGENCY DETERMINATI OBSERVATION, OR HAVE IMPLEMENTED, OR PLAN TO IMPLEMENT COR OBJECTION OR ACTION WITH THE FDA REPRESENTATIVE(S) DURING THE YOU HAVE ANY QUESTIONS, PLEASE CONTACT FDA AT THE PHONE NUMBER | ON REGARDING YOUR COMPLI RECTIVE ACTION IN RESPONS INSPECTION OR SUBMIT THIS | ANCE. IF YOU HAVE AN OBJ | OU MAY DISCUSS THE | |
| DURING AN INSPECTION OF YOUR FIRM (I) (WE) OBSERVED: | | | | |
| OBSERVATION 1 | | | | |
| Your facility was operated in a way that permits poor flow of materials. | | | | |
| Specifically, | | 1.4 | | |
| A. During the compounding of Hydromorphone 1 mg/mL infusion lot #528, the pharmacy technician failed to wipe down the (b) (4) and the supplies with sterile $^{(b)}$ prior to introduction into ISO 5 BSC. | | | | |
| B. Prior to and after compounding Hydromorphone 1 mg/mL infusion lot #528, the pharmacy technician failed to wipe down the sterile ^{(b) (4)} bottle prior to introduction into the ISO 5 BSC. | | | | |
| OBSERVATION 2 | | | | |
| Disinfectant contact time (also known as "dwell time") and coverage of the item being disinfected were insufficient to achieve adequate levels of disinfection. | | | | |
| Specifically, the sporicidal agent, (b) (4), that BSC requires a (b) (4) contact time. Your technician s and left on the inside surface of the ISO 5 BSC to dry | tated that this product | is used on an (b) (| 4) (b) (4) basis | |
| | | | d Continuation Page | |
| EMPLOYEE(S) SIGNATURE | EMPLOYEE(S) NAME AND TITLE | E (Print or Type) | DATE ISSUED | |
| REVERSE OF THIS PAGE THIY CUMMA | Song Y. Lavalais, Investigat Sonya M. Edmonds, Investig | | 3/11/2022 | |
| FORM FDA 483 (9/08) PREVIOUS EDITION OBSOLETE | NSPECTIONAL OBSERVA | TIONS | Page 1 of 4 | |

| DEPARTMENT OF HEA | ALTH AND HUMAN SERVICE | 3 | | | |
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| | UG ADMINISTRATION | | | | |
| DISTRICT OFFICE ADDRESS AND PHONE NUMBER | | DATE(S) OF INSPECTION | | | |
| 60 Eighth Street NE | | 3/7 - 3/9/2022, 3/11/20 | 22 | | |
| Atlanta, GA 30309 (404) 25301161 Fax: (404) 253-1202 | | FEI NUMBER | | | |
| | | 3015859129 | | | |
| Industry Information: www.fda.gov/oc/industry NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED | | | | | |
| TO: Joshua A. Eudy, CEO | | | | | |
| IRM NAME STREET ADDRESS | | | | | |
| Family Pharmacy of Statesville, Inc. | 3478 E. Broad St. | | | | |
| CITY, STATE AND ZIP CODE | TYPE OF ESTABLISHMENT INSPECTED | | | | |
| Statesville, NC 28625 | Producer of Sterile and | Non-sterile Drug Produ | icts | | |
| BSC then does a final wipe down inside with sterile ^(b) OBSERVATION 3 Media fills were not performed that closely simulate as worse case activities and conditions that provide a cha Specifically, the firm's ^{(b) (4)} media fill which mimics t performed with ^{(b) (4)} IV bags of (b) (4) each for a tota as seen on their (b) (4) batch log for this infusion con (REPEAT OBSERVATION) OBSERVATION 4 | septic production opera llenge to aseptic operat heir high-risk infusion l batch size of (b) (4) | ions. compound, Hydron | norphone, was | | |
| You did not have a HEPA filter over the area to which sterile product was exposed without any information to support that the components remained sterile throughout the storage period. | | | | | |
| Specifically, your firm states that the prescription labo filter present. The(b) (4) glassware used in st | | | 15 IIU FIEFA | | |
| filter present. The(b)(4) glassware used in sterile processing are stored in this room. | | | | | |
| OBSERVATION 5 | | | | | |
| The cycle parameters used for (b) (4) of materials us verified using endotoxin indicators. | ed to prepare sterile inj | ectable drug produc | ts were not | | |
| | | | | | |
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| | | Add | d Continuation Page | | |
| EMPLOYEE(S) SIGNATURE | EMPLOYEE(S) NAME AND TITLE | (Print or Type) | DATE ISSUED | | |
| REVERSE OF THIS PAGE JENNIGHIGH, MJ | Song Y. Lavalais, Investigat Sonya M. Edmonds, Investig | | 3/11/2022 | | |
| FORM FDA 483 (9/08) PREVIOUS EDITION OBSOLETE | NSPECTIONAL OBSERVA | TIONS | Page 2 of 4 | | |

| | ALTH AND HUMAN SERVICES | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|--|
| FOOD AND DF | RUG ADMINISTRATION | | |
| DISTRICT OFFICE ADDRESS AND PHONE NUMBER | DATE(S) OF INSPECTION | | |
| 60 Eighth Street NE | 3/7 - 3/9/2022, 3/11/20 | 022 | |
| Atlanta, GA 30309 (404) 25301161 Fax: (404) 253-1202 | FEI NUMBER | | |
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| NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED | | | |
| TO: Joshua A. Eudy, CEO | | | |
| FIRM NAME | | | |
| Family Pharmacy of Statesville, Inc. | 3478 E. Broad St. | | |
| CITY, STATE AND ZIP CODE | TYPE OF ESTABLISHMENT INSPECTED | | |
| Statesville, NC 28625 | Producer of Sterile and Non-sterile Drug Products | | |
| Specifically, you do not use endotoxin indicators to en sterilize and (b) (4) glassware is adequate. (REPEAT OBSERVATION) OBSERVATION 6 Your firm failed to perform adequate smoke studies un airflow within the ISO 5 area. Specifically, A. According to our interview with the pharmacy tech BSC and they did not simulate the worst case scenario B. Your ISO 7 clean room was certified with both ISC media fills were performed with (b) (4) hood runnin OBSERVATION 7 Non-microbial contamination was observed in your pr Specifically, we observed what appeared to be rust ins | nder dynamic conditions to demonstrate un nicians, no equipment or supplies were pre compounding activities during the smoke 0.5 BSC turned on however, subsequent co g which could potentially impact the airflo | esent in the ISO 5 studies. mpounding and ow. | |
| and hazardous chemicals. The bottom door hinges and SEE REVERSE OF THIS PAGE MULLA FLOWER | | Id Continuation Page | |
| Diminor Carvan and | | | |
| FORM FDA 483 (9/08) PREVIOUS EDITION OBSOLETE | NSPECTIONAL OBSERVATIONS | Page 3 of 4 | |

| DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|----------------------------------------------------|--|--|--|
| DISTRICT OFFICE ADDRESS AND PHONE NUMBER 60 Eighth Street NE Atlanta, GA 30309 (404) 25301161 Fax: (404) 253-1202 Industry Information: www.fda.gov/oc/industry | | DATE(S) OF INSPECTION 3/7 - 3/9/2022, 3/11/2022 | | | |
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| Family Pharmacy of Statesville, Inc. | 3478 E. Broad St. | | | | |
| CITY, STATE AND ZIP CODE Statesville, NC 28625 | TYPE OF ESTABLISHMENT INSPECTED Producer of Sterile and Non-sterile Drug Products | | | | |

OBSERVATION 8

Your facility design allowed the influx of poor quality air into a higher classified area.

Specifically, the pressure between the ISO 8 anteroom and ISO 7 clean room is kept the same possibly leading to lower quality ISO 8 air entering ISO 7 clean room every time the door is opened.

OBSERVATION 9

The ISO-classified processing areas had difficult to clean equipment.

Specifically, your firm uses a non-cleanroom compliant metal folding chair in the ISO 7 cleanroom while working in the ISO 5 BSC.

Add Continuation Page

DATE ISSUED

3/11/22

SEE REVERSE OF THIS PAGE EMPLOYEE(S) SIGNATURE

EMPLOYEE(S) NAME AND TITLE (Print or Type) Song Y. Lavalais, Investigator Sonya M. Edmonds, Investigator

FORM FDA 483 (9/08) PREVIOUS EDITION OBSOLETE

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."