	G ADMINISTRATION	
DISTRICT OFFICE ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION	
158-15 Liberty Avenue	7/20, 7/21, 7/22, 7/25, 7/26, & 8/1/2016	
Jamaica, New York 11433 718-340-7000	FEI NUMBER	
Industry Information: www.fda.gov/oc/industry	3008846597	
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED		
TO: Joseph Staniliwicz, Chief Operating Officer	- 24	
FIRM NAME	STREET ADDRESS	
Alexander Infusion LLC dba Avanti Health Care Services	75 Nassau Terminal Road	
CITY, STATE AND ZIP CODE New Hyde Park, New York, 11040	Producer of Sterile Drugs	
THIS DOCUMENT LISTS OBSERVATIONS MADE BY THE FDA REPRESENTATION	VE(S) DURING THE INSPECTION OF YOUR FACILITY. THEY ARE INSPECTIONAL REGARDING YOUR COMPLIANCE. IF YOU HAVE AN OBJECTION REGARDING AN	
OBSERVATION, OR HAVE IMPLEMENTED, OR PLAN TO IMPLEMENT CORRE	CTIVE ACTION IN RESPONSE TO AN OBSERVATION, YOU MAY DISCUSS THE SPECTION OR SUBMIT THIS INFORMATION TO FDA AT THE ADDRESS ABOVE. IF	
DURING AN INSPECTION OF YOUR FIRM (I) (WE) OBSERVED:		
1. Aseptic processing areas are deficient regarding system	ms for maintaining any equipment used to control the	
aseptic conditions, in that:	5,11	
Smoke studies have not been conducted under dynamic		
preparations produced by personnel on a regular basis to		
of the ISO 7 clean rooms do not alter or impede the unid		
(b) (4) ISO 5 laminar flow hoods where drug products are	aseptically processed.	
2. There is no written testing program designed to assess	s the stability characteristics of drug products. Specifically:	
There is no written stability program to support assigned preparations have never been tested for potency.	l expiration dates for sterile preparations. Sterile	
3. Clothing of personnel engaged in the processing of dr		
in that:	ug products is not appropriate for the duties they perform,	
in that: Non-sterile gowns are used to produce sterile preparatio exposed facial skin & shoulders and arms entering the IS	ons. The operator was observed having nead, some SO 5 laminar flow hood while wearing a non-sterile gown, pounding operations. Additionally, the operators working their gowns, a deficiency observed during the previous	
in that: Non-sterile gowns are used to produce sterile preparatio exposed facial skin & shoulders and arms entering the IS non-sterile mask and non-sterile head cover during comp in the (b) (4) Room, still do not have sterile sleeves for inspection. This is a repeat deficiency from the previous implemented	ons. The operator was observed having 驚然 head, some SO 5 laminar flow hood while wearing a non-sterile gown, pounding operations. Additionally, the operators working their gowns, a deficiency observed during the previous inspection and corrective action has not been yet	
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INSPECTIONAL OBSERVATIONS

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION

FOOD	AND DRUG ADMINISTRATION		8)
DISTRICT OFFICE ADDRESS AND PHONE NUMBER		DATE(S) OF INSPECTION	
158-15 Liberty Avenue Jamaica, New York 11433		7/20, 7/21, 7/22, 7/25,	7/26, & 8/1/2016
718-340-7000		FEI NUMBER	
		3008846597	- 4 -
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TO: Joseph Staniliwicz, Chief Operating Officer			
FIRM NAME	STREET ADDRESS		
Alexander Infusion LLC dba Avanti Health Care Services		75 Nassau Terminal Road	
CITY, STATE AND ZIP CODE		TYPE OF ESTABLISHMENT INSPECTED Producer of Sterile Drugs	
New Hyde Park, New York, 11040	Producer of Sterile Dru		
<ul><li>(a) Personnel monitoring consists of fingertip san during operations.</li><li>(b) Environmental monitoring for viable air coun of production. The firm only monitors viable air count</li></ul>	ts in the ISO 5 area is not pe		t least once daily ily during periods
<ul> <li>(c) The work surfaces, inside the ISO 5 hoods, ar periods of production and at the end of operations</li> <li>5. Each batch of drug product purporting to be state conformance to such requirements, in that:</li> </ul>	s. This monitoring is only pe	erformed (b) (4)	
Sterility testing of preparations utilizes a (b) (4) of (b) (4) not the (b) (4)	whose instructio	ons require an incub	
days incubated is not documented. The (b) (4) als			since owth media
however there is no documentation of the type of		, in the second s	
have been unable to obtain the growth media. Ad		· 이상 · · · · · · · · · · · · · · · · · ·	A TRACT MATCHINE AND A TRACT A TRACT AND A
your facility has not been tested, since the (b) (4)			hich are
	ty testing has also not been v		
preparations at your firm, such as penicillin do no			
6. Procedures designed to prevent microbiologica established, written, and followed, in that: Media fill simulations have not been conducted u challenging preparations/ worst case scenarios en basis to verify that operators, processing equipment the unidirectional flow of air from the HEPA filte	nder dynamic conditions mi countered by personnel proc ent or activities of the ISO 7	micking the most s ducing sterile produ clean rooms do not	stressful or octs on a regular alter or impede
products are aseptically processed.			
7.Aseptic processing areas are deficient regarding	g the system for cleaning and	l disinfecting the ro	om and
EMPLOYEE(S) SIGNATURE	EMPLOYEE(S) NAME AND TITLE	(Print or Type)	DATE ISSUED
SEE REVERSE OF THIS PAGE	D. JEWNY XIRADAK	IS, INVESTIGATINE	8/1/2016
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