DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION					
DISTRICT ADDRESS AND PHON 158-15 Libert		101120	DFINSPECTION 2019-7/29/2019*		
Jamaica, NY 1	1433	FEINUME	ER		
(718) 340-700	0 Ext:5301 Fax:(718)662-5661	3015	468054		
NAME AND TITLE OF INDIVIDUA	L TO WHEM REPORT ISSUED				
Pharmaceutica	so-Prendergast, MS, PharmD, 1 Services, Department of Ph	armacy, Maimor			
FIRM NAME Maimonides Me City, state, zip code, count	edical Center - Pharmacy	STREET ADDRESS 4802 10th Ave Type establishment inspec	nue, Sub-Basement	i.	
Brooklyn, NY			terile and Non-St	erile Drug	
observations, and do observation, or have i action with the FDA i	bservations made by the FDA representative(s) not represent a final Agency determination rega mplemented, or plan to implement, corrective a representative(s) during the inspection or submi tact FDA at the phone number and address abov	rding your compliance ction in response to an t this information to FI	. If you have an objection re observation, you may discu	garding an ss the objection or	
DURING AN INSPEC	TION OF YOUR FIRM I OBSERVED: N #1			A.	
without adequate	bial contamination was present in the product evaluation and remedial acti- ollowing ISO classified areas:				
	Class 5, IV (b) (4) ^{(b) (4)} (in ISO 7 non enicillium on 6/12/19;	nazardous cleanro	om), (b) (4) media, sur	face sampling: 1	
b) ISO (Class 5, Hood ⁽⁰⁾⁽⁴⁾ (^{(b) (4)}) (in ISO 7 nor Fram-positive rods, performed by (b) (4)		om), (b) (4) plate, viable on 4/10/19;	e air sampling: 1	
	Class 5, Hood ⁽¹⁰⁾⁽⁴⁾ (b) (4)) (in ISO 7 nor Aicrococcus, performed by (b) (4)	hazardous cleanro on 4/1		e air sampling: 1	
	Class 5, Hood ⁽⁰⁾⁽⁴⁾ (^{(b) (4)}) (in ISO 7 nor Bacillus (2 CFU) and Micrococcus (1 C			e air sampling: 3 on 4/22/19;	
	Class 5, ED Hood (^{(b) (4)}) (in ED Satel ccus, performed by (b) (4)	ite Pharmacy), (b) on 4/15/19; an		pling: 1 CFU of	
	lass 7, Work cart adjacent to ISO 5 ho edia, surface sampling: 1 CFU of Yeas		dous cleanroom), ^{(b) (4)}	with (b) (4)	
No investigation	was performed, and no corrective and/o	or preventative acti	ons were documented.		
5					
SEE REVERSE OF THIS PAGE	EMPLOYEE(8)SIGNATURE Rachael A Moliver, Investiga	tor	Recised 2 Malves Investigativ Stored 5: Factaet Notives 5 Date Signed 07-25-2015 12:50.04 X	DATE ISSUED 7/29/2019	
FORM FDA 483 (09/08)	PREVIOUS EDITION OBSOLETE INS.	PECTIONAL OBSERV	ATIONS	PAGE 1 of 9 PAGES	

DEPARTMENT OF HEA FOOD AND DRU	LTH AND HUMA		
DISTRICT ADDRESS AND PHONE NUMBER		DATE(B)OFINSPECTION 7/8/2019-7/29/2019*	
158-15 Liberty Avenue Jamaica, NY 11433 (718) 340-7000 Ext:5301 Fax:(718)662-5661		77872019-772972019* FEINUMBER 3015468054	
NAME AND TITLE OF INDIVIDUAL TO WHEM REPORT ISSUED			
Patricia Caruso-Prendergast, MS, PharmD, Pharmaceutical Services, Department of Pl	harmacy, Ma		
FRMNAME Maimonides Medical Center - Pharmacy	STREET ADDRESS		
CITY, STATE, ZIP CODE, COUNTRY	TYPE ESTABLISHMEN	h Avenue, Sub-Basement NTINSPECTED	
Brooklyn, NY 11219	Producer of Sterile and Non-Sterile Dr Products		
OBSERVATION #2			
Non-microbial contamination was observed in your pro-	duction area.	Specifically,	
a) There are visible indications of the use o nonhazardous ISO 5 (b) (4) Hood ^{(b)(4)} , Hood located in the Medical ICU pharmacy satellite	d ^{(0) (4)} , and Hoo	$d^{(b)(4)}$ as well as, in the ISO 5 (b) (4) hood	

b) Multiple cracks in the top right corner were observed on 7/8/19 in the front glass shield of the ISO 5 (b) (4) hood, located in the ISO 7 hazardous cleanroom.

c) Cracks in the top of the hood where the light is located in both ISO 5 (b) (4) hoods in the Medical ICU satellite pharmacy and the PACU satellite pharmacy were observed on 7/9/19.

d) Cracks in the floors, walls, ceilings, and doors in the ISO 7 hazardous cleanroom, ISO 7 nonhazardous cleanroom, and ISO 7 anteroom were observed on 7/8/19.

e) On 7/8/19, I observed the sticky matt, located in the unclassified pharmacy area prior to entrance into the ISO 7 anteroom, to be dirty. The entire matt appeared to be filled with dirt and dust.

OBSERVATION #3

Hazardous drugs were produced without providing adequate containment, segregation, and/or cleaning of work surfaces, utensils, and/or personnel to prevent cross-contamination. Specifically, on 7/9/19, I observed a chemo pharmacist making drug products while multiple different drug products for eight different patients were staged in the same ISO 5 (b) (4) hood, located in the ISO 7 hazardous cleanroom, including:

- Paclitaxel Albumin 175mg/(b) (4)NS for Patient (b) (6);
- Cisplatin 40mg (b) (4) NS IVPB for Patient (b) (6)

stains on all four of these hoods.

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FORM FDA 483 (09/08)	PREVIOUS EDITION OBSOLETE	INSPECTIONAL OBSERVATIO	ONS	PAGE 2 of 9 PAGES

	TH AND HUMAN SERVICES 3 ADMINISTRATION			
DISTRICT ADDRESS AND PHONE NUMBER 158-15 Liberty Avenue	DATE(5) OF INSPECTION 7/8/2019-7/29/2019*			
Jamaica, NY 11433				
(718) 340-7000 Ext:5301 Fax:(718)662-5661				
NAME AND TITLE OF INDIVIDUAL TO WHEM REPORT ISSUED Patricia Caruso-Prendergast, MS, PharmD,	BCPS, Director of Pharmacy, AVP			
Pharmaceutical Services, Department of Ph				
Maimonides Medical Center - Pharmacy	4802 10th Avenue, Sub-Basement			
CITY, STATE, ZIP CODE, COUNTRY Brooklyn, NY 11219	TYPE ESTABLISHMENTINSPECTED Producer of Sterile and Non-Sterile Drug Products			
IVP for Patient ^{(b)(0)} ; and,	$Patient^{(b)}(6);$			
surfaces, utensils, and/or personnel to prevent cross-cor	s in ISO 5 (b) (4) Hood ^{(b) (4)} in the ISO 7 nonhazardous			
OBSERVATION #5	2			
Personnel were observed touching equipment or other surfaces located outside of the ISO 5 area with gloved hands and then proceeding with aseptic processing without changing or sanitizing gloves. Specifically, on 7/8/19, a pharmacist, who was making nonhazardous IV sulfamethoxazole-trimethoprim injectable in D5W IV Piggy Back (for MRN: (b) (6)) in ISO 5 (b) (4) Hood ⁽⁶⁾⁽⁴⁾ located in the ISO 7 nonhazardous cleanroom, was observed touching equipment or other surfaces located outside of the ISO 5 area with gloved hands and then proceeding with aseptic processing without changing or sanitizing gloves. The pharmacist was also observed throwing out trash in the bin and getting supplies from the cart, outside the ISO 5 hood, without re-sanitizing or changing her gloves before reentering the ISO 5 hood.				
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FORM FDA 483 (09/08) PREVIOUS EDITION OBSOLETE IN:	PECTIONAL OBSERVATIONS PAGE 3 of 9 PAGES			

	TH AND HUMAN SERVICES G ADMINISTRATION
DISTRICT ADDRESS AND PHONE NUMBER	DATE(6) OF INSPECTION
158-15 Liberty Avenue	7/8/2019-7/29/2019*
Jamaica, NY 11433	FEINUMBER
(718) 340-7000 Ext:5301 Fax:(718)662-5661	.3015468054
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED	
Patricia Caruso-Prendergast, MS, PharmD, Pharmaceutical Services, Department of Ph	
FIRM NAME	STREETADDRESS
Maimonides Medical Center - Pharmacy	4802 10th Avenue, Sub-Basement
CITY, STATE, ZIP CODE, COUNTRY	TYPE ESTABLISHMENT INSPECTED
Brooklyn, NY 11219	Producer of Sterile and Non-Sterile Drug
	Products

OBSERVATION #6

Personnel engaged in aseptic processing were observed with exposed hands, wrists, legs, hair, or mouth. Specifically,

a) On 7/8/19, a chemo pharmacist was observed making chemotherapeutic drugs for the Chemo Center with exposed legs.

b) Personnel engaged in aseptic processing did not wear protective eyewear. Specifically, on 7/8/19, I observed a chemo pharmacist making chemotherapeutic drug products in the ISO 5 hazardous (b) (4) hood without any protective eyewear.

OBSERVATION #7

Personnel engaged in aseptic processing were observed wearing non-sterile gloves. Specifically, on 7/8/19, a chemo pharmacist was observed wearing non-sterile gloves in the ISO 7 hazardous cleanroom while handing another chemo pharmacist supplies in the ISO 5 hazardous (b) (4) hood, so that he did not have to remove his gloved hands out of the ISO 5 hood.

OBSERVATION #8

The ISO 5 classified area is located within a non-classified room (segregated production area). Specifically,

a) The area surrounding the ISO 5 (b) (4) hoods in all the satellite pharmacies (Medical ICU, PACU, and ED satellite pharmacies) are unclassified.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION					
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(718) 340-7000 Ext:5301 Fax:(718)662-5	661	3015468054			
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED					
Patricia Caruso-Prendergast, MS, Pharm Pharmaceutical Services, Department of	Pharmacy, M				
FIRM NAME Maimonides Medical Center - Pharmacy City, state, ZIP CODE, COUNTRY	street address 4802 10t type establishm	h Avenue, Sub-Basement			
Brooklyn, NY 11219	· · · · · · · · · · · · · · · · · · ·	of Sterile and Non-Sterile	Drug		
and is In the morning when the ISO 5 ho subsequently cleaned prior to the start of an spraying nonsterile (b) (4) nonsterile wipes; then, laying out nonsterile wipes, followed by wiping down the hood w laying out nonsterile wipes at the base of th wiping down the hood with the soaked wipe in the same manner, exclud c) The ISO 7 anteroom and the ISO 7 clear and walls in the ISO 7 classified rooms, as and the (b) (4) are compounding area is conducted by an Envir	pharmacy satellite is turned off in the evening (b) (4) d is turned on in the morning (b) (4) hood is turned on, it is let to run for (b) (4) and then any compounding operations. Morning cleaning includes followed by wiping the hood with rile wipes at the base of the hood and pouring sterile water on the d with the soaked wipes, allowing the hood to dry; and lastly, the hood and pouring sterile (b) (4) on the wipes, followed by ripes. Cleaning is performed again at the (b) (4) luding the step with (b) (4) . eanrooms are not adequately cleaned. Specifically, the ceilings as well as the (b) (4) between the (b) (4) ure not cleaned. The only cleaning that is performed in the sterile ovironmental Worker in the morning and in the evening, who worksurfaces of the ISO 7 anteroom, ISO 7 nonhazardous		s ood with er on the astly, owed by eilings e sterile who		
OBSERVATION #9					
The facility is designed and/or operated in a way that	at permits poor f	low of personnel or materials. Specifi	cally,		
a) The door separating the (b) (4)	and (b) (4)	does not close comp	letely		
when shut.	x / x /				
b) Supplies and finished chemotherapeutic tabletop in the ISO 7 hazardous cleanroom			æl		
c) The air return located in the ISO 7 nonhazardous cleanroom is dirty and in disrepair and is blocked by a stainless-steel cart.					
SEE REVERSE OF THIS PAGE	tigator	Rechael A Malver Investigation Sloved 5 v. Rechael Molever Sloved 5 v. Rechael Molever Deler Signed 0728-2019 12:5004	^{ер} /2019		
FORM FDA 483 (09/08) PREVIOUS EDITION OBSOLETE.	INSPECTIONAL O	DBSERVATIONS PAGE 5	of 9 PAGES		

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION					
DISTRICT ADDRESS AND PHON 158-15 Libert		DATE(5) OF INS	PECTION 19-7/29/2019*		
Jamaica, NY 1	1433 00 Ext:5301 Fax:(718)662-5661	FEINUMBER 301546	8054		
Patricia Caru Pharmaceutica	iso-Prendergast, MS, PharmD, al Services, Department of Ph	armacy, Maimonide			
COMPANY OF A COMPANY OF A DECEMPTOR OF A	edical Center - Pharmacy	street address 4802 10th Avenue	e, Sub-Basement		
CITY, STATE, ZIP CODE, COUN Brooklyn, NY		TYPEESTABUSHMENTINSPECTED Producer of Ste: Products	rile and Non-St	erile Drug	
pharmacy, the sir pharmacy. OBSERVATIO	re present in the cleanroom where the Is ik is located right across from the ISO : N #11	5 (b) (4) hood in th	e unclassified ED s	atellite	
Specifically, a) The w	its and cleaning pads or wipes used in t ripes used to disinfect the ISO 5 hoods		processing areas are		
b) (b) (4 clean/dis		0.5 IV(b)(4)(b)(4)		is used to	
 clean/disinfect the ISO 5 hoods (b) (4) and the ISO 5 IV (b) (4) (b) (4). c) (b) (4) are used in cleaning of the ISO 5 (b) (4) hood in the ISO 7 hazardous cleanroom to deactivate any chemotherapeutic drug residues. 					
OBSERVATIO	N #12				
Sporieidal agents are not used in your facility's cleanrooms and/or ISO 5 area.					
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DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION				
DISTRICT ADDRESS AND PHONE NUMBER		DATE(5) OF		
158-15 Liberty Avenue Jamaica, NY 11433		FELNUMBER		
(718) 340-7000 Ext:5301 H	Fax:(718)662-5661	30154	68054	
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED	1			
Patricia Caruso-Prenderga	ast, MS, PharmD,	BCPS, Director	of Pharmacy, AVE	2
Pharmaceutical Services,	Department of Ph	armacy, Maimoni street address	des Medical Cent	ter
Maimonides Medical Center	r - Pharmacy		ue, Sub-Basement	i.
CITY, STATE, ZIP CODE, COUNTRY Brooklyn, NY 11219		TYPE ESTABLISHMENT INSPECTED Producer of St	erile and Non-St	erile Drug
		Products		
a				
OBSERVATION #13				
Equipment, materials, and/or sup	plies are not disinfected	l prior to entering the	e aseptic processing a	reas.
Specifically,		•	• • •	2019-0-12105
a) On 7/8/19, I observed				onhazardous
cleanroom bringing suppl	lies into the hood with	out disinfecting them	•	1947 V
b) On 7/9/19, I observed			e counter in the ISO 7	hazardous
cleanroom to the ISO 5 (k	b) (4) hood without di	sinfecting it.		
2				
OBSERVATION #14				
Aseptic processing areas are defic produce aseptic conditions. Speci		em for cleaning and	disinfecting the equip	oment to
a) The TPN Compounde the ISO 7 nonhazardous of firm indiscriminately beli	eleanroom, is not remo	ved during routine el	eaning. It is only rem	
b) The IV (b) (4) located	l in the ISO 7 nonhaza	dous cleanroom, are	cleaned (b) (4)	
	No eleaning and/or disi			even when an
c) (b) (4) clea clea performed and/or recorded	ning of the following I d:	SO 5 areas and ISO	7 rooms were not ade	quately
• (b) (4) cleaning of	the ISO 5 IV Station	⁽⁴⁾ , located in the IS	O 7 nonhazardous el	eanroom, was
not documented i	n your firm's cleaning	$\log in (b) (4)$ or	n 6/28/19, 7/1/19, 7/3	/19, and 7/5/19;
• (b) (4) cleaning	of the ISO 5 IV Statio	n ^{(b)(4)} , located in the	ISO 7 nonhazardous	cleanroom, was
EMPLOYEE(S) SIGNATURE	oliver, Investiga	ator	Ĩ	DATE ISSUED 7/29/2019
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ann sar - Canada Artenaucum (additio4001959)			Signed By: RachaelMolver_S Date Signed 07-29-2019 12:50.04	
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	DEPARTMENT OF HEA	UG ADMINISTRATION		
DISTRICT ADDRESS AND PHON	NE NUMBER	D/	ATE(5) OF INSPECTION	
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Jamaica, NY 1 (718) 340-700	a, NI 11435 340-7000 Ext:5301 Fax:(718)662-5661		3015468054	
Patricia Caru	E AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED tricia Caruso-Prendergast, MS, PharmD, BCPS, Di armaceutical Services, Department of Pharmacy, INAME		tor of Pharmacy, AV monides Medical Cen	P ter
Maimonides Me	edical Center - Pharmacy	4802 10th Type establishment	Avenue, Sub-Basemen	t
Brooklyn, NY		- Standard March 100 Automatic Actions	of Sterile and Non-S	terile Drug
c T	b) (4) cleaning of the PACU satellite, locumented as being successfully per oharmacist (marked as "Pass") or wer og in (b) (4) on 1/8/19, 1/14/19,	formed by Enviro e documented as	onmental Workers and rec	orded by a conic cleaning
in	erational conditions. Your firm's HE April 2019, state that all smoke stud	PA certification a ies were perform	ned under dynamic condition	ned by(b) (4)
in does not state wh firm's manageme	erational conditions. Your firm's HE April 2019, state that all smoke stud at that means. Upon confirmation wi ent stated that (b) (4) the room; yet, there is no documenta	PA certification a ies were perform th your firm's co remembered tha	and smoke studies, perform ned under dynamic condition ntractor, (b) (4) t the smoke studies were p	ned by(b) (4) ons; however, it your erformed while
in does not state wh firm's manageme operators were in	erational conditions. Your firm's HE April 2019, state that all smoke stud at that means. Upon confirmation wi ent stated that (b) (4) the room; yet, there is no documenta	PA certification a ies were perform th your firm's co remembered tha	and smoke studies, perform ned under dynamic condition ntractor, (b) (4) t the smoke studies were p	ned by(b) (4) ons; however, it your erformed while
in does not state wh firm's manageme operators were in performed under. OBSERVATIO	erational conditions. Your firm's HE April 2019, state that all smoke stud at that means. Upon confirmation wi ent stated that (b) (4) the room; yet, there is no documenta	PA certification a ies were perform th your firm's co- remembered tha ation of the specif	and smoke studies, perform ned under dynamic condition ntractor, (b) (4) It the smoke studies were p fic conditions that the smol	ned by(b) (4) ons; however, it your erformed while ke studies were
in does not state wh firm's manageme operators were in performed under. OBSERVATIO Inadequate press Specifically, a) In Au is used to the V2-E	erational conditions. Your firm's HE April 2019, state that all smoke stud at that means. Upon confirmation wi ent stated that (b) (4) the room; yet, there is no documenta with the room; yet, there	PA certification a ies were perform th your firm's co- remembered tha ation of the specific lity air rooms an aplementation of rentials, tempera- s were installed h measures the	and smoke studies, perform ned under dynamic condition intractor, (b) (4) it the smoke studies were p fic conditions that the smol fic conditions that the smol nd lower quality air room your firm's (b) (4) ature, and humidity, three incorrectly, including the pressure differential bety ROOM DP), which meas	ned by(b) (4) ons; however, it your erformed while ke studies were , which out of the ^{(b) (4)} of following: Inpu ween the (b) (4) ures the pressure
in does not state wh firm's manageme operators were im performed under. OBSERVATIO Inadequate press Specifically, a) In Au is used to the V2-L ^{©14} (Phan differenti	erational conditions. Your firm's HE April 2019, state that all smoke stud at that means. Upon confirmation wi ent stated that (b) (4) the room; yet, there is no documenta with the room; yet, there	PA certification a ies were perform th your firm's co- remembered tha ation of the specif lity air rooms an plementation of rrentials, tempera s were installed h measures the put ⁽⁰⁾⁽⁴⁾ (^{(b)(4)} IV and (k	and smoke studies, perform ned under dynamic condition intractor, (b) (4) it the smoke studies were p fic conditions that the smole nd lower quality air room your firm's (b) (4) ature, and humidity, three incorrectly, including the pressure differential bety ROOM DP), which meas b) (4) and, Input	ned by(b) (4) ons; however, it your erformed while ke studies were , which out of the ^{(b)(4)} of following: Inpu ween the (b) (4)
in does not state wh firm's manageme operators were in performed under. OBSERVATIO Inadequate press Specifically, a) In Au is used to the V2-L ^{©16} (Phan differenti	erational conditions. Your firm's HE April 2019, state that all smoke stud at that means. Upon confirmation wi ent stated that (b) (4) the room; yet, there is no documenta with the room; yet, there	PA certification a ies were perform th your firm's co- remembered tha ation of the specif lity air rooms an plementation of rrentials, tempera s were installed h measures the put ⁽⁰⁾⁽⁴⁾ (^{(b)(4)} IV and (k	and smoke studies, perform ned under dynamic condition intractor, (b) (4) it the smoke studies were p fic conditions that the smol fic conditions that the smol nd lower quality air room your firm's (b) (4) ature, and humidity, three incorrectly, including the pressure differential bety ROOM DP), which meas	ned by(b) (4) ons; however, it your erformed while ke studies were s were observed , which out of the ^{(b) (4)} o following: Inpu ween the (b) (4) ures the pressure (^{(b) (4)} (^{(b) (4)} ANTH

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION				
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Jamaica, NY 1	1433	FE	INUMBER 015468054	
(718) 340-700	(718) 340-7000 Ext:5301 Fax:(718)662-5661			
NAME AND TITLE OF INDIVIDUA		DODO Diwar	top of Dhowson AV	D
Pharmaceutica	uso-Prendergast, MS, PharmD, al Services, Department of Ph	armacy, Mai		
	edical Center - Pharmacy		Avenue, Sub-Basemen	t
CITY, STATE, ZIP CODE, COUN Brooklyn, NY		TYPE ESTABLISHMENT I Producer o Products	NSPECTED f Sterile and Non-S	terile Drug
ROOM I	DP1), which measures the pressure diff	erential betwee	en the (b) (4) and	1 the (b) (4)
	plementation of the (b) (4) out-of-specification (OOS) results were		nuous monitoring of press the V2-DP Sensors.	sure differentials,
V2-DP S pressure documen	ally, the pressure differential results we ensors, in December 2018, except for differential between the (b) (4) ted calibration for Input ^{(b) (4)} during ye in December 2018.	Input ^{(b) (4)} (^{(b) (4)} and the	ANTE ROOM DP2), wh	ich measures the 1. There is no
No inves	tigation was performed, and no correct	ive and/or prev	entative actions were docu	imented.
	e are no alarms or alerts activated in th any duration of time.	ne (b) (4)	when pressure	e differentials are
c) Pressu	are differentials are not monitored betw	een the (b) (4)	and the (b) (4)	
*DATES OF II 7/08/2019(Mon 7/29/2019(Mon), 7/09/2019(Tue), 7/10/2019(Wed)	, 7/11/2019(T	hu), 7/17/2019(Wed), 7/	22/2019(Mon),
SEE REVERSE OF THIS PAGE	EMPLOYEE(8)SIGNATURE Rachael A Moliver, Investiga	itor	Residentia Malvec Investigation proved by Restanding Vorum Date Signed 0725-2019 12:50:04	DATE ISSUED 7/29/2019
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