DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION						
DISTRICT ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION					
8050 Marshall Drive, Suite 205	9/10/2018-9/19/2018*					
Lenexa, KS 66214	FEI NUMBER					
(913)495-5100 Fax:(913)495-5115	3014088548					
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED						
Joshua R. Clinard, General Manager						
FIRM NAME	STREET ADDRESS					
HomeChoice Partners, Inc. dba Bioscrip	528 Trade Center Blvd					
Infusion Services						
CITY, STATE, ZIP CODE, COUNTRY	TYPE ESTABLISHMENT INSPECTED					
Chesterfield, MO 63005-1253	Producer of Sterile Drug Products					

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.

DURING AN INSPECTION OF YOUR FIRM I OBSERVED: $OBSERVATION \ 1$

You produced beta-lactam drugs without providing adequate cleaning of work surfaces to prevent cross-contamination.

Specifically,

You aseptically process beta-lactam drug products, such as Ceftriaxone and Cefazolin, in the same ISO 5 area of the IV Room as non-beta-lactam drug products. Your cleaning procedure does not identify the use of appropriate cleaning agents to reduce the risk of cross-contamination.

OBSERVATION 2

Personnel touched equipment or other surfaces located outside of the ISO 5 classified aseptic processing area with gloved hands and then engaged in aseptic processing without changing or sanitizing gloves.

Specifically,

On September 10, 2018, during the production of Tigecycline 50mg in NS 0.9% 100ml eclipse, Vancomycin 1.5g/300mL NS eclipse, Ceftriaxone 1g/10mL SW syringe, and Cefazolin 2g/100mL NS easypump, I observed,

SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE Tiara N Brown-Crosen, Inves	tigator	Tiara N Brown-Crosen Investigator Signed By: Tiara N. Brown-crosen -Se Date Signed: 09-19-2018 08:11:28	DATE ISSUED 9/19/2018
			A Date Signet. 03-13-2010 00.11.20	
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	DEPARTMENT OF HEAL	TH AND HUMAN SERVI G ADMINISTRATION	CES				
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8050 Marshal. Lenexa, KS 60	l Drive, Suite 205 6214	FEI NUMBER					
	0 Fax: (913) 495-5115	30140	88548				
	AL TO WHOM REPORT ISSUED						
	inard, General Manager						
FIRM NAME	The dhe Diogarin	STREET ADDRESS	n1d				
Infusion Serv	artners, Inc. dba Bioscrip vices	528 Trade Center Blvd					
CITY, STATE, ZIP CODE, COUN	ITRY	TYPE ESTABLISHMENT INSPECTED		L -			
Chesterileia	, MO 63005-1253	Producer of Sterile Drug Products					
A technician touch a supply cart and operate the repeater fluid dispensing pump located in the ISO 7 IV Room and continue to perform aseptic processing in the ISO 5 LFH without changing or sanitizing gloves. *DATES OF INSPECTION							
SEE REVERSE OF THIS PAGE	EMPLOYEE(S)SIGNATURE Tiara N Brown-Crosen, Inves	tigator	Tiara N Brown-Crosen	DATE ISSUED 9/19/2018			
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