



**Fondazione
Santa Maria Goretti**
Servizi alla Persona - Corinaldo



Service Charter

Fondazione Santa Maria Goretti



Dear Guest,

Through the Service Charter we wish to present the Protected Residence and the Retirement Home of the S. Maria Goretti Foundation – Personal Services of Corinaldo.

The document contains all the necessary to know the services offered by the Strucsture and how to access them.

Our action is inspired by a conceptual reference based on the “centrality of the person” and a continuous process of humanization, assistance as a contrast to the degenerative processes of senescence, as maintenance of health and as promotion of well-being; a well-being in the broadest association of the term, not only physical but also psycho-socio-relational.

We want to undertake the commitment to adopt, through the involvement of the people of the Santa Maria Goretti Foundation, be they guests, their family members or visitors, suppliers or employees, a system of continuous improvement of the quality of the services offered.

For this reason, we have created a system to promptly collect suggestions, any reports, advice and/or complaints.

This document, divided into six distinct sections, describes in detail who we are and how the service in organised, delegating to each sector all the aspects that involve the daily life of the guest, people delegated by him and the Santa Maria Goretti Foundation.

The President



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1. PART ONE

1.1 WHO WE ARE

The S. Maria Goretti Foundation comes from the privatization of the former IPAB (Istituti Riuniti di Beneficienza di Corinaldo) with headquarters in Corinaldo Viale degli Eroi, 17 and called Fondazione S. Maria Goretti – Personal Services. The structure has a capacity of 77 beds and in particular: 58 people for the Protected Residence, 2 people for the Dementia Protected Residence and 17 people for the Retirement Home. In the structure there are 41 rooms of which 34 doubles and 7 singles, all with bathroom. The structure is located in the immediate vicinity of the historic center of Corinaldo and is equipped externally with large green spaces.

1.2 OUR HISTORY

The United Institutes of Charity, until 06.30.2010, administered three charitable works, namely:

- a) United Charity Institutes – O.P. RETIREMENT HOME
- b) United Charity Institutes – O.P. KINDERGARTEN
- c) United Charity Institutes – O.P. ELEMISINIERA

a) O.P. RETIREMENT HOME:

The O.P. Retirement Home was initially called “Begging Hospice” and was erected as a moral body with R.D. of 16 December 1886 The name of “Casa di Riposo Umberto I°” was assumed with Presidential Decree 22.12.1967. The mendicity hospice for old men of both sexes unable to work was established through the annual reversal of incomes of approximately £ per year. 500 belonging to the local Opera Pia Sandreani-Mazzoleni and with the sum of £. 2,000 on the annual income of the Monte di Pietà and, subsequently, through the concentration of the Archconfraternity of the Gonfalone.

HISTORY OF THE PIA MAZZOLENI-SANDREANI OPERA:

Bernardino Mazzoleni of Corinaldo in his will of 1665 burdened his heirs with a bequest of alms in favor of the poor of the Municipality, for whom he ordered that the products of a predio which formed part of his inheritance be distributed annually. To simplify the matter and free himself from the obligation to keep an administration and a separate account of the products of the encumbered predio, Domenico Sandreani, heir of the Institute, obtained from the Congregation of the Fabbrica of Rome the translation of the legacy to a fixed annual quantity of cereals . Domenico Sandreani himself recommended the most exact and scrupulous execution of this legacy to Mr. Giacomo Martorelli, who in turn established his heir. Sandreani appears to have proposed to annually deposit with the Congregation the quantity of goods to be given in alms, inviting the Congregation itself to gather these poor people in a shelter. The deal remained pending as the superiority was never induced to make a definitive decision due to the lack of the will of Bernardino Mazzoleni - instigator of the legacy - and the decree of the Fabbrica, documents which it was not possible to find. Furthermore, it is believed that the will of Domenico Sandreani can exuberantly make up for this lack in which he recalls “the exact observance of the distribution of the annual alms already ordered by Bernardino Mazzoleni according to the quantities prescribed in the decree of the Congregation of the Factory, which is found recorded in a separate book, and always up to now religiously fulfilled, as seen in the said book”. We also have a formal declaration from Mr. Giacomo Martorelli, in which he confesses his obligation, as heir of Domenico Sandreani, to annually restore the amount of money in alms, an obligation never disputed by Mr. Martorelli. Having transformed the quantities of goods into money to be given to the poor, it was arranged, with what follows on the income from the Monte di Pietà, for the construction of the local

Mendicità Hospice.

HISTORY OF MONTE DI PIETÀ (FROM THE MEMOIR EXTRACTED ON 5 JANUARY 1886 FROM AN 1812 BOOK EDITED BY SECRETARY STEFANINI):

This Pious Establishment recognizes its principles from Bartolomeo di Agostino da Crema, who, living in Corinaldo in the year 1515, wrote in his last will and testament a legacy of 100 florins, with the understanding that this sum would be used in the erection of a Mount of Mercy with the express condition that the community of Corinaldo, within two years, contributed double the amount for the same object aforementioned. Consistent with this provision, on 3 January 1517 the deposit of 200 florins was made and therefore in the Council of the same month we read the appointment of three Conservators and an Officer with the annual emolument of twelve florins for the administration of the Monte of Pietà. From these tenuous princes the state of Monte quickly passed to a better condition having acquired some goods and a House of the Fraternity, properly called the Compagnia del Gonfalone with the burden of corresponding to the same annually a certain quantity of grain and must, as can be seen from the books of Entry and Outcome of the Monte itself, originating up to 1521 and from those of the Fraternity of 1528. With the surplus of these assets and others acquired through legacies and donations, the Monte of 1578 was able to help the needy of the Community. By Rub. 26 of wheat, as appears from the outcome of that year and subsequently again, as appears from the documents of a Council of 27 April 1539 in which it was a question of returning the same Rub to the Monte. 37 of wheat and by another Council of 8 December of the same year, which mentions a credit from Monte with the Community in 267 florins, in addition to Rub.47 of wheat. In the total lack of other memories regarding the increase in the Monte’s assets, it is assumed that with the profits from the annual income it constituted the capital of which the O.P. is now the owner. Almoner. The two memories summarized above accompany the establishment of the first Organic Statute of the Pio Establishment in Corinaldo under the title of “Ospizio di Mendicità” and justify the reversal of the income.

HISTORY OF THE ARCHCONFRATERNITA DEL GONFALONE:

For the exercise of the Pious Works, which were required in the calamities of the times, we read in the memoirs of the Archconfraternity that since the year 1260 two devout canons of the Church of S. Vitale in the Quirina Valley, united with twelve other Roman gentlemen, decided to help their homeland by erecting a congregation of pious men in the Basilica of S. Maria Maggiore. In imitation of this, many others were established which, in addition to “providing for the cult of sacred places, with a truly philanthropic spirit and of patriotic love and with particular piety, aimed to come to the aid and redemption of Christian slaves, to help with dowries a large number of poor spinsters, with help for the sick and with many alms for the other poor”. In the city of Corinaldo since the beginning of the 16th century a Confraternity was found, first under the name of S.Maria del Mercato and then under that of the SS. Annunziata, the Brothers decided to ask the Archconfraternity of Rome for the necessary aggregation, which they obtained since 5 August 1581 with letters sent in parchment, which are originally preserved and which bear the ancient seal of the Roman Archconfraternity. The Archconfraternity of the Gonfalone of Corinaldo, erected in its own Church of Santa Maria di Piazza and living on the assets of the Giuspatronato Gianluchi and Silvestri and the revenues of the Church of the Madonna degli Angeli, provided itself with its own Statute, conforming to that of the aggregating Archconfraternity of Rome. Once the number and various names of the Administrators have been established, the methods for the appointments and tasks entrusted to each have been established, the Statute printed in Senigallia in 1787 in chapter XXI speaks of the obligation of the Archconfraternity to resort to appropriate alms for the “ransom of the slaves, for the hotel of Priests, religious and pilgrims” and continues by recommending the virtue of hospitality, “the frequent hearing the word of God, visiting the sick, helping poor spinsters with gifts, helping the sick, giving alms to the poor”, “AUXILIO INDIGENTES ADIUVENT, PAUPERISUS ET EGENIS PERSONIS ELEMOSINAS SEGGARE, MISARIBILIBUS QUOQUE PUELLIS

DE ALIQUA ELEMOSINA PRO EARUN DOWN SUBVENIANT”. With a rather discreet heritage, enriched with indulgences and perpetual graces granted by the Pontiffs, the Archconfraternity of the Gonfalone lived and prospered, always escaping the changes in its purpose demanded by changed times. By invoking art.91 of law 17/7/1890, n° 6972, the transformation of the Archconfraternity was decided and, while not departing from the intention of the founders, as the art says. 70 of the aforementioned law, it was proposed to leave for the benefit of the cult the sums for expenses already foreseen for this purpose and the other charges and legacies and to allocate the remaining income, rather substantial, for an eminently humanitarian purpose of social assistance, recognizing as true owners the poor. With R.D. of 11/2/1904 it was therefore established that “the assets of the Confraternita del Gonfalone in Corinaldo are transferred to the local Ospizio di Mendicità Umberto I° administered by the Congregation of Charity with the obligation for the said Hospice to correspond annually to the Confraternita del Gonfalone a sum for religious expenses in addition to the sum that must be allocated annually as a dowry”.

b) O.P. NURSERY:

The Opera Pia originated with the R.D. 23 June 1877 through the reversal of the revenues of the Monte di Pietà and Monte Frumentario. The relevant statute dates back to 9 May 1883, approved with R.D. 19 July 1883. The same Opera Pia Asilo Infantile in Corinaldo draws its origins from the reversal of an annual income and sums coming from other Pious Institutions, a reversal approved by the City Council and sanctioned by Royal Decree, as well as from the oblations that were given by Meritorious Citizens caring for the popular good. The Opera Pia has always carried out the functions of a nursery school/nursery school and, with a holographic will dated 04.20.1930, fellow citizen Count Giacomo Cesarini Romaldi established heir to the bare ownership of the available share, for the part left in usufruct to his wife, the Riunite Charity Institutes of Corinaldo so that the latter had established or perfected a nursery school model. Starting from the 1993/1994 school year, the activity of the nursery school was suspended indefinitely (Resolution no. 36 of 08.30.1993) as it was no longer economically sustainable and due to the presence, in the municipality of Corinaldo, of a school State nursery school that fully meets the needs of Corinaldo citizens. In order to respect the wishes of Count Cesarini, the Administration of the Riuniti di Beneficenza Institutes stipulated, on 01.08.2007, a memorandum of understanding with the Municipality of Corinaldo (Notary Lucilla Lattanzi of Corinaldo Rep. 9735 Racc. 3566 reg. in Senigallia on 08.09.2007 n° 2808 Series 1, T) regarding the construction and management of a nursery school in the municipal area of Corinaldo. The nursery school, fully functional, was inaugurated on 09 May 2009. This charitable organization was extinguished with resolution of the Marche Regional Council no. 822 of 17.05.2010.

c) O.P. ALMONY:

The current Foundation, formerly Istituti Riuniti di Beneficenza-O.P.Elemosiniera, was initially called “Sacro Monte di Pietà”. The name of O.P.Elemosiniera was arranged with R.D. 14.04.1904 and discussed simply a new name given to the Sacro Monte di Pietà to distinguish it from the Monti di Pietà bodies subject to law 04.05.1898, n° 169. The Opera Pia Sacro Monte di Pietà, in fact, being an assistance and charity organisation, was subject to the law 17 July 1890, n° 6972. This Pious Establishment recognizes its principles by Bartolomeo di Agostino from Crema, who lived in Corinaldo in the year 1515, wrote in his last will and testament a legacy of 100 florins, with the understanding that this sum would be used in the erection of a Monte di Pietà with the express condition that the community of Corinaldo, within the period of two years, contributed double the aforementioned sum for the same object. Consistent with this provision, on 3 January 1517 the deposit of 200 florins was made and therefore in the Council of the same month we read the appointment of three Conservators and an Officer with the annual emolument of twelve florins for the administration of the Monte di Pietà. From these tenuous princes the state of Monte quickly passed to a better condition having acquired some goods and a House of the Fraternity, properly called the Compagnia

del Gonfalone, with the burden of corresponding to the same annually a certain quantity of grain and must, as can be seen from the entry and outcome books of the Monte itself, originating up to 1521 and from those of the Fraternity of 1528. With the surplus of these assets and others acquired through legacies and donations, the Monte of 1578 was able to help the needy of the Community. By Rub. 26 of wheat, as appears from the outcome of that year and subsequently again, as appears from the documents of a Council of 27 April 1539 in which it was a question of returning the same Rub to the Monte. 37 of wheat and by another Council of 8 December of the same year, which mentions a credit from Monte with the Community in 267 florins, in addition to Rub.47 of wheat. In the total lack of other memories regarding the increase in the Monte’s assets, it is assumed that with the profits from the annual income it constituted the capital of which the O.P. is now the owner. Almoner.

The two memories summarized above accompany the establishment of the first Organic Statute of the Pio Establishment in Corinaldo under the title of “Ospizio di Mendicità” and justify the reversal of the income. The Opera Pia progressed considerably due to the wise administration and the subsequent donations received, the documents of which are not known, so much so that it had the opportunity to purchase goods and increase its assets, always maintaining the exclusive charitable purpose for which it originated. This charitable organization was extinguished with resolution of the Marche Regional Council no. 822 of 05.17.2010.

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1.3 WHERE WE ARE

The Santa Maria Goretti Foundation extends over the territory of Corinaldo, in the valley between the Misa river and Nevola, a wine-growing land surrounded by vineyards and sunflower fields. Corinaldo is a perched city, fortified in a typically Renaissance style, whose walls date back to the fifteenth century: the structure of the village, the village festivals and the historical re-enactments create a typical medieval scenario. Inside, palaces, churches and works of art make the town a true place of art and faith. The small village, in fact, is known for being the birthplace of Santa Maria Goretti, the martyr to whom the Sanctuary is dedicated and whose birthplace remains, a destination for spiritual pilgrimages.

It is therefore a rich territory that offers the different entities of the Foundation different contexts to which to dedicate multiple projects. The Protected Residence and Retirement Home of the S. Maria Goretti Foundation located a few meters from the main entrance to the historic center of Corinaldo, is central to the main municipalities of the Misa and Nevola Valley and the Cesano Valley, on the border of the provinces of Ancona and Pesaro Urbino.

The closest neighboring municipalities in order of kilometeric distance are:

Monte Porzio (PU)	10,00 Km	Castelleone di Suasa (AN)	9,1 Km
Ostra Vetere (AN)	6,80 Km	Mondavio (AN)	10,50 Km
Trecastelli (AN)	7,4 Km	Marotta di Mondolfo (PU)	20,7 Km
Barbara (AN)	11 Km	Senigallia (AN)	20.5 Km



1.4 HOW TO REACH US

CAR: the Residence can be reached via the A14 motorway, either from the north with the Marotta-Mondolfo toll booth, or from the south, exiting at the Senigallia toll booth. From Senigallia, you reach our residence along the S.P. Corinaldese for about twenty kilometers to Corinaldo, the same distance from Marotta di Mondolfo along the S.P. Pergolese.

TRAIN: As for the journey by car, considering the origin, the closest railway station coming from the north is Marotta, while from the south Senigallia. (<http://www.trenitalia.com/>).

BUS: the city of Corinaldo is connected to the main towns by various bus routes whose routes, timetables and stops can be consulted on the URL website: www.buccisenigallia.it/extraurbano

BY PLANE: for those coming by plane, the nearest airport is Ancona Raffaello Sanzio Airport in the municipality of Falconara Marittima (An), connected by both train and bus services. (<https://aeroportomarche.it/>).

1.5 WHAT IS THE SERVICE CHARTER

The Service Charter is the document with which the Protected Residence and Retirement Home of the S. Maria Goretti Foundation, service provider, assumes commitments towards its users regarding its services, the methods of provision of the same and the standards of quality, as well as informing the user on the envisaged protection methods.

The introduction of the Service Charter as a protection tool for citizens is foreseen by the Legislative Decree. n. 163 of 12 May 1995 converted into Law no. 273 of 11 July 1995 with which the legislator wanted to improve the relationship between those who use the services and the body that provides them.

In the Service Charter, the Foundation declares which services it intends to provide, the methods and quality standards it intends to guarantee and undertakes to respect certain qualitative and quantitative levels, with the aim of monitoring and improving the quality of the service offered. The essential objectives of the service charter are:

- The adoption of service quality standards;
- Information on the standards adopted;
- Evaluation of the quality of the services provided;
- Verification of compliance with standards and the level of user satisfaction;
- Protection of the guest;
- The organisation's commitment to detect and analyze signs of disservice and adopt the necessary measures to remove them;

1.6 OUR MISSION

The mission of the S. Maria Goretti Foundation - Personal Services is to ensure that the elderly have a series of services that allow the person to achieve the best possible quality of life in relation to their psycho-physical-social conditions aimed at care and maintenance of autonomy.

It is the Institution's intention to provide services capable of satisfying the needs of guests but also offering relief to family members, guaranteeing adequate care for their loved ones.

The Santa Maria Goretti Foundation - Personal Services is aimed at activating synergies by involving the territory and institutions, to operate more effectively and increase the sense of reciprocity and network, aware of the importance of being an integral part of a community. It has the ambition of being a reference socio-health center, therefore integrated into the territorial network and increasingly capable of providing qualified services in support or integration of the competent public structures.

The Foundation also has the aim of ensuring religious and spiritual assistance to guests; activate technical-scientific training and research initiatives in the field of rehabilitation and care for the elderly, promoting the diffusion of geriatric culture.

The Foundation aims to guarantee the possibility for guests to still be protagonists of their own time with the best possible level of quality of life, regardless of each individual's physical, mental or sensory disability conditions.

The centrality of the individual, individualized assistance plans that guarantee each subject their own recovery and/or protection and stabilization process, and the humanization of care, are essential elements for obtaining the proposed qualitative result.

Respect and care for the person, whatever the physical, mental or sensorial state and whatever the margins of reversibility of his pathological status, together with the professionalism of the operators, operating in compliance with current legislation for the taking charge, care and protection of "weak" subjects, are the pillars on which the socio-health process aimed at maintaining the level of self-sufficiency achieved and/or preventing complications is based.

The Protected Residence and the Retirement Home provide a differentiated range of services to welcome people who are compromised in their physical and cognitive autonomy and also not compromised, with the constant commitment to making each person feel at home and guaranteeing the best quality of life possible, according to an organization oriented towards ethics and networking with local institutions and other local entities committed to the benefit of the people welcomed (such as Ast, Municipalities, voluntary associations, etc.).

The Facility offers welcoming environments in which to live, interact and receive visits, especially from family members, according to the principle of involving them in the treatment process in order to promote its effectiveness.

The familiarity of the environment, an atmosphere of smiles and sweet tones, represent the distinctive feature of the stay in the Residence and distinguish a therapeutic approach that strengthens the effectiveness of the most current health care and cognitive stimulation techniques according to the principle of the humanization of care.



1.7 TYPE OF USER

The Protected Residence is organized to respond in a global manner to the purposes of geriatric care and reception of elderly people who present one or more of the following situations of need:

- guests with dementia;
- guests with a high level of non-self-sufficiency;
- guests with clinical impairment and multiple and complex therapies;
- guests with chronic degenerative pathologies;
- guests with medium-severe motor and/or cognitive impairment;
- guests who need post-hospital rehabilitation care;
- guests who need respite hospitalization for their family.

The retirement home is organized in such a way as to guarantee guests the necessary assistance. Specifically:

THE PROTECTED RESIDENCE:

it is a residential structure with a high level of socio-health integration intended to temporarily or permanently accommodate non-self-sufficient elderly people with stabilized physical, mental, sensorial or mixed pathologies that cannot be treated at home and which do not require complex healthcare services.

THE DEMENTIA PROTECTED RESIDENCE: is a structure that provides care in residential units to people with senile dementia/Alzheimer's, cognitive deficits but with a low level of behavioral disorder, which cannot be treated at home and who do not require complex healthcare services. The objective is a cure with long-term care, recovery, functional maintenance and reorientation treatments in a prosthetic environment, including relief interventions for those who insure the care.

THE REST HOME: is a residential structure with a predominantly hotel accommodation which can be understood as a hotel house intended to host self-sufficient or partially self-sufficient elderly people who, by their choice, prefer to use community and collective services and who require guarantees of protection in span of the day. It provides hospitality and assistance, offering opportunities for community life and services for help in daily activities, stimuli and possibilities for employment, recreational and maintenance activities.

1.8 PURPOSE

The Protected Residence and the Retirement Home are social and healthcare facilities that welcome the elderly when, for a variety of reasons, they cannot lead their life in a family environment.

The Protected Residence and the Retirement Home are closely connected with the other services present in the area in order to offer users levels of assistance strictly related to the type and extent of the need. The organization of community life is aimed at maintaining the skills of individual guests and, where possible, at partially or totally recovering residual abilities.

The pursuit of this objective involves all guests regardless of socioeconomic conditions and determines the activation of projects that offer all the stimuli aimed at counteracting psychophysical decay and social isolation.

The management of community life is aimed at respecting dignity and personality, removing discomfort and promoting well-being, maintaining family and social relationships of individual guests.

These structures are therefore configured as an open and dynamic social reality that offers opportunities for rewarding interpersonal relationships.

1.9 DEFINITIONS

WELCOME: process of insertion and integration of the guest.

SUPPORT OR LEGAL ADMINISTRATOR: figure established to protect those people who, due to an infirmity or physical or mental impairment, find themselves unable, even partially or temporarily, to look after their own interests.

APPROPRIATENESS: possession of the requirements to access residential shelter.

MEDICAL CERTIFICATE: certificate on the person’s state of health, must be attached to the entry contract.

WELCOME COMMITTEE: team established to welcome the new entry and their family members/legal representatives to the Facility.

CONTRACT: primary document needed to be admitted to a Protected Residence or Retirement Home.

AGREEMENT: share of a percentage of the fee paid by the National Health System.

COOPERATION: the S. Maria Goretti Foundation is actively seeking cooperation with voluntary associations and volunteer citizens, who integrate the services present while respecting the operation of the structure and the specific tasks and roles of the qualified and trained personnel.

SECURITY DEPOSIT: guarantee in case of non-payment of fees and services.

RIGHT TO CHOICE: to facilitate the user’s ability to make informed choices, it is possible to visit the facilities by appointment.

TEAM: healthcare, assistance, technical and rehabilitation personnel who are responsible for defining the person’s needs and who have the task of defining the IAP, verifying it and updating it. The team is coordinated by the Facility Manager.

WAITING LIST:

When the demand for beds exceeds our availability, a waiting list is created which consists of a list of guests who apply to access the Protected Residence or Retirement Home. There are two types of waiting list: 1) The waiting list of the Territorial Health Authority (AST), organized on the basis of autonomy or health scores and communicated to the Authority periodically. 2) The private waiting list organized on the basis of the registration date of the contract made with the Institution;

The Facility Manager will promptly inform the interested party or the relevant family member of the date on which it will be possible to carry out the insertion and agree on the methods.

P.A.I.: individualized care plan, set of short, medium and long-term actions identified by the facility team in order to achieve the objectives identified at the end of the evaluation-observation period which takes into account the needs of the person in all its aspects .

PARTICIPATION: requests from guests and their relatives regarding the quality and efficiency of the services are accepted through interviews with the managers, but also with access to the reserved area of the Foundation website or via a tablet made available inside of the structure, equipped with a service evaluation and/or satisfaction system defined as FondValSaT.

QUALITY OF LIFE: in addition to assistance and care, the S. Maria Goretti Foundation has among its main objectives the improvement of the guest’s quality of life. To this end, the operators actively stimulate the elderly person and their relatives and family members to face the difficulties that may emerge, suggesting possible solutions, accommodating daily requests and, where necessary, also encouraging exits and returns home.

REGULATION: rules that guests must comply with in order to ensure the proper functioning of the services and keep the structure, furnishings and aesthetic appearance of the rooms in good condition as well as facilitating the community life of the guests.

FEE: monthly sum for accommodation, assistance and all services offered.

TERRITORIALITY: the location of the Protected Residence and the Retirement Home favor integration with the social fabric and acquaintances, allowing outings on foot and facilitating visits by friends and/or relatives and family. The entertainment staff is responsible for carrying out initiatives aimed at bringing the elderly into contact with the surrounding area on the occasion of various types of celebrations as well as organizing short excursions and outings.

1.10 STRONG POINTS

In recent decades, the S. Maria Goretti Foundation has strongly focused its action on the territory, favoring the cultural approach of citizenship rights. The right to health and well-being enshrined in the Italian Constitution and the legal system find concreteness and are translated through the daily commitment of all the subjects who live within the Protected Residence and Retirement Home, be they guests, operators,

relatives and/or family members. The two residences meet the needs of guests from both a social and health point of view. Relevant aspects are: care for the liveability of the environments, full satisfaction of the needs of the individual user, the adaptation of the organization to the rhythms and needs of individual people, the promotion of openings and connections with the external social reality. The Foundation tries to keep personal interests alive with internal entertainment activities and the promotion of collective opportunities to meet with family members. Within the facilities, the daily 24/7 presence of nursing and care staff is offered, as well as the continuous availability of a doctor who can be a general practitioner or on call and the guarantee of immediate diagnostic and treatment services necessary for users. The physiotherapy service is provided with greater intensity than the standards, aimed at maintaining existing functions and recovering possible ones. All staff have specific qualifications and participate in training and professional development activities. Periodic and continuous discussion meetings attended by representatives and the various operators of the various services ensure a general vision of the needs and personalization of the interventions. Technical and administrative service to support the organization and to better respond to the needs of guests, operators and family members. Computerized systems for the management of some management and organizational processes to improve the quality of the service offered.

1.11 FUNDAMENTAL PRINCIPLES OF OUR BUSINESS

The activity of the Protected Residence and Retirement Home is inspired and directed at the most rigorous compliance with the ethical, moral, professional, health and legal standards inherent to the practice of medicine in all its aspects.

The behavior of all operators complies with the utmost respect for the code of ethics through adherence to the fundamental canons of respect for universal human rights, the most complete knowledge of problems in the relationship between healthcare facilities and guests.

The provision of services to guests takes place in compliance with some fundamental principles which, although suggested by specific legislation, are the basis of the values which the S. Maria Goretti Foundation is inspired by:

CENTRALITY OF THE PERSON: Placing the person in all their complexity at the center of the treatment process is the main objective that our healthcare service wants to achieve. Taking care of people, actively caring for them, providing for their needs and their health as a state of complete physical, mental and social well-being. Respect and attention to the patient’s needs, preferences and values, as values that guide every clinical decision.

PROFESSIONALISM: the set of knowledge, skills and competences that distinguish a professional for his preparation, diligence, consistency in commitment, and scrupulousness. Qualities that must be consolidated with constant practice.

RESPECT: awareness of the rights, merits and values of others.

EQUALITY: every person has the right to receive the most appropriate medical assistance and treatment, without discrimination based on sex, race, language, religion, political opinions and socioeconomic conditions.

IMPARTIALITY: Every guest of the Residence, without prejudice to health priorities, will be assured ser-

vices and benefits of the same quality level. The relationships between users and services, as well as the professional behavior of the staff working in the structure, will be inspired by the principles of objectivity, justice and impartiality.

CONTINUITY: The care services and continuous integrated services to the person will be provided daily in a continuous and regular manner, ensuring homogeneous levels as far as directly attributable to one’s sphere of responsibility. In the exceptional case of irregular functioning, due to malfunctions or interruptions of services, all appropriate procedures to reduce the inconvenience will be promptly activated.

PARTICIPATION: the Structure guarantees the user participation in the provision of the service through:

- Correct, clear, transparent and complete information;
- The possibility of expressing one’s own evaluation of the quality of the services provided and of forwarding complaints or suggestions for improving the service.

EFFICIENCY, EFFECTIVENESS AND ECONOMY: The Foundation guarantees organized efficiency through the activation of management paths and procedures capable of guaranteeing the optimal use of human and technological resources and technical effectiveness through the development of research and scientific innovation.

- The Residence undertakes to ensure that:
- Discriminatory behavior resulting from unequal treatment in the provision of services is not implemented by employees, collaborators, suppliers and consultants.
 - Guests’ personal information, including that concerning their state of health and possible diagnostic or therapeutic procedures identified by the health facility of origin, are treated in compliance with the right to privacy.
 - All employees, collaborators, suppliers and consultants of the Facility are required to provide guests with clear, simple and exhaustive information regarding the diagnosis of the disease and the proposed clinical protocols.
 - A process of informed decision and choice by the user is guaranteed, which takes the form of informed consent. The need to obtain the guest’s consent to carry out a certain treatment represents not only a principle established by law, but also a fundamental ethical element in the relationship between guest and Facility staff.
 - It is absolutely forbidden to use instruments of persuasion, of a scientific or other nature, that are deceptive and untruthful.
 - Reports received from users are periodically verified and analysed.

1.12 OVERALL POLICIES

The activity of the Structure is part of the Marche Regional Social and Health System with whose structures it cooperates for the full implementation of individual care programs.

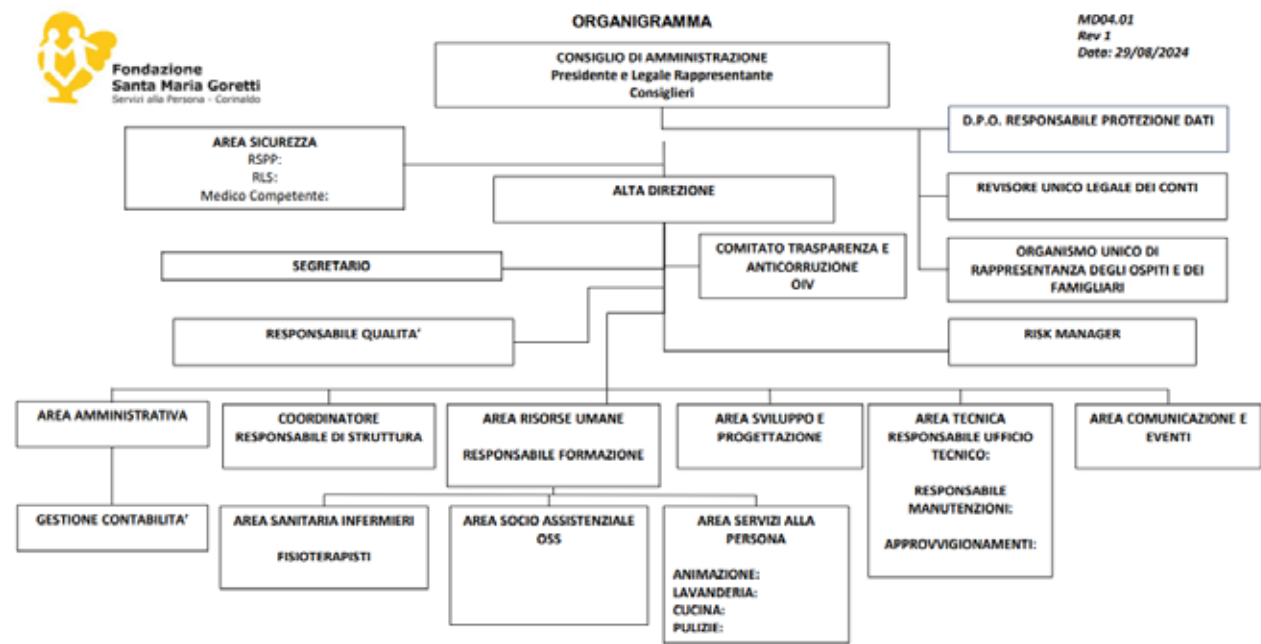
Within the structure, work is organized by objectives and managed by a multidisciplinary team coordinated by coordination figures.

The dynamics of global updating of the structure, organizational procedures and treatment protocols is promoted through the updating and continuous training of staff, the adoption of process and outcome indices, the involvement of operators in every sector and functional level , in the identification of problems

and possible solutions, the acceptance of criticisms and suggestions freely expressed by users (guests, family members, patient protection organizations).

2. SECOND PART

2.1 ORGANIZATIONAL STRUCTURE



The bodies of the S. Maria Goretti Foundation are:

President: The President has the legal representation of the Foundation. Convenes and chairs the Board of Directors. It carries out impetus and coordination activities in the matters falling within the competence of various sectors and supervises the execution of the relevant resolutions of the Board of Directors and the general performance of the organisation.

Vice – President: The Vice President, appointed by the Board of Directors, assumes the functions of the President in the event of his absence or impediment.

Board of Directors: composed of 4 members of the Board of Directors who together with the President define the political-administrative direction of the Institution, the objectives and programs to be implemented, as well as verifying the compliance of the management results with the directives given. The President is appointed by the City Council and which in turn appoints the members of the Board of Directors. The Secretary of the Organization participates in the activities of the Board of Directors. In the absence of the general secretary, the functions of secretary of the council will be carried out by a person designated by the council itself.

Top Management: are appointed by resolution of the Board of Directors, have the task of supervising specific management activities of the Foundation, guarantee the functionality of the competent resources

assigned and adequate to achieve the objectives and coordinate the overall activity of the Foundation.

Sole Auditor: is the professional figure responsible for checking the organisation’s budget and accounting records, verifying their compliance with current legislation, both regional and national.

Anti-Corruption Transparency Committee: supervises compliance with the provisions, the non-transferability and incompatibility of roles, with its own intervention capabilities, including sanctioning and reporting violations to the ANAC.

Data Protection Officer (DPO): is responsible for monitoring the organisation’s compliance, gives advice and guidelines relating to data protection obligations and acts as a contact point between data subjects and the competent supervisory authority. It supports the data controller and/or data controller for support, control and training and information functions on the provisions of the GDPR.

Single Representative Body for Guests and Family Members: Made up and elected by the guests’ family members, it has consultative functions towards the Foundation regarding the services provided to the guests.

Secretary: The Secretary supports the President and the Directors in convening and organizing the Board of Directors. It plays a crucial role in the management and preservation of documentation and communication. Among his main responsibilities are the drafting and conservation of minutes and resolutions. Supports the administrative activity of the Foundation by implementing the directives given by the President and Board of Directors.

Human Resources Manager: manages and supervises personnel-related processes.

Training Manager: carries out an analysis and evaluation of the skills required by the processes for the Foundation.

Development and Planning Manager: is called upon to supervise the social and structural context of the Foundation.

Quality Manager: coordinates and updates the documentation relating to the quality management system manual.

Risk Management Manager: identifies, evaluates and mitigates risks that could negatively affect the Foundation. These risks can concern multiple aspects whether operational, healthcare, legal, reputational or compliance.

Safety Manager: carries out the functions required by current regulations regarding health in the workplace (Legislative Decree no. 81/2008).

Technical Manager: of the technical service, safety, maintenance and supplies and operates on the basis of the directives given by the President and Board of Directors of the Foundation.

Administrative Manager: takes care of the collection, conservation and retrieval of documents, deeds and regulations related to administrative functions.

Accounting Manager: carries out all administrative activities related to the management of financial and general accounting.

Communications and Events Manager: research effective and efficient communication tools and means, takes action to plan cultural and recreational events.

Facility Manager: responsible for the direction and general coordination of internal activities, in particular for the integration between social welfare and healthcare processes.

2.2 GENERAL ORGANIZATION

The organization that the S. Maria Goretti Foundation has given itself aims to offer a high level of comfort and qualified assistance throughout the day in a residential form to guests who cannot otherwise be assisted and is aimed at protection, pharmacological treatment and rehabilitation, as well as meeting the daily life needs of people with dementia.

Despite a modest medicalisation of care, a high level of assistance is guaranteed for the needs of daily life and protection.

Furthermore, cognitive rehabilitation skills are available aimed at the recovery of amendable cognitive deficits, the adoption of support or replacement strategies for compromised memory functions, and the slowing down of mental involution both through occupational and socialization activities.

The healthcare staff is trained to also manage the terminal phase of the disease, characterized by generalized neurological deterioration, guaranteeing an even higher degree of humanisation during the stay.

Assistance to this type of guests is guaranteed by the following professional figures:

- General Practitioner
- Head of healthcare facility
- Nursing coordinator
- Nurse
- Social and health worker
- Physiotherapist
- Psychologist
- Animator

The General Practitioner has clinical responsibility for the guest. Nursing and social-health care assistance is guaranteed to each user continuously within 24 hours.

The objective of the Structure is to guarantee the guest good health and social care, with particular attention to satisfaction and well-being articulated on the user - family - services triangle, guaranteeing:

- Residential, i.e. accommodation with large internal and external spaces capable of respecting the individual need for confidentiality and privacy, while at the same time stimulating socialisation.
- The healthcare level, i.e. the set of medical, nursing and rehabilitative interventions necessary to prevent, treat and rehabilitate chronic diseases and their exacerbations.
- The personalized level of care, that is, addressed to the individual, oriented towards improving levels of

autonomy, maintaining personal interests and promoting well-being.

The founding principles of the care and assistance activity of the guests of the Foundation’s Protected Residence and Retirement Home are based on ministerial regulations and are summarized in the following points:

- Drafting of an Individual Assistance Plan (PAI) as entrusted to the Residences by law, which is periodically updated;
- Active involvement in decision-making processes and sharing of the care path with the guest or his family, from the early stages of his stay in the Facility, with structural moments of listening and discussion;
- Constant verification of appropriateness, both in the selection of guests eligible to stay in the Facility and in decisions regarding the choice and continuation of care programs;
- Staff training through continuous updating of technical and organizational skills.

Qualified and specialized personnel work in the Structure, organized in multidisciplinary teams with skills in the management of disabilities also connected to degenerative and aging-related diseases, monitored in continuous training and supervised through the evaluation of interventions by top management figures, in order to ensure that the set goals are achieved, in a continuous re-evaluation-remodulation process.

2.3 ACTIVITY IN THE STRUCTURE

The Protected Residence and Retirement Home offer hospitality and assistance to self-sufficient, semi-self-sufficient and non-self-sufficient elderly guests with affiliated or private stays, expertly and professionally combining high-end hotel residential services, personal assistance, as well as medical and nursing assistance in collaboration with General Practitioners, working with a multidisciplinary team method with physical-cognitive-behavioral rehabilitation and psycho-social support purposes.

The hospital rooms meet regional requirements in terms of usable size, with superior parameters, all equipped with an internal bathroom.

There are common areas organized in such a way as to guarantee recipients the rhythms of daily life for collective and socialising, educational and recreational activities, a large gym and meditation room and/or internal chapel.

Particular attention is paid to the catering service, with internal kitchen, with healthy menus of your choice, customizable and rotated weekly, special menus for the holidays with references to culinary traditions, menus with a wide choice that alternate seasonally and specifically designed and validated by the U.O.C. Prevention Service Food Hygiene and Nutrition Ast Ancona.

2.4 PRIVATE ASSISTANCE

If the family wishes to have a “private assistant” alongside the guest, they must communicate this and agree in advance with the Facility Manager, specifying in writing the details and times of stay in the facility. The same must be identified by a specific identification tag.

The Foundation declines any responsibility for the work of this figure who cannot in any case carry out assistance activities typical of the health and social-health personnel of the structure and must strictly comply with the provisions in force in the structure. The Facility Manager may, for justified reasons, deny or revoke authorization to access the facility if he or she detects behavior that does not comply with current provisions. In compliance with the privacy law, the private assistant has a mere assistance function and is not considered a contact person for any health information regarding guests. Private assistance is the responsibility of the interested parties and may be “Occasional” when the guest finds himself in a particularly difficult situation for health reasons.

The assistance times/times must always be agreed with the Facility Manager, as he/she is directly responsible for the regular carrying out of all the activities provided to the guests.

2.5 MINIMUM FUNCTIONS AND ASPECTS

The usability requirement must be understood in a broad sense, as the possibility of physical and visual access to spaces, of autonomous intervention on some environmental factors, of immediate identification of places and routes.

The Structure is spread over two connected buildings of which the central building of the Protected Residence is on three floors, while the building of the Retirement Home is on two levels.

All floors enjoy large, bright and welcoming spaces and to guarantee the user a comfortable stay that makes him feel in a familiar environment and, at the same time, without giving up the protective assistance of qualified personnel, some spaces must be considered essential:

BEDROOM: it must be considered that the user is an elderly person and that he may need to use a wheelchair for his movements. For this reason, the bedrooms in the structure are designed with spaces that allow easy entry and rotation maneuvers through the use of a wheelchair. The bedrooms have the following dimensions: 12 m² for the single room; 18 m² for the two-seater room. These measures also allow for easy arrangement of furnishings in the room, increasing both service and comfort for the guest. The bedroom has no architectural barriers and is connected to the toilet equipped for non-self-sufficiency. The Protected Residence consists of 28 double rooms and 3 single rooms. The retirement home consists of 6 double rooms and 5 single rooms. All rooms present have a personal bathroom equipped with aids for handicaps; call bells at each bed; smoke detector, television; telephone; articulated bed; courtesy light; two-door wardrobe; coffee table and chair and summer-winter air conditioning system. In order to ensure guests an increasingly adequate and rational level of assistance, the Structure reserves the right to proceed at any time with the transfer of bed space that may prove necessary to ensure greater appropriateness of the service provided. In case of non-acceptance of a transfer of bed space, the user and/or his family member/contact person can decide in total autonomy to resign from the Facility and/or the Foundation can arrange for an official resignation.

TOILET SERVICES: the bathrooms are sized for people with disabilities, they provide all the necessary precautions, such as: allowing the rotation of a wheelchair, having handrails, a shower with non-slip material for the flooring and a call alarm. Furthermore, in the structure there are several toilets for guests, adjacent to the common areas.



CANTEEN LOUNGES: for the Foundation, eating well and together is a fundamental aspect of the life of an elderly person within the Structure. Eating all together has a high symbolic value especially for the user as on the one hand it recalls the emotions of the family and on the other it creates new ones, paving the way for a new family of equals. Healthy, colorful meals in environments that stimulate conversation and daily life help the elderly to socialize. There are two lounges equipped with tables, chairs, armchairs, television, automatic dispenser for standard breakfasts or for dysphagics and automatic dispenser of natural water at room temperature or chilled.

ROOM FOR EMPLOYMENT ACTIVITIES: a space located on the ground floor for users’ recreational and recreational activities, for team and family meetings, for visits and for training and/or information events.

GYM: the area for physical activities is the gym where people can improve their physical and mental state, also increasing the possibilities for socialization. The organization of this area includes suitable tools for the people who will use them, such as equipment to perform simple exercises and not very complex movements. Added to these are also the presence of other tools generally used for rehabilitation, such as: exercise bikes, pedal sets, mats, wooden blocks, parallel bars, cones, hoops, balls, clubs, Swedish wall bars and massage tables.

MEDICAL CLINIC: an equipped and prepared place on the ground floor where individual specialist medical examinations can be carried out.

VERTICAL CONNECTIONS: vertical connections are of particular importance in our facility for the elderly as it is organized on more than one floor. The lifts present are: a stretcher lift which also guarantees access to several people in wheelchairs and a lift sized for a wheelchair.

CHURCH OR FAREWELL ROOM: inside the Structure there is a small church where guests can gather to recite the rosary, read the liturgical readings and/or practice the songs of the Eucharistic liturgy. A welcoming

place to guarantee the free expression of religious beliefs. For guests of the Catholic faith there is a priest who takes care of the celebration of Holy Mass once a week (Monday), the Eucharist for users, confession and the administration of the sacrament of the sick. The small church serves as a farewell room for the deceased.

GARDEN: outside the structure there is a large green garden with easy access and walking, furnished with gazebo, benches, chairs and table. A place available to guests and family members to carry out outdoor activities, parties and walks.

2.6 SUBDIVISION OF THE FLOORS

GROUND FLOOR PROTECTED RESIDENCE: canteen, gym, kitchen, educational and socialization room, medical clinic, church, hairdressing room, laundry, outdoor garden.

FIRST FLOOR PROTECTED RESIDENCE: reception, infirmary, patient rooms (from room no. 2 to room no. 9 equal to 16 beds), canteen, sitting room.

SECOND FLOOR PROTECTED RESIDENCE: patient rooms (from room no. 10 to room no. 25 equal to 29 beds), equipped bathroom, sitting room.

THIRD FLOOR PROTECTED RESIDENCE: patient rooms (from room no. 29 to room no. 36 with 15 beds), equipped bathroom, sitting room.

THIRD FLOOR RETIREMENT HOME: patient rooms (from room no. 26 to room no. 28 equal to 6 beds).

SECOND FLOOR RETIREMENT HOME: patient rooms (from room no. 41 to room no. 44 equal to 6 beds).

FIRST FLOOR RETIREMENT HOME: patient rooms (from room no. 37 to room no. 40 equal to 5 beds)

2.7 SERVICES

HEALTHCARE: the nursing service present in the structure operating 24 hours a day; provides assistance in the activities of daily life to the guest in a condition of dependence, in compliance with the protocols, work plans and individualized care projects with the aim of satisfying the needs of the person, both physical, psychological, emotional and relational. The nursing service deals with the administration of drugs, the monitoring of clinical conditions, the taking of samples for clinical examinations and assists and cares with respect for the person, life, health, freedom and dignity of the individual, making use of qualified personnel where necessary. support. The nursing service maintains contact with general practitioners, the specialist services of the National Health Service, hospital departments, emergency services and activation for any urgent interventions.

The General Practitioner has clinical responsibility for the guest and takes care of therapeutic continuity with the collaboration and support of the facility’s nursing staff. Medical availability is ensured on a weekly basis, according to the rules in force for general medicine (during the day by the general practitioner, at night and on holidays by the normal medical emergency service). Specialist medical assistance is guaranteed through the structures of the National Health Service.

CARE: is ensured by the social and healthcare staff present in the facility 24 hours a day, 7 days a week, who support and guarantee basic assistance and the satisfaction of primary and secondary needs, making up for the guests’ lack of autonomy in their essential personal functions . These professional figures take care of the correct mobilization of bedridden guests, hygiene, linen changes and the administration of meals. The guest’s complete personal hygiene is guaranteed according to a weekly schedule and is carried



out in rooms equipped for use. The service also includes immediate response to guests’ calls, and also socio-health interventions such as stimulating recreational and socialization activities aimed at expressing the potential and recovery of the guest’s psycho-physical abilities.

WARDROBE-LAUNDRY: The supply of flat linen and towels (with related washing and delivery service) is included in the monthly fee. As regards the washing of guests’ personal clothes, this service, also included in the fee, is located on the ground floor of the Structure. The flat linen is entrusted to an external industrial company specialized in washing and ironing. A personalized label with an identification number for the guest is attached to each garment. The presence of the service within the structure allows the exchange of information and requests between guests and the laundry staff. Everyone thus has the opportunity to follow and control the management of their clothing and therefore maintain a quality of life that is as continuous as possible with that of the home. The laundry worker also takes care of all the small tailoring of the clothing items. Upon entry, the guest must have sufficient and adequate personal equipment (which takes into account the changing seasons), also in relation to the type of washing carried out by the machines installed at the Institution. In this regard, the Structure provides the guest and/or his family with a list containing the minimum amount of personal equipment. The minimum equipment can be integrated by the guest or family members or by those who look after their interests based on particular needs, compatibly with the availability of space assigned to each guest. The integration must in any case be carried out by delivering the linen either to the cloakroom operators so that it can be inventoried, or, in the absence of the latter in service, to the floor operators, signing the appropriate delivery form. Failure to comply with these two forms of delivery does not give the right to compensation in the event that the linen is missing from the guests’ supply. Upon the guest’s entry, the cloakroom staff draws up a special form indicating the items delivered. The form will be signed by the guest or by a family member or by the person in charge (e.g. legal administrator) and by the cloakroom operator who draws it up.

The service manager is only responsible for the equipment recorded in the card, in particular, he is liable for its damage, deterioration or loss attributable to the fault (carelessness, washing error, etc.) of the cloakroom or floor staff.

However, we decline any responsibility in case of:

- wear and deterioration due to frequent washing;
- age of clothing;
- in any case for clothing deemed inadequate for the washing criteria used in the facility;
- in any case for unregistered clothing (and which cannot be washed, perhaps because it was washed by the family of origin).
- shortage of clothing in the event that family members take clothes home to wash or take them home to make a seasonal change.

In this case the service manager will proceed with a refund only after having ascertained objective liability at-

tributable to the internal collection, arrangement and washing services of the garments.

Each piece of clothing deemed appropriate and recorded in the form must be marked with a number that allows identification and correspondence with the guest.

The form must be periodically updated and it is the cloakroom staff's responsibility to process the reinstatement request.

Reinstatement can be motivated by:

- wear, deterioration, age of clothing;
- inadequacy of the measure;
- changing needs of the guest.

The supply of clothing must be decent and respectful of the characteristics of the Structure's community.

Due to organizational problems, family members must be informed that the inventoried and registered clothing must be washed and ironed exclusively within the Structure. Otherwise, the family members will have to wash all the guest's linen, relieving the organization of any responsibility (for this purpose, a written request is required to be forwarded to the Institution's Administration).

The guest cannot wash their clothes in the bedroom as this is a dangerous activity and does not guarantee hygiene.

REHABILITATION: the physiotherapist carries out the rehabilitation program deriving from the individual care plan or from the specialist doctor. He is responsible for choosing the aids to be assigned to guests who need them and provides indications on the movement of guests and/or postures to adopt both in a wheelchair and in bed in order to avoid damage to the musculoskeletal system and prevent bedsores .

The main objectives of the rehabilitation activity are: improvement of motor skills; autonomy in walking and moving; maintenance of residual functions of daily life; prevention of disability and chronic orthopedic or neurological pathologies; creation of moments of aggregation between guests for group activities. The gym room is equipped with equipment suitable for carrying out individual and/or group gentle gymnastics and is used to carry out physiotherapy treatments which require adequate equipment.

ENTERTAINMENT: the entertainment service pays particular attention and dedicates resources continuously, offers individual and group activities such as workshops, parties and outings. There are many proposals offered such as: readings, watching documentaries and/or films, listening to musical pieces, decoration activities, drawing with the creation of crafts linked to significant events. Furthermore, board games (cards, bingo, crosswords...), themed parties and trips out of town are played. The entertainment venue also lends itself to the creation of recreational and workshop activities such as yoga sessions, the interactive viewing of virtual journeys and music workshops, through the aid of a giant screen.



PSYCHOLOGICAL: the psychologist has a practical-theoretical training and a wealth of knowledge that ranges from the psychological and textual evaluation of the elderly person, to the differential diagnosis of the main types of dementia, to suggestions for environmental modification and to psychological support for family members up to the use of cognitive and memory rehabilitation techniques. The role of the psychologist falls within the aging specialists and is fundamental in the psycho-physical care of the guest.

SOCIALITY: the guests of the structure have at their disposal two spacious common rooms where food is provided. It is a socialization area where they can communicate with each other and with the operators on duty; It is equipped with a large TV which allows all guests to enjoy daily and musical programmes. Activities and parties are organized in the common rooms in collaboration with local volunteers. Furthermore, there is another lounge available to guests equipped with tables, armchairs and TV to meet loved ones or to carry out recreational activities.

CONCEPT/CENTRAL/RECEPTION: the reception service is guaranteed by the reception staff who also provide information support on the structure and welcome visitors. The reception distributes incoming mail and collects and sends outgoing mail, subject to authorization from the Facility Manager, and manages the relevant administrative documentation.

HAIRDRESSER - BARBER - MANICURE: the service is available to the guest free of charge, it will be carried out in the premises made available by the Foundation on the basis of a specific programming and the services will be ensured even close to the main holidays and always at times that respect the needs of the guests and organizational methods. The services can also be carried out in the applicant's room, in the event that it cannot be transported to the dedicated room. The care staff reports weekly on specific forms the planning of interventions to ensure that all guests are washed, cut, dried their hair (and colored if requested) and given a manicure with the same frequency.

PODIATRIST: the podiatrist service, available to the guest free of charge, must be requested with a reservation form to the Coordinator of the service manager who will plan the interventions. The healthcare and healthcare staff will make this request.

CATERING: the three main meals are served in the common rooms thanks to the internal kitchen. In these environments you can also organize moments of aggregation for traditional celebrations and birthday parties. The catering service is guaranteed by the kitchen inside the structure with winter and summer menus, over six weeks, based on the indications of the Ast specialists, taking into account the needs of our guests, always ensuring an adequate caloric intake and the use of products and selected and certified foods. Maximum attention was paid to the seasonality of foods and the tradition of local cuisine. Guests with chewing problems or dysphagia benefit from the daily menu in homogenized form. The menu offers a daily choice between 2 first courses, 2 second courses, 2 side dishes, fresh seasonal or cooked fruit, as well as special diets for celiacs, diabetics, low-protein, low-sodium and low-lipid diets. The daily menu is always posted in the common room as well as visible on the Foundation website. As for breakfast, you can choose between milk, barley coffee, tea, caffe latte, biscuits, rusks, stuffed sandwiches, yogurt, fruit juices. For a snack, you can choose between fruit juice, tea, yogurt, fruit and sweets. The catering service is carried out in the Institution's dining rooms on the ground floor and first floor at the following times: breakfast from 8.00 to 9.00; lunch at 12.00 and dinner at 18.00.



HYGIENE AND SANITIZATION OF ENVIRONMENTS: on a daily basis the cleaning staff sanitizes the common areas, toilets, hospital rooms, gym, reception, infirmary, church, canteen rooms, multipurpose room.

ADMINISTRATIVE: the Facility Manager takes care of administrative requests from users, in particular: changes of residence, certifications, annual reports on the stay and health of the guest, requests for renewal of identity documents, requests for disability, electoral cards..

MAINTENANCE: the maintenance service is guaranteed weekly. Requests for intervention are collected by the receptionist and sent regularly to the technical office which communicates the reported needs to the company. The safety of guests is guaranteed by interventions on the systems, equipment and technologies through checks and a specially designed routine maintenance program, to guarantee maximum functionality and safety for those who reside in the Structure.

SUPPLY OF MEDICATIONS: the nursing service requests from General Practitioners the prescriptions of the NHS and/or paid medicines needed by the guest. The staff of the facility will arrange for the collection of the drugs at the Ast partner pharmacy and/or at a private pharmacy.

INFORMATION: Every day the Foundation provides users with a free information service, with two types of newspapers.

RELIGIOUS ASSISTANCE: masses are celebrated weekly and meetings with a priest are guaranteed within the structure upon individual request. Twice a week the rosary is performed and on other days the sacred scriptures are read. There are no limitations for practitioners of different cults. The internal church is an intimate place where guests gather in groups to hold spiritual meetings, but also individually to be silent and pray.

TELEPHONE, CAMERAS, TV AND INTERNET:

Telephone: each patient room has a telephone that guests can use to make and receive telephone calls.
 TV: each bedroom and each multipurpose room (activities room, canteen rooms) are equipped with a digital TV set.
 Internet: the structure is equipped with a Wi-Fi network dedicated to guests.
 Video cameras: the Facility is equipped with an always active video surveillance system with internal and external cameras that transmit color images on two monitors. The cameras inside the Residence have a purpose of workplace safety, user safety and protection of the Institution’s assets, without prejudice to the communication or dissemination of data requested, in compliance with the law, by the police forces,

by the judicial, by information and security bodies or by other public entities pursuant to art. n.58 paragraph 2, for purposes of defense or security of the State or prevention, detection or repression of crimes. Legislative Decree No. 196/2003.
 Video calls: the Structure makes the external video call service available to all guests who request it to communicate with relatives. The video call is made with the support of our operators via the tablet supplied with the Residence.

AUTOMATIC DISTRIBUTION: On the ground floor and first floor there are automatic dispensers for hot and cold drinks and snacks, which work with coins or rechargeable keys.

2.8 SERVICES NOT OFFERED

Pharmaceutical and/or parapharmaceutical assistance and transport service are entirely the responsibility of the guest. Healthcare personnel are available to book transport for medical/specialist visits or personal needs. These services are directly charged to the guest’s monthly invoice.

2.9 EXTRA SERVICES

Guests are free to receive private treatments at their own expense by communicating the service or cycle of services to the Foundation’s administrative office, the day and time to the facility’s healthcare staff who will prepare the appropriate environment for this service. The same service will be calculated directly in the monthly invoice that each guest receives.
 Services that are not authorized and/or not registered by the organisation’s accounting office are not permitted within the Structure.

2.10 PUBLIC UTILITY SERVICES

In the center of the town there are two banks equipped with ATM service, about 300 meters from the structure. Another bank branch is located at the entrance to the town. The post office is located in the center of the town about 400 meters from the structure. The Foundation also has a Fiat vehicle available for guests’ needs.

2.11 COMMITMENTS AND IMPROVEMENT PROGRAMS

The commitments and improvement programs with respect to the current quality standards are defined by the Top Management, both in line with the organisation’s orientation to constantly improve the services offered to guests, and for the periodic need to adapt to new requests coming from national and regional legislation, aimed at better protecting citizens.

2.12 THE RELATIONSHIP WITH THE FAMILY MEMBER

Communication between family members has always proved difficult. Today the S. Maria Goretti Foundation has implemented that every act, procedure, process can still be improved, including the reception process in the facility.

During the initial phase, the family member is characterized by a great “hunger” for information, especially about the daily routine experienced by the family member. Family members are fundamentally interested

in being informed about the small elements of everyday life such as whether their loved one: has rested, eaten, undergone physiotherapy and whether he has been visited by the doctor. Pure interest which they express is linked to the strong desire to participate in their loved one’s care. family. From this it is essential that the structure team takes care of and responds with the utmost attention to possible doubts of the family members, right from the reception phase, communicating personally or making them aware of the various technological and physical tools present and active in the Foundation, to the answers to their questions and/or also share the visibility of the organization itself.

2.13 THE SINGLE BODY REPRESENTATIVE OF FAMILY MEMBERS

The single body representing family members and guests is established at the Santa Maria Goretti Residence for the Elderly, pursuant to and for the purposes of the Marche Regional Law 09.30.2016, n. 21, modified by L.R. Marche 14.03.2017, n. 7 and subsequent amendments.

The Single Representative Body has merely consultative functions towards the Board of Directors of the Santa Maria Goretti Foundation with regard to the services provided to guests.

The body has the right to propose initiatives and suggest advice on strengthening the services provided to all guests, as well as the possibility of making reports on deficiencies, omissions and dysfunctions in the provision of services aimed at the elderly of the facility.

What emerges from the meetings of the Single Representative Body does not constitute a binding act for the activity of the Board of Directors of the Santa Maria Goretti-Personal Services Foundation.

2.14 VISITING HOURS

For visits to guests, family members can access every day from Monday to Sunday from 09:00 to 11:30 and from 15:00 to 17:30 by booking through the switchboard at number 071-67708 where an employee will arrange the visit depending on the specific times and spaces provided; without prejudice to any other provision given by the Institution and/or by current legislation.

Outside these hours, arrangements must be made with the Facility Manager and/or the Services Coordinator.

Family members are advised not to enter the rooms during care activities for guests and to wait outside the canteen during the administration of meals so as not to interfere with the activities of the operators.

2.15 ACCESS FOR VISITORS AND/OR FAMILY MEMBERS

The presence of relatives is encouraged and facilitated through the possibility of visiting your loved one daily (subject to reservation) in compliance with current regulations and through participation in all moments of celebration.

Visitors are provided with an attendance badge to be scanned on a special tablet, both upon entry and exit, at each visit made. Visitors are advised to: respect the privacy of other guests; respect ongoing activities (cleaning, assistance, laboratories); respect the spaces and do not circulate in other people’s rooms.

It is absolutely forbidden for family members/visitors to directly deliver alcohol, food and medicines to

Guests. Food can be delivered to healthcare personnel only if you have the receipt for food traceability.

Any type of external assistance programmed by the Guest and/or his/her family member without prior formal authorization at the sole discretion of the Foundation is absolutely prohibited within the facility

2.16 REGULATION OF INSTITUTION - VOLUNTEER RELATIONSHIPS

The collaboration of volunteers may be permitted provided that the interested parties are informed about the internal regulatory rules and organizational criteria, as well as about the philosophy of carrying out the service, so that the intervention is not incompatible or conflicting. The desire to carry out voluntary activities must be reflected in a written request, addressed to the President of the Foundation, also containing the motivations and action criteria upon which the intervention is based.

Volunteers can carry out purely integrative tasks, providing psychological, emotional, social and solidarity support and never replace professional figures operating in the structure for the performance of institutional tasks.

Volunteers must refrain from any action that is detrimental to the organization and proper functioning of the Structure. The duty of professional secrecy also extends to volunteers to protect the right to privacy of the person using the service.

The voluntary activity is free of charge and does not oblige the organization to make any financial commitment.

2.17 VALUABLE ITEMS

It is not recommended to bring valuables of any kind into the structure, such as money, jewelery or valuable items of clothing. The Foundation is not responsible for any damage or theft.

Upon the guest’s entry into the facility, the Facility Manager and/or the reception committee reports, via a specific form, the personal effects that the user brings into the facility such as: wedding ring, glasses, prostheses, necklaces and/or others valuable items. The Foundation assumes no responsibility for objects stored directly and personally by the guest. However, the availability is given to keep, for short periods only and exclusively due to hospitalization, in the Facility’s safe, money and/or precious objects after completing the appropriate form.



3 PART THREE

3.1 HOW TO ACCESS THE STRUCTURE

All citizens who, on the basis of the principle of free choice, opt for the Protected Residence and/or Retirement Home as a place for their personal residency, whether under a social-health care regime, have access to the Structure and therefore to the use of the services provided. and welfare in agreement with the local Ast, and in a private regime.

3.2 ACCESS IN AGREEMENT WITH THE AST

Guests can access the Facility upon request of the General Practitioner or Hospital Doctor who, having charge of the guest, deems the need for placement in a social and healthcare facility. They, independently or at the request of their family members, can express the choice of place of treatment. The request drawn up on a specific form must be addressed to the Manager of the District Evaluation Unit of the relevant District, who, after evaluating the case, expresses a favorable or unfavorable opinion regarding access to the Facility. The authorization granted indicates the placement unit: Protected Residence or Protected Dementia Residence.

3.3 PRIVATE ACCESS

Access to the Protected Residence and Retirement Home under the solvent regime can be requested by guests coming from their own home, from other facilities or from public hospitals. In any case, the General Practitioner or Hospital Doctor draws up a clinical report on the health conditions of the guest, the ongoing therapy and the evaluation of the person’s general psycho-physical conditions. Residential services generally have an indefinite duration, with the exception, within the limits of availability of suitable beds, of any “relief hospitalizations” for which the dates of entry and discharge from the Facility are determined.

3.4 CONTRACT PROCEDURE

The guest or family member/legal administrator makes direct or telephone contact with the Facility Manager and/or staff of the administrative office of the S. Maria Goretti Foundation to book an appointment.

At the time of the meeting to stipulate the contract, the following documents are requested: identity card, health card, cumulative declaration (birth; residence, family status), tax code, collegiate visit report, medical certificate certifying the status of health and the absence of causes that may impede community life, copy of the latest tax return. The contract is stipulated both if the guest is hospitalized in other facilities and if the guest lives at his own home.

3.5 ADMISSION

Admission will take place following the stipulation of the Agreement referred to in Annex A of the Service Charter with the Foundation by the guarantor of the Guest and/or the Guest himself and/or by the Support Administrator and/or Responsible Body.

The following documents must be presented at the same time as the Agreement:

- 1. Cumulative declaration in lieu of the following certificates: birth; residence;
- 2. Family status;

- 3. Tax Code;
- 4. Any collegial visit report concerning the recognition of civil disability;
- 5. Health card;
- 6. Medical records;
- 7. Certificate from the Guest’s doctor certifying the state of health and the absence of causes that could impede community life or Hospital Discharge Form (SDO); they can
- 8. Copy of the guest’s and/or guarantor’s latest tax return and/or pension booklet.
- 9. Billing details with the address to which the invoice should be sent.

Based on the health conditions of the guest, the Facility Manager evaluates the suitability of the access proposal and the appropriateness of its inclusion and communicates its validity to the Administrative Secretary.

Once the contract has been formalised, the Administrative Secretary places the name on the waiting list to then be contacted when a bed space is available for the type of contract requested (Protected Residence or Retirement Home).

Admission to the Protected Residence and/or the Retirement Home is arranged at the sole discretion of the Administration and is subject to:

- upon reaching the age of 60;
- the assessment of the conditions and level of non-self-sufficiency carried out by the District Evaluation Unit (UVD) through the multidimensional evaluation scales identified by the Marche Region (for affiliated guests);
- the commitment of third parties (family members, relatives, municipal administrations, various bodies, co-obligors, etc.) to pay the accommodation fee;
- the stipulation by the guarantor of an appropriate Agreement referred to in Annex A;
- to the figure of the Support Administrator, by virtue of the recent legislation, Law no. 06/2004 which delegates the care of the fragile person and his moral interests; in fact, it has the aim of protecting, with the least possible limitation of the ability to act, people deprived in whole or in part of autonomy (people suffering from Alzheimer’s disease, senile dementia, stroke, etc.) in carrying out the functions of daily life , through temporary or permanent support interventions.

Persons suffering from infectious diseases, who are unfit for community life or who in any case cause harm to the Organization due to psychological factors are not admitted.

Indigent guests who require total integration, between the accommodation fee and the pension due, from the municipality to which they belong and/or another body responsible for this purpose, are exempt from submitting the application for admission.

The latter must be presented by the municipal administration concerned through the adoption of an appropriate Deliberative Act and the stipulation of the Agreement will take place through signature with the competent Social Services.

For Guests for whom partial integration of the fee by the Municipality of appearance and/or other body responsible for this purpose is necessary, the stipulation of the agreement referred to in Annex A will take place with the guarantor and must be accompanied by the related commitment resolution mentioned above.

The Facility Manager calls the users on the waiting list (man or woman) depending on the free bed space; assigns a number to identify the items of clothing; records the guest in the accounting by uploading it to the Zucchetti software and schedules the reception with the Facility Manager for all those who wish to visit the Facility.

Admission to a retirement home and/or sheltered residence presupposes knowledge and acceptance by the guests of all the rules of the Service Charter and Regulations.

The Administration will communicate to admitted guests through the following forms:

- At the same time as the stipulation of the agreement
- By sending a communication to the Guarantor by e-mail/PEC.

3.6 AMOUNT OF MONTHLY FEES

- A. Self-sufficient guests €1,200.00
- B. Semi-self-sufficient guests €1,400.00
- C. Non-self-sufficient guests €1,600.00
- D. Guests with forms of dementia €1,600.00
- E. Affiliated Guests AST €1,550.00

3.7 FAMILY DISCOUNT

If in the structures administered by this Foundation (Retirement Home - Protected Residence) there are several people who are relatives within the 2nd degree (in a direct and/or collateral line) or in any case belonging to the same family unit for at least 5 years, it will be applied and a discount of 10% is given to the Guest with a lower fee.

The accommodation fee is MONTHLY and is set at the sole discretion of the Foundation’s Board of Directors, based on budgetary needs and is different according to the guest’s autonomy level (self-sufficient, semi-self-sufficient, non-self-sufficient, dementia, affiliated AST).

The new fees will be communicated to interested parties with a circular in good time and in any case before their entry into force. The fee to be paid may undergo changes in the event of changes in the guest’s autonomy range.

3.8 AMOUNT AND METHOD OF PAYMENT OF THE FEE

The monthly fee must be paid by the Guest and/or the guarantor on his behalf no later than the 5th day of the relevant month; only in the case of entry during the month and/or discharge/death, the monthly fee will be transformed into a daily fee with the following formula: daily fee = monthly fee/30.

This daily amount will be calculated to calculate the amount of the fee due in the event of entry or to be returned in the event of death/resignation (except for the calculation of notice).

At the beginning of each month, the Institution issues the accounting document including the accommodation fee for the current month and any additional expenses (medicines, transport, extra services, etc.) attributable to the guest.

The valid payment and/or collection method recognized by the Foundation occurs through:

Sepa Direct Debit (SDD): the payment institution will carry out the payment by debiting the sums from the account of the guest and/or the Guarantor, without asking for consent each time. Sepa Direct Debit is traceable and secure.

In the event that the accommodation fee is integrated by a Municipal Administration, and/or another body responsible for this purpose, the Foundation will claim from the Guest exclusively the difference between the total amount of the accommodation fee and the related integration.

If during the period of hospitalization in the Facility the partial commitment of the Municipality, and/or other body appointed for this purpose, were to cease, the same will be entirely attributed to the Guest and/or his private guarantor.

Partial use and/or renunciation of the services offered by the Foundation to all guests is not permitted, for which the entire established monthly fee will be paid.

The administration does not guarantee the use of a single room for hospitalized guests.

3.9 SECURITY DEPOSIT

At the time of entry, the Guest and/or the Guarantor (co-obligor) will, in addition to paying the fee for the month of entry, pay as a Security Deposit the amount equivalent to the monthly fee assigned to the user by the medical certificate of entry. The amount of the security deposit must be reassessed and adjusted over time with each new reassessment of the guest. This deposit will remain kept in the hands of the Foundation to guarantee the exact fulfillment of the Guest’s obligations and will be returned to the Guest and/or his successors in title, upon termination of the relationship, within the 30th day by bank transfer for the full amount if the fees are all paid, or net of the fees still due and/or any other expenses (medicines, transport, visits and/or other services provided) incurred in favor of of the Guest and remained pending. The security deposit is interest-free.

3.10 DELAY IN PAYMENT

Delay in the payment of the monthly fee will give the Foundation’s Administration the right to charge legal and default interest, in the amount of the rate set by the ECB for refinancing operations, increased by 8 (eight) points (Legislative Decree 09/11 /2012, No. 192, Official Gazette 15/11/2012, No.267). Failure to pay the hospital fee constitutes a breach on the part of the guest with the consequence of a provision by the Board of Directors for the termination of the contract and for the immediate dismissal of the guest concerned, starting from the second unpaid monthly payment.

3.11 WAITING LIST

Access is scheduled by the Facility Manager who manages entry using the following criteria:

- For beds affiliated with Ast Marche, non-self-sufficient individuals, the waiting list will be drawn up directly by the District Evaluation Unit (U.V.D.) of the territory which will independently manage the places under its responsibility.
- For beds not covered by Ast agreements, the waiting list will be managed directly by the Foundation whi-

ch will call the guests according to the chronological order in which the relevant Agreement was stipulated, after evaluating the degree of self-sufficiency of the guests; in the event of a tie between two agreements, priority is given to the Guest who resides in the Municipality of Corinaldo.

- People with a tracheostomy, mechanical ventilation or suffering from psychiatric disorders are excluded from the waiting lists.

All guests must in any case be in the clinical compensation phase and for this reason if the Facility Manager believes that the aforementioned criterion does not exist, he invites the proponent to contact another more suitable Facility.

The access program is also managed according to the following priority criteria:

- Inability of the family unit to take care of the guest
- Situation of social hardship
- Respite stays

These criteria are assessed on a case-by-case basis by the Facility Manager following an interview with the requesting Bodies/Services/Institutes.

3.12 CLINICAL NEWS AND PRIVACY

In addition to updating and reviewing the PAI (individual care plan), the Facility Manager remains available to the family members/legal representatives of the guests for telephone or in-person interviews by appointment.

In the exclusive interest of the guests, the staff is required to maintain maximum confidentiality regarding all information regarding guests and does not provide any information to family members and significant others unless expressly authorized.

Upon entry into the Facility, adequate information is provided and consent to personal data is requested, in compliance with GDPR 679/2016.

3.13 EXIT PERMITS AND ABSENCES

Any exits must be reported to the nursing service which reports it in the guest’s computerized social and health file.

In the event of the Guest’s absence from the facility due to hospitalisation, the bed space will be kept until the date of hospital discharge. Prolonged absences for non-health reasons must be agreed with the Facility Manager and communicated to the relevant administrative office.

There is no established limit of absence for job retention.

The monthly fee must always be paid in full and no reduction in the fee is foreseen in the event of absence for reasons other than hospital admission. In the event of prolonged absence, exclusively for hospital admissions, the absent guest is responsible for maintaining the place and for the actual days of absence, a stay fee (daily fee = monthly fee / 30 days) reduced as per follows:

- The day of leaving and returning to the Facility are considered days of presence; therefore, both

will have to be paid in full;

- The interval between the day after leaving and the day before re-entering will be considered a period of absence;
- For the period of absence of up to 2 consecutive days, (deductible) you will not be entitled to any deduction;
- For the period of absence beyond 2 consecutive days, a reduction equal to 40% will be applied to the daily fee accrued for all days included in the interval of absence beyond the first 2 days of deductible (therefore a total of 4 days).
- These reductions will be used by the Guest, following a calculation carried out and communicated by the Facility in the month of re-entry via refund by bank transfer and/or deduction from the subsequent fee.

For all other absences the full fee will be applied.

3.14 RESIGNATION

At the sole discretion of the Administration, a guest who becomes incompatible with community life or who, in any case, causes any harm to the Institution may be dismissed from the Residence at any time (re-entrusting him to his Guarantor), with only prior notice. of ten days.

The guest may be dismissed if he exhibits moral and/or disciplinary misconduct and is a serious disturbance to the community life of other guests.

In particularly serious cases, at the sole discretion of the Administration, the aforementioned notice is set at 24 hours.

The guest will be dismissed automatically upon renunciation by the Guarantor unless another entity (public or private body) takes over with the assumption of the commitment.

If at the time of the above waiver a commitment has not been received from another entity (public and/or private) the Guarantor himself will have to arrange for the guest to collect him directly.

Upon the guest’s discharge, the Guarantor will have to pay the balance of all amounts due to the Institution. If this is not the case, the latter reserves the right to take any action, including legal action, to recover the amount due by reporting the guest’s abandonment to the co-obligors.

The guest may be dismissed, at the sole discretion of the Foundation and following specific examination of each individual case, for arrears of even just one entire month’s salary by re-entrusting him to his Guarantor.

Voluntary cancellation of the place by the guest or the Guarantor must be given by the latter at least thirty days in advance via written notice. Failure to give written notice gives the Administration the right to charge the amount of a monthly rent or portion thereof quantified proportionally to the shorter notice and therefore, at the time of cancellation, the document proving the payment of the accommodation fee up to on the thirtieth day following the date thereof.

Without prejudice to the obligation of written cancellation, the notice period referred to above will not be applied in the event that the guest, for physical and/or psychological reasons, can no longer be admitted to

the Protected Residence or Retirement Home. In this case, an appropriate and justified medical certificate must be presented.

3.15 DEATH OF THE GUEST

In the event of the death of a guest at the Facility, the staff in charge of the Residential Facility (nurses) will promptly inform the affiliated attending physician, or, in his absence, the Medical Guard on duty at that time, in order to allow confirmation of death.

Subsequently, the same staff will notify the death to family members or contact persons (if not already present at the Facility).

The body, after the confirmation of death, is prepared as per the specific procedure and protocol, duly prepared within the Structure.

The family members (or contact persons) will be responsible, with absolute autonomy of choice, for identifying the funeral company to which to entrust the funeral. Similarly, family members (or contact persons) will contact the religious (or civil) authority to agree on times and ways of carrying out the farewell religious (or civil) function.

The same subjects who organize the funeral and identify the company and the religious or civil authority mentioned above will be responsible for supporting the related economic costs (various funeral costs, including the transport of the body to the place of celebration of the funeral and subsequent burial, business payment, burial costs, etc., as well as those relating to the function – religious or civil – chosen).

3.16 PROHIBITION OF SUB-ENTRY

No right of sub-entry is granted to anyone upon termination, for any reason, of a guest’s hospitalization.

3.17 RELEASE OF THE USER’S SOCIAL-HEALTH RECORD AND ADMINISTRATIVE DOCUMENTS

The Foundation provides access to the documents as regulated by Law 241/1990, which regulates the way in which the user’s personal documentation is released (PAI, diagnostic tests, integrated socio-health record, etc.).

A copy of the guest’s personal documentation may be requested upon express request from the guest or his delegate/legal representative at the Foundation’s administrative office and if there is authorization, a copy of the documentation will be issued within 15 working days. The cost of extracting paper copies of deeds and documents is based on the pages reproduced: from 0 to 20 pages €15; from 21 to 50 pages €30; over 51 pages €50.

The reception can also issue other administrative documentation to interested parties such as receipts for the purchase of medicines and correspondence.

3.18 COMPLAINT

The Foundation guarantees the possibility of filing a complaint following a disservice, act or behavior that has denied or limited the usability of the services.

The user can present a complaint directly to the Secretariat, to the receptionist, to the Services Coordinator (malfunction or appreciation report form or via e-mail) also anonymously, communicating their observations.

The Administration undertakes to respond to non-anonymous reports received. Complaints are taken care of at the same time as the relevant reporting and the maximum deadline for processing them is set at 30 days, where external bodies or suppliers are involved in their resolution. Through the website it is also possible to access the anonymous complaints and suggestions section by filling out the appropriate form which is sent directly to the secretariat address.

3.19 TAX CERTIFICATION

Every year the Foundation undertakes to issue to those entitled the certification for tax purposes for the services that involve the sharing of the cost by the user, where medical and paramedical expenses will be indicated separately, within the timeframe required for submitting the declaration of incomes.

3.20 INSURANCE COVERAGE

At the Protected Residence and/or Retirement Home there is insurance coverage for the risks of accidents or damage suffered or caused by guests, staff or volunteers.

3.21 DIRITTI

Pursuing the principles that inspire the Foundation’s choices to comply with the commitments undertaken in the provision of Services presupposes constructive collaboration between guests, family members and professionals, aimed at achieving the common objective: the quality of the service provided. In everyone’s interest, we propose a short list of the rights and duties of those who access the Structure which we report as a guarantee of sharing and mutual commitment.

GUEST RIGHTS:

- Right to respect for dignity
- Right to confidentiality according to current legal provisions
- Right to identify the operator by means of an identification tag
- Right to be listened to with respect, kindness and competence
- Right to timely, clear, exhaustive, updated and understandable information
- Right to know the purpose and methods of provision of the appropriate healthcare service and to trust in a relationship of trust with the case contact person and the team
- Right to be assisted by qualified personnel
- Right to the guarantee that the institution makes available to professionals the diagnostic and therapeutic tools and scientific updates necessary to provide the most appropriate services, allowing them to act according to science and conscience and in compliance with the ethical and deontological code.
- Right to know the conditions of stay
- Right of family members to receive information within the limits permitted by respect for privacy and the user’s will
- Right to lodge a complaint and to know the outcome, to formulate proposals and suggestions in verbal

- and written form
- Right to express your opinion on the services offered through satisfaction questionnaires
 - Right to transparency

3.22 DUTIES

Direct participation in the fulfillment of some duties is the basis for fully enjoying one’s rights. Personal commitment to duties is a respect for the social community and for the health services that all citizens benefit from; complying with a duty means improving the quality of the services provided by the services.

GUEST DUTIES:

- It is necessary to maintain a responsible attitude towards other guests, avoiding any behavior that could cause disturbance (noise, lights on, radio, TV with high volume, cell phones, etc.)
- It is a duty to maintain respectful and collaborative behavior with all the Facility staff and other guests
- It is the guests’ duty to follow the therapeutic prescriptions and behavioral indications received, to guarantee the best possible outcome of the treatments
- It is necessary to respect the environments, equipment and furnishings found inside and outside the Structure
- It is the duty of each guest to promptly inform the healthcare personnel of his intention to renounce scheduled healthcare services and treatments, in order to avoid waste of resources and money.
- It is the duty of every guest to smoke only where it is permitted, to preserve the health of the community

3.23 GUEST SAFETY RULES

The right to safety of guests and employees also depends on respecting some simple behaviors:

- **DO NOT MOVE GUESTS BY THEIR OWN:** our guests are fragile and often not able to be cooperative when moving. If a guest moves another guest alone you can run the risk of getting hurt and getting hurt too. It is necessary to ask for support from staff who are trained to carry out the move safely.
- **COLLABORATE WITH THE STAFF DO NOT REPLACE THEM:** our guests are complex in management. If you believe that the care they offer is not adequate, our healthcare staff is available for clarification and discussion. It is not necessary to intervene independently (for example with supplements or medicines, with physical exercises or with medications) because these could be harmful to the health of the guest.
- **BEWARE OF FOOD BROUGHT FROM HOME:** the Facility is not just a place where you are assisted and cared for, but represents a place of socialization and sharing that encourages the development of interpersonal bonds. Food legislation relating to food hygiene prohibits the serving of homemade and unpackaged products. Food can enter the facility accompanied by a tax receipt to guarantee the food processing carried out on the product. Finally, no food produced outside can be left in the Facility nor can it be stored by it.
- **DO NOT GIVE FOOD TO GUESTS:** guests often have pathologies that limit their diets or even their ability to swallow. Giving unauthorized food to a guest can jeopardize their health, we therefore ask you to refrain from independently administering food to other users without the prior authorization of healthcare personnel.
- **HANDS:** hands are the first vehicle of germs and therefore hand hygiene is the first step against infections. Health does not always come from complicated things or targeted interventions, there are simple gestures, such as hand washing, which guarantee feeling good while respecting oneself and others.
- **IF YOU ARE SICK STAY HOME:** feeling well also transfers well-being to others, if you are not fit or are sick don’t feel obliged to come and visit your loved one. For everyone’s well-being it is better if you stay at home for a few days.

- **CHECK THAT DOORS AND GATES ARE CLOSED:** people live in the Structure who must be protected as they are not able to manage themselves. Living environments must guarantee their safety, so if you find a closed door, be careful to close it after you have passed. Also make sure that the external gates close after you pass through and do not facilitate the exit of people; it will not be a gesture of rudeness but rather attention towards those who are more fragile.
- **ATTENTION TO SIGNS AND ESCAPE ROUTES:** safety signs allow you to identify dangers, prohibitions and obligations as well as provide information. The escape and access routes represent passages to quickly manage any emergencies. Do not underestimate these messages and make sure you do not block escape routes: they could be useful for avoiding dangers and dealing with emergency situations.
- **SAFETY:** the Foundation is committed to ensuring safe environments for guests, visitors, employees, suppliers and collaborators. Help us maintain high attention to safety and report malfunctions, breakdowns, breakages, etc. Don’t think that it’s always up to someone else, your collaboration is a precious help for us.

3.24 THE SECURITY OF THE STRUCTURE

The Foundation guarantees maximum attention to the health and safety of workers, users, family members and visitors, keeping all the facilities of the Facility and the equipment in use under control, guaranteeing the correct and timely execution of ordinary and extraordinary maintenance through specialized maintenance workers. .

All staff are regularly trained on health and safety at work in compliance with the legislation (Legislative Decree 81/08 and subsequent amendments). The staff is equipped with clothing and protective devices to be used during daily activities to protect them and the guests present, in compliance with what is defined by the Foundation’s Prevention and Protection Service.

Health and safety management within the Structure is guaranteed both in ordinary and emergency conditions. The Foundation has structured its own Safety Organizational Chart indicating all the necessary functions, including the emergency management team made up of workers with first aid and fire prevention training, whose task is to coordinate activities and intervene first. person in all emergency situations that may arise in the Facility (healthcare, fire, earthquake, flood, blackout, etc.). The emergency plan, shared with the emergency team, defines the procedures to be adopted in case of need. These procedures are periodically tested with all staff, simulating the various envisaged hypotheses. Specific emergency plans are posted inside the Structure which indicate the escape routes, emergency exits and the external meeting point.



4 PART FOUR

4.1 LIFE IN THE STRUCTURE

Activities in the Protected Residence and Retirement Home are organized according to the following times:

Wake up	from	06:00	to	08:00
Breakfast	from	08:00	to	09:00
Drug therapy	from	08:00	to	09:00
Activities	from	09.30	to	11.30
Lunch	from	12:00	to	13:00
Drug therapy	from	12:00	to	13:00
Afternoon rest	from	1pm	to	2pm
Rise	from	2.00pm	to	3.30pm
Drug therapy	from	2.00 pm	to	3.00 pm
Snack	from	3.30pm	to	4.30pm
Activities	from	4.30pm	to	5.30pm
Dinner	from	6.00pm	to	7.30pm
Drug therapy	from	6.00 pm	to	7.30 pm
Chamomile distribution	from	7.30pm	to	8.00pm
Bedtime	from	8.00pm	to	9.30pm
Night care	from	9.30pm	to	6am
Drug therapy	from	10.00pm	to	11.00pm

Assisted baths are scheduled compatibly with daily activities, ensuring weekly frequency.

The entertainment activity integrates with the assistance activities to:

- Reactivate and keep alive personal interests in the elderly person
- Enhance the guest as a whole

The entertainment service organizes numerous activities for guests including: workshops, recreational moments, parties, occupational games, outings, trips, games and shows.

4.2 THE STAFF

All the staff working in the Structure wear an employee identification tag on their uniform and furthermore, the color of the uniforms allows the operators to be reduced to a professional group to which they belong.

The composition of the professionally qualified staff employed in our Protected Residences and Retirement Homes is defined in such a way as to guarantee services and performance in compliance with the management standards required by current legislation.

4.3 CODE OF ETHICS OF BEHAVIOUR

The Foundation carries out its activity in a continuously and rapidly evolving social, political and economic context, in which compliance with laws and regulations is of primary interest. The awareness of the importance of one’s role within the community in which it operates and of the consequent ethical and social responsibilities towards all its interlocutors represented the main motivation

for making explicit and transmitting to the outside the system of values that is at the basis of his way of being and acting.

For this reason, the Code of Ethics has been prepared, compliance with which by the individual recipients is of fundamental importance for the good functioning, reliability and reputation of the Foundation. The Code of Ethics is continuously updated, it specifies the values and rules of conduct that have led the Foundation, over time, to place the quality and correctness of relationships with all its interlocutors as a priority, developing quality management principles, safety and ethics and adopting an organizational model.

4.4 CARE ACTIVITIES

During hospitalization, care of the guest is implemented which takes into account the general therapeutic and rehabilitation needs, which is implemented through moments of care and assistance, structured in relation to the different needs. In general it provides:

- 1) evaluation and observation activities, carried out upon entry, of the guest’s level of autonomy, clinical problems and care needs;
- 2) definition of the individual care plan;
- 3) care and recovery activities in relation to the needs that emerge during hospitalization;
- 4) family/caregiver involvement activities;
- 5) information activities for the guest and/or family regarding the implementation of the individual care plan;
- 6) verification activities of the planned activities.

Each professional figure, in relation to what is defined in the activities described, transcribes them on the respective cards and/or diaries of the guest’s computerized file.

The treatment activity therefore involves the implementation of all actions that aim to reduce the impact of the patient’s pathology or pathologies, with the ultimate aim of achieving the maximum possible recovery or when this is not possible, daily activities are implemented to the maintenance of the person.

4.5 HUMANIZATION OF CARE

The Protected Residence and the Retirement Home implement a process of humanization of care which consists in bringing the guest, with their experience, illness and experiences, back to the center of the activities.

The Structure is a place where people experience aspects of life that are in many ways new: the condition of fragility and therefore the loss of one or more functional domains and the reduction of one’s autonomy, the opportunity to receive treatment to heal, means helping to live a peaceful, safe and creative life.

Humanizing care, within the Structure, means assisting the user in his entirety, welcoming him, stimulating him and listening to his emotions and needs. Treating a person means treating their illness, but also their heart and soul, because by feeling loved and respected they will respond even better to the services offered to them, guaranteeing complete well-being. Humanization is a fundamental concept for the Foundation to make the environment, assistance and therapeutic paths as close as possible to the person considered in their physical, social and psychological entirety.

4.6 TAKING CHARGE

New admissions to the Protected Residence or Retirement Home are normally scheduled on a weekday from Monday to Friday, preferably from 09:00 to 12:00.

The moment of entry of a guest into the Facility represents an important step both for the individual and his family and for the operators as it determines a change, often definitive, in the person’s life and has a great impact on the subsequent phases of insertion and, sometimes, over the entire hospitalization period.

Upon arrival the guest is welcomed by the multi-professional Welcome Committee, made up of:

- Facility Manager
- Coordinator of services in global service
- Head of Communications
- Psychologist
- Nurse
- Social-Health Worker

The Facility Manager and the Services Coordinator will collect all the clinical documentation in their pos-session relating to previous hospitalizations, diagnostic reports and/or specialist visits and complete the entry forms.

The Communication Manager and/or the Psychologist deepen the knowledge of the guest and illustrate the program of activities organized within the Structure, accompany him inside to learn about the structure, the environments, the rules and its services, indicating to the himself the few simple rules of life of the Community.

The assistance staff follows the new guest’s first period of stay with particular attention, in order to facili-tate their integration and socialization with other users to avoid isolation.

A first PAI (individual care plan) is formulated with the collaboration and sharing of the family member, where the areas of intervention are defined on the basis of the assessment of the needs that have emer-ged and which explains the objectives that can be pursued. This will then be followed by a moment of desi-gn, planning and verification of the multidisciplinary interventions envisaged to satisfy the overall needs of the guest, which will bring together all the information characterizing the health, welfare, motor, cognitive and social/relational aspects of the user.

The assignment of the bed to the guest is arranged by the organization of the Structure based on availa-bility.

During the stay, the multi-professional team will be able to make room changes if elements of changes in psycho-physical conditions occur. The room change can also be implemented for organizational and management reasons. Guests, their family members or their contact persons are informed in advance of such movements.

Pursuant to Presidential Decree 223/1989, patients admitted to healthcare institutions of any nature, after two years of the guest’s stay at the Facility, the Facility Manager is obliged to make a change of registered residence, unless explicitly indicated otherwise by the guest or the legal representative of reference who, in writing, does not authorize the Facility Manager to make the change.

The Facility Manager has the task of monitoring the health status of the elderly, in collaboration with all

the professional figures working in the residence.

Conventional specialist visits, when necessary, can be booked at the National Health Service clinics. If requested by the guest and/or legal representative, private specialist visits can be carried out directly in the Facility.

4.7 HEALTH DOCUMENTATION

The following are considered health documents and are subject to current legislation: the computerized social welfare and health file which consists of acceptance/discharge forms, medical diary, drug therapy sheet, nursing diary, welfare diary, rehabilitation diary, evaluation forms, prescriptions for aids and aids, specialist consultation reports, reports relating to the guest, health certifications and personal documents.

The social welfare and health file is nothing more than the guest’s medical record which can be consulted by the medical staff. The regularity of keeping the social welfare and health records is the responsibility of the global service coordinator and belongs to the S. Maria Goretti Foundation. It is a health document covered by official secrecy and professional secrecy and subject to the legislation on the protection of confidentiality (Legislative Decree 196/2003).

4.8 NURSING ACTIVITY

The nursing service is coordinated by the Global Service Services Coordinator, who deals with the mana-gement of healthcare personnel in terms of the application of correct procedures and relevant healthcare processes.

Nursing activity is guaranteed 24 hours a day, 7 days a week, where the nurse takes care of the prepa-ration and administration of therapies, as established by the health facility of origin or by your general practitioner.

The nurse carries out the medications, takes blood samples for blood tests, checks the vital parameters and carries out all the necessary interventions to protect the clinical integrity of the guest.

Through the Nursing Coordinator, he also takes care of the supply of health aids and medicines, with whom he collaborates to verify correct storage and expiry. Furthermore, he supervises the management of food, verifying the correct administration of targeted therapies and reporting to the Nursing Coordinator.

The nurse promotes all the initiatives within his competence to satisfy the biopsychological needs of the guests and to maintain a climate of peaceful collaboration with the families.

It also records and reports every element useful for medical diagnostics. Collaborates with doctors and other professionals with a view to adapting healthcare measures.

4.9 PROSTHETIC, SUPPLEMENTARY ASSISTANCE AND MEDICATIONS

The AST directly guarantees:

- the direct supply of medicines for guests placed in accredited socio-health facilities. The supply of drugs, both ad personam life-saving drugs and in band C, takes place on prescription from the General Practitio-

ner and on supply from the hospital pharmacy and where not available, from the pharmacy collaborating with the Facility.

- The supply of Artificial Nutrition products, oral caloric nutritional supplements (for guests with nutritional deficits) and water substitutes (for dysphagic guests), based on the nutritional plan.

- The supply of advanced dressing material, on the basis of therapeutic plans issued by medical specialists of the National Health System, according to the clinical pictures and with the prescription methods envisaged by the current regional provisions. The identified devices must be included in the National Health System Handbook, even for advanced medications; the provision of unforeseen devices can only take place in situations for guests with stomas and/or catheters; necessary material, within the limits of the regulatory provisions in force; the request is made to the District of residence and the supplies are supplied to the hospital or healthcare pharmacy for the aids.

- For diabetic guests: material necessary for glycemic self-monitoring.

- The supply of diapers and incontinence aids in the daily quantity indicated by the guest’s general practitioner.

4.10 MOTOR AND REHABILITATION ACTIVITIES

The motor and rehabilitation activities of the guests are carried out by physiotherapists who deal with functional recovery and re-education.

The physiotherapist pays particular attention to motor, psychomotor and cognitive disabilities using physical, manual, massage therapy and occupational treatments.

It also proposes the possible adoption of prostheses and aids in collaboration with the Physiatrist and/or General Practitioner.

All programs are aimed at maintaining and recovering the guest’s residual abilities, as well as improving his motor autonomy.

4.11 SOCIAL WELFARE ACTIVITY

The social welfare activity is carried out within 24 hours by qualified operators (social and health workers) and concerns all welfare activities such as personal hygiene (bathing or showering including hair washing and for men shaving is also provided of the beard), dressing, mobilization and nutrition. Particular attention is paid to hydration. Care workers carry out control and surveillance interventions to ensure the safety of guests. Care workers carry out the aforementioned activities after being involved in the drafting and dissemination of the PAI (individual care plan).

4.12 GUEST’S INDEPENDENT EXITS

The guest enjoys wide freedom of movement, access and exit from the structure (having an “open” nature), without prejudice to the limitations placed to protect internal order, the personal and collective safety of guests, by current regulations and/or or by provisions of the Institution.

Limitations on freedom of movement can also be shared with the legal representative as a protection for the user’s psycho-physical state.

The guest can enter, exit and receive visits (in the spaces provided for this purpose) at pre-established times, only avoiding causing disturbance to other guests, especially during the times intended for rest and lunch.

4.13 SILENCE

The guest is invited to observe silence at the following times:

- in the common areas from 10.30 pm to 7.00 am;
- in hospital rooms and sleeping areas from 1.00 pm to 3.00 pm and from 9.00 pm to 7.00 am. Furthermore, silence must be observed in the rooms in all cases deemed necessary due to contingent causes (terminal illness, state of mental agitation, etc. affecting one or more guests).

The rule of respect for silence also applies to service staff and external visitors.

4.14 COMMUNICATION

For the Foundation, the development and implementation of an adequate communication method, supported by appropriate tools, is a priority activity to promote informed access to services and at the same time to inform users about services and treatment paths, thus contributing in a decisive way also to the promotion of health education and correct lifestyles offered to our users.

The complete internal and external communication process involves the following figures (stakeholders):

- Guests: represent the largest and most heterogeneous group of recipients of the communication;
- Personal: communication must be aimed at them as an activity of exchanging information and needs, with the aim of facilitating and raising awareness of their role;
- Community stakeholders: public categories (local authorities, Ast, associations,..) who are directly involved in achieving the objectives
- Media and new media (printed paper, TV, radio, social media): they are also recipients of actions that we want to communicate.

The target of internal communication is identified in the staff who work within the Protected Residence and Retirement Home, with whom it is necessary to share as much information and data to allow for the integration of skills and the improvement of levels of efficiency and effectiveness, thus achieving strategic objectives and reducing the dispersion of energy. Furthermore, being aware of the activities undertaken by the organization increases the sense of belonging, with a positive effect on the internal climate and organizational well-being.

To help achieve its objectives, the Foundation plans a series of actions through the information channels adopted relating to the services offered, the methods established for their provision, the times in which it is possible to use the services, the places, the costs, etc. .

Internal, two-way communication as the main vehicle for sharing any type of message, both informative and functional, by the public within the Structure.

External communication, aimed at citizens, other Administrations or Bodies, businesses or Associations, to promote real autonomy of choice, identify user needs and stimulate the active and responsible participation of citizens, improve relations between the Foundation and the stakeholders of interest.

The organizational and management models, which have as their priority objective the taking care of the guest as well as the governance of the processes of close collaboration between health and social care, are essential elements to ensure that the function of communication disappears internal. The latter, in fact, plays a central role in the creation of a unitary identity, where roles, responsibilities, relationships and operational mechanisms are defined.

With regards to external communication, there are currently various tools to support the Foundation in providing complete information and communication. The Protected Residence and the Retirement Home of the S. Maria Goretti Foundation have adapted to the new means of dissemination to reach recipients through social media (Facebook, Instagram) but also classic media such as newspapers, videos and services for in-depth analysis, diffusion of press releases. Each of these means used according to the peculiarity of the message to be disseminated and the target to be reached such as guests and citizens has the characteristics to contribute to an improvement in the quality of life. User communication needs include, among many others:

- The need for personalization and humanization: continuity of assistance and protection of rights;
- The right to information: on the services offered and user satisfaction;

The spread of the internet and the increasingly widespread use of mobile devices (smartphones, tablets) have opened up new and unexpected scenarios for residences too. The digital channels of new media, Facebook and Instagram, both used by the Foundation, are becoming fundamental tools for many family members and citizens to find information and communications from their loved ones.

4.15 SERVICE QUALITY POLICY

The Protected Residence and Retirement Home of the S. Maria Goretti Foundation is authorized by the territorial AST which documents that it possesses a complex series of technological and organizational structural requirements which are controlled by the provincial administration in compliance with the minimum requirements established by the Marche region from:

- regional law n.21 of 30 September 2016 "Authorisations and institutional accreditation of public and private health, socio-health and social structures and services and regulation of contractual agreements of public and private health, socio-health and social structures and services " , modified by regional law n. 7 of 14 March 2017.
- regional regulation of 1 February 2018, n. 1 "Definition of the types of public and private health, social-health and social structures and services pursuant to article 7, paragraph 3, of regional law 30 September 2016, n. 21 "Authorisations and institutional accreditation of public and private health, socio-sanitary and social structures and services and regulation of contractual agreements of public and private health, socio-sanitary and social structures and services", which defined and codified the various types of structures.

Furthermore, the Structure complies with the following requirements:

- UNI EN ISO 9001:2015.
- Accreditation Manual for healthcare facilities DGR n.1572 of 16.12.2019, integrated by DGR n.1263 of 08.31.2023.

With these controls, the public sector guarantees that the structures comply with the criteria established by the laws and regulations in force, both in terms of environments and systems, and in terms of the type of professional figures.

The current legislation provides that the Service Charter expresses the quality standards of the Protected Residence and Retirement Home, regarding the aspects that each guest or his relative can personally express in the environments and in the relationship with the staff: this is why we speak, in in this case, of perceived quality.

One of the most important values for the individual is, for example, the quality related to the state of health, i.e. the perception of how much one's state of health favors or prevents the realization of one's ideal life. The quality of life value, to have a real meaning, must always be contextualized, must always refer to the person, space and time.

The standards of technical-professional quality of performance and efficiency of work processes are therefore not considered in the Service Charter, since the evaluation of these aspects requires particular tools and methodologies, delegated to the internal Quality Service.

The challenge posed by the Service Charter is the attention that is required from operators on certain aspects of quality, it stimulates them to jointly consider all aspects of quality, in particular those linked to their technical-professional activity, in a global vision of quality which focuses attention on the overall result of the services provided and seeks to satisfy the guest's expectations.

Quality, in fact, is defined by the meeting of two areas of needs: those of the guest and those of the operators who must provide the most satisfactory services possible.

In this perspective, quality is global, since it develops by combining the quality perceived directly by people, the technical-professional quality, and the quality provided in the work processes.

This encourages interaction between the activities carried out by the different professional figures operating in the Structure, in a human and environmental context that respects the dignity of people.

4.16 QUALITY MANAGEMENT SYSTEM

Health and welfare activities are carried out according to procedures and protocols defined by the Foundation's Quality Management System. All the necessary documentation is available to the staff, who are periodically trained on the procedures and/or on the occasion of modifications and/or additions.

4.17 COMFORT NEEDS

For a correct evaluation of comfort inside the structure there are humidity detectors that allow us to take environmental characteristics into consideration. The parameters that influence thermo-hygrometric well-

being are: temperature [°C], relative humidity [%], air speed [m/s], air quality (also understood as its pollution) , the temperature of the radiating surfaces [°C]. Precisely depending on the activity that the guest carries out and the type of clothing he wears, his body implements thermoregulation processes with the aim of maintaining body temperature around 37°C. It is therefore important that the structure has a heating and/or cooling system that guarantees an internal temperature of the rooms of around 20°C/22°C in the winter period and possibly no lower than the external temperature by more than 6°C (or in any case not lower than 26°C) in the summer period. Specifically, temperatures between 20°C and 24°C in winter and between 22°C and 26°C in summer are recommended for our environments; the relative humidity value can vary between 40 and 60%. This value, in addition to being connected to the quality of the indoor air, is an aspect that guarantees the minimization of the presence of viruses in the air in the post-COVID period. For this reason, in addition to regulating the number of people (via badges for each family member identifying the relative but also the entertainment time in the facility) in the rooms, the Foundation adopts an adequate air filtering system and continuous monitoring of the systems. . One of the fundamental objectives for achieving comfort, in fact, is precisely to avoid a priori situations of local discomfort to which the elderly are even more “sensitive” and who often suffer from circulatory or joint problems.

4.18 GENERAL AND SPECIFIC QUALITY STANDARDS

The quality requirements and standards to be observed for the provision of services are those established by the national and regional regulations regarding social and health services, with particular reference to the Authorization and Accreditation Manuals adopted by the Marche Region.

The S. Maria Goretti Foundation has defined general and specific standards of quality and quantity, which it ensures compliance with. The structure is equipped with a customer satisfaction detector (digital satisfaction questionnaire) which uses a series of questions to verify the expectations of the services provided and user satisfaction, in order to activate an orientation towards improving the quality of services.

The tablet is available for both guests and family members, visitors, operators and suppliers. Furthermore, for greater transparency, the user, family member, operator or citizen can access the area reserved for them from the Foundation website for communications, reports or suggestions.

The general quality standards correspond to quality objectives of the services provided, such as: the use of procedures and protocols; work for individualized projects (PAI); staff training; the correct use of resources; the use of computerized systems; HACCP compliance.

The specific quality standards correspond to quality objectives of specific services, rendered individually to the guest. They are, therefore, directly verifiable by the user himself and by the personnel in charge. The objective of our organization is to provide appropriate and safe quality care, using tools that allow you to measure your level of risk, monitor unwanted events, study problems and prepare interventions. The reports that are detected allow us to evaluate the entire organization in its entirety, the ability of the organization to satisfy the explicit and implicit needs of users and the ability to achieve the objectives that the organization has set itself. The areas referred to are user-specific, such as the detection of: accidental falls; bedsores; nosocomial infections; rehabilitation treatments; animation treatments and the quantity of psychological supports carried out.

Improvements are not always conditioned by the input of resources, but can also be achieved thanks to organizational and/or behavioral changes and significant team work. Furthermore, there cannot be well-being for the elderly if we ignore the quality of life of those who assist and how the organizational climate is connected to the type of relationships.

4.19 QUALITY STANDARD INDICATORS

In defining the standards, reference is made to different types of indicators, i.e. significant facts that indicate the result obtained corresponding to what was wanted.

- Organizational: hours of nursing staff presence in 24 hours, physiotherapy and entertainment programmes, internal staff satisfaction index.
- Structural: absence of architectural barriers, seasonal air treatment systems, brightness of the internal environments, guest orientation, logistical services.
- Process: timeliness of staff intervention in the event of a call with the bell, periodicity of environmental cleaning and sanitization work, choice of dishes on the menu.
- Satisfactory/unsatisfactory events (e.g. positive/negative opinions expressed by guests and/or family members regarding the services provided).
- Outcome: annual monitoring of falls, infections, pressure injuries.

These indicators for monitoring quality in the Structure were chosen in compliance with the provisions of current legislation.

The quality standards are subjected to constant verification with specific methods and tools prepared, managed and monitored by the Facility Manager. The results that emerge are shared at the meeting with the Presidency of the Foundation.

In defining the standards, reference is made to types of indicators that can be linked to significant facts that can indicate whether the result obtained corresponds to what was expected. Specifically:

QUALITY FACTORS’	RESULT	QUALITY INDICATOR WITH TARGET	DETECTION MODE
PLACEMENT RECOGNITION			
Pre-Check-in Minutes on Guest Habits and Needs	Conducting the interview by the administrative	At the act of the stipulation of the convention (Target >=98%	The 10% sample
Welcome committee at the guest’s entrance	Welcome at the entrance of the guest by the multi-disciplinary committee	On the day of new host onboarding (Target >=98%)	The 10% sample
HEALTHCARE SERVICES			
Nursing Assessment	Conley scale assessment at the guest’s entrance, by the nurse	Within 8 hours of admission of the new host (Target >80%)	The 10% sample
First Visit to the GP	Conducting the first medical examination	Within 1 month of host admission (Target >80%)	The 10% sample
Drafting of the new entrance PAIs	Drafting the Individualized Care Project at the new entrance	Within 1 week of the new guest’s admission (Target >98%)	The 10% sample

Sharing of PAIs of the new entry with the family	Sharing the Individualized Care Plan of the new guest with the family	Within 1 week of the new guest's admission (Target >98%)	The 10% sample
Nursing staff h 24	Continuous presence of nursing staff	24 hours out of 24 (Target 100%)	Hour stamped nursing and tutnation
Drug therapy administration	Detection of errors in the administration of drug therapy on the total number of guests	% of errors in therapy administration (Target < 5%)	Tab Incident Reporting
Decubitus injuries	Detection of decubitus injuries arising during stay in the Facility on the total number of guests	% of guests with ascending decubitus injuries (Target <10%)	Electronic Health File Card
Management of ICAs	Detection of care-related infections arising during stay at the Facility on the total number of guests	% of care-related infections (Target < 20%)	ICA Survey Card
Host Fall	Detection of host drops on total guests	% fall (Target < 40%)	Tab Incident Reporting
Clinical Risk Management	Near Miss detection on guest total	% Near Miss (Target < 20%)	Scheda Incident Reporting
Clinical Risk Management	Detection of Adverse Events without damage to total guests	% Harmless adverse events (Target < 20%)	Scheda Incident Reporting
Clinical Risk Management	Detection of Adverse Events with damage to total guests	% Adverse events with harm (Target < 30%)	Scheda Incident Reporting
Clinical Risk Management	Detection of Sentinel Events on Total Guests	% Sentinel Events (Target < 2%)	Scheda Incident Reporting
Guests with protection and containment	Detection of non-self-sustaining hosts subjected to physical containment means	% guests undergoing physical restraint (Target <85%)	Physical containment means module
CUSTOMER CARE SERVICES			
Assisted Guest Bathroom	Performance of guest-assisted bath	% guests with documented bathroom (Target >90%)	Electronic Guest Health File Card
HOTEL SERVICES			
Quality of meals	Check of compliance with the menu and evaluation of preparations	% internal audit kitchen service out of total scheduled audits (Target >90%)	Internal Audit Card

Quality Laundry	Detection of reports for abnormalities on the dressing room	% reporting (Target <10%)	Report Card
Quality Cleaning	Signaling detection of NC	% internal audit cleaning service with exception of NC (Target <10%)	NC Card
SOCIAL AND ENTERTAINMENT SERVICES			
Cheerleading Activity	Performance of animation activities to guests with interaction ability	% guests involved in activity (Target >60%)	Area insertion educational activities electronic file
PSYCHOLOGY SERVICE			
Psychological Assessment	Conducting psychological assessments to guests	% guests with documented rating (Target >80%)	Electronic file psychological area
CONTINUOUS IMPROVEMENT OF THE SERVICES OFFERED			
Scheduled Service Meetings	Scheduled Meeting Survey	% n° monthly meetings (Target >1)	Verbal
Suggestions and complaints	Detection and handling of suggestions and complaints for disservice	% suggestions and complaints handled within 30 days (Target >90%)	Reporting Form
MAINTENANCE SERVICE			
Infrastructure management and maintenance	Compliance with the annual routine maintenance schedule	% of scheduled interventions performed on scheduled times (Target >90%)	Maintenance Plan

5 PART FIVE

5.1 ANNEX TO AGREEMENT

SANTA MARIA GORETTI FOUNDATION – PERSONAL SERVICES
60013 CORINALDO (AN)

On ____/____/____ at ____:____ at the headquarters of the Santa Maria Goretti Foundation – Personal

Services in Viale Degli Eroi n. 17, 60013 Corinaldo (AN)

BETWEEN

the Secretary pro-tempore _____ domiciled for the purposes of this Agreement at

the Headquarters of the Institution, appropriately authorized by the Board of Directors of the Santa Maria

Goretti Foundation - Personal Services, with Act no. 27 of 11/24/2020, who acts in the name and on behalf

of the Santa Maria Goretti Foundation - Services to the Person itself

AND

Mr/Mrs _____ born in _____ (____) on ____/____/____ and

resident in _____ (____) in Via _____

n. _____ Fiscal code: _____

Email: _____@_____ Mobile phone _____

identified by _____ hereinafter referred to as

“Guarantor”

YOU AGREE AND STIPULATE THE FOLLOWING

Art. 01

The Santa Maria Goretti Foundation – Personal Services will assist, under the conditions set out in its

Regulations (Service Charter) currently in force,

Mr/Ms _____ born in _____ (____)

on ____/____/____ and resident in _____ (____)

in Via _____ n. ____ C.F.: _____

hereinafter referred to as “Guest”.

Article 02

The Guarantor confirms that he has read the Regulations (Service Charter) in force at the Institution and therefore declares to accept everything established therein.

Furthermore, you declare that you accept future changes to the same which will be duly notified by the Institution at your domicile referred to in the following Art. 03).

Article 03

For any communication the Guarantor elects the following address:

Street _____ n. ____ Postcode _____

City _____ province _____ Tel. _____

Email _____@_____

Art. 03 bis

The delegate of the undersigned and the Guest Mr/Ms _____

within the relevant Single Representation Body of the Family Members and Guests of the Protected

Residence and Retirement Home will be

Mr/Ms _____ domiciled in _____ (____)

Street _____ n. ____ Postcode _____

Tel. _____

Email _____@_____

Article 04

The Guarantor acknowledges that, considering the current physical and/or mental conditions of the Guest,

as per the relevant medical certificate, the latter can be classified as _____and

therefore personally undertakes to regularly pay the relevant MONTHLY TOURIST FEE amounting to €_____/00 (Articles from n. 3.1 to n. 3.18 of the Service Charter).

The conditions of self-sufficiency are re-evaluated by the general practitioner every time the guest’s health conditions change.

Partial use and/or renunciation of the services offered by the Foundation to all Guests is not permitted, for which the entire established monthly fee will be paid (Service Charter).

Art. 04 bis

At the time of entry, the Guest and/or the Guarantor (co-obligor) will, in addition to the fee for the month of entry, pay a SECURITY DEPOSIT as established in the Art. 3.11 of the Service Charter.

Article 05

The Guarantor is aware that, under the terms of Articles no. 3.16 at n. 3.18 of the Regulations (Service Charter), for the voluntary resignation of the Guest, a written notice of at least 30 (thirty) days is required under penalty of being charged a monthly salary or proportional portion thereof in the case of less notice.

Article 06

The Guarantor accepts from now on any variations (including those due to the changed degree of physical and/or mental self-sufficiency (as per the revaluation form) over time of the fee itself.

Article 07

It is acknowledged that the Guest will enter the Facility on the day ____/____/_____ and therefore both the payments and the obligation to give notice.

Article 08

For anything not provided for in this Agreement, specific reference is made to the existing Service Charter and the laws and regulations in force.

Article 09

For any dispute the court of Ancona will be competent.

Done, read and approved, the parties countersign.

Corinaldo, there ____/____/_____

Santa Maria Goretti Foundation – Personal Services

The Guarantor

The Secretary

For the purposes of Art. 1341 Civil Code the undersigned Guarantor declares to expressly approve the provisions of the following Articles:

Art. 02 – Internal regulations of the Institution (Service Charter).

Art. 04 – Level of self-sufficiency of the Guest and related FEE.

Art. 04 bis – Security Deposit.

Art. 05 – Notice.

Art. 06 – Acceptance of future fee changes.

Art. 07 – Effective date of payments and notice.

Corinaldo, there ____/____/_____

The Guarantor

Pursuant to art. 13 of European Regulation 679/2016 we inform you that the data will be processed to carry out the obligations deriving from the stipulated contract, for the fulfillment of legal obligations, as well as for activities connected and instrumental to the management of the contractual relationship. The processing is based on the fulfillment of a contractual obligation. The data may be processed with electronic and paper tools in compliance with the security measures imposed by the new GDPR 679/2016. We inform you that the data will be processed only with consent which is free and optional. Failure to consent will make it impossible

to meet all contractual and legal obligations to which one is obliged. The processing will be carried out directly, through subjects belonging to its organization, or by making use of subjects external to the company itself for the realization of the previously indicated purposes. These subjects will process your data in accordance with the instructions received from the Company as managers or agents. The data will not be disclosed and will not be transferred to third countries and will be kept for a period of 10 years in order to comply with tax and accounting obligations. The interested parties have the right at any time to access, rectify, cancel, limit, oppose the processing as well as the possibility of revoking consent at any time without prejudice to the lawfulness of the processing and to lodge a complaint with the Authority in accordance with the provisions of the articles 15 to 22 of GDPR /2016, directing the relevant request to the Data Controller.

Corinaldo, there ____/____/_____

5.2 ANNEX B MEDICAL ADMISSION CERTIFICATE

SANTA MARIA GORETTI FOUNDATION – PERSONAL SERVICES
60013 CORINALDO (AN)

NAME AND SURNAME OF THE GUEST	
DATE OF BIRTH	

DETAILS OF THE ATTENDING DOCTOR	
NAME AND SURNAME	
MEDICAL OFFICE ADDRESS	
TELEPHONE NUMBER	
EMAIL	

THE INTERESTED PARTY IS CURRENTLY AT:

- o HOUSING
- o RSA
- o LONG-TERM CARE
- o HOSPITAL
- o OTHER STRUCTURE _____

GENERAL CLINICAL DIAGNOSIS:

PHYSICAL SELF-SUFFICIENCY			
COLLABORATION	o PRESENT	o ABSENT	o ATTITUDE
WALKING	o AUTONOMOUS	o ABSENT	o AT RISK OF FALLING

TAKE THE STAIRS	<input type="radio"/> AUTONOMOUS	<input type="radio"/> NOT	<input type="radio"/> PARTIALLY
DRESSING AND UN-DRESSING	<input type="radio"/> AUTONOMOUS	<input type="radio"/> NOT	<input type="radio"/> PARTIALLY
GET UP AND GO TO BED	<input type="radio"/> AUTONOMOUS	<input type="radio"/> NOT	<input type="radio"/> PARTIALLY
PERSONAL HYGIENE	<input type="radio"/> AUTONOMOUS	<input type="radio"/> NOT	<input type="radio"/> PARTIALLY
USE OF TOILET FACILITIES	<input type="radio"/> AUTONOMOUS	<input type="radio"/> NOT	<input type="radio"/> PARTIALLY
VIEW	<input type="radio"/> NORMAL	<input type="radio"/> HYPOVISUS	<input type="radio"/> BLINDNESS
HEARING	<input type="radio"/> NORMAL	<input type="radio"/> DEAFNESS	<input type="radio"/> PROSTHESES
LANGUAGE	<input type="radio"/> NORMAL	<input type="radio"/> DYSARTRIA	<input type="radio"/> APHASIA
LUCIDITY'	<input type="radio"/> PRESENT	<input type="radio"/> ABSENT	<input type="radio"/> AT TIMES
STATE OF CONSCIOUSNESS	<input type="radio"/> WATCHMAN	<input type="radio"/> ASLEEP	<input type="radio"/> SOPOROUS
ORIENTATION IN SPACE AND TIME	<input type="radio"/> ORIENTED	<input type="radio"/> NOT	<input type="radio"/> ORIENTED
SYMPTOMS OF DEMENTIA	<input type="radio"/> PRESENT	<input type="radio"/> ABSENT	<input type="radio"/> ORIENTED
ALZHEIMER	<input type="radio"/> NOT	<input type="radio"/> 1°-2° STADIUM	<input type="radio"/> 3° STADIUM
DELIRIUM	<input type="radio"/> PRESENT	<input type="radio"/> ABSENT	<input type="radio"/> AT TIMES
PSYCHO-MOTOR AGITATION	<input type="radio"/> PRESENT	<input type="radio"/> ABSENT	<input type="radio"/> AT TIMES
EMOTIONAL STATE	<input type="radio"/> QUIET	<input type="radio"/> AGITATED	<input type="radio"/> AT TIMES
AGGRESSION'	<input type="radio"/> PRESENT	<input type="radio"/> ABSENT	<input type="radio"/> AT TIMES
DEPRESSION	<input type="radio"/> PRESENT	<input type="radio"/> ABSENT	<input type="radio"/> AT TIMES
ANXIETY	<input type="radio"/> PRESENT	<input type="radio"/> ABSENT	<input type="radio"/> AT TIMES
SLEEP	<input type="radio"/> REGULAR	<input type="radio"/> IRREGULAR	<input type="radio"/> INSOMNIA
CAN LIVE IN THE COMMUNITY	<input type="radio"/> NOT	<input type="radio"/> YES	
FOLLOWED BY CSM	<input type="radio"/> NOT	<input type="radio"/> YES SPECIFY	

STROKE	<input type="radio"/> NOT	<input type="radio"/> YES SPECIFY:	
PARKINSON’S DISEASE	<input type="radio"/> NOT	<input type="radio"/> YES	
MULTIPLE SCLEROSIS	<input type="radio"/> NOT	<input type="radio"/> YES	
BRAIN INJURIES	<input type="radio"/> NOT	<input type="radio"/> YES	
HIP FRACTURE	<input type="radio"/> NOT	<input type="radio"/> YES SPECIFY:	
OTHER FRACTURES	<input type="radio"/> NOT	<input type="radio"/> YES SPECIFY:	
AMPUTATION	<input type="radio"/> NOT	<input type="radio"/> YES SPECIFY:	
CHRONIC DISEASES	<input type="radio"/> NOT	<input type="radio"/> YES SPECIFY:	
HEART DISEASE	<input type="radio"/> NOT	<input type="radio"/> YES	
DIABETES MELLITUS	<input type="radio"/> NOT	<input type="radio"/> YES	
INSULIN DEPENDENT	<input type="radio"/> NOT	<input type="radio"/> YES	
COPD	<input type="radio"/> NOT	<input type="radio"/> YES	
OXYGEN THERAPY	<input type="radio"/> NOT	<input type="radio"/> YES SPECIFY:	
NEOPLASIA	<input type="radio"/> NOT	<input type="radio"/> YES SPECIFY:	
KIDNEY INSUFFICIENCY	<input type="radio"/> NOT	<input type="radio"/> YES	
CONSTIPATION	<input type="radio"/> NOT	<input type="radio"/> YES	
USE OF LAXATIVES	<input type="radio"/> NOT	<input type="radio"/> YES SPECIFY:	
CHRONIC PAIN	<input type="radio"/> NOT	<input type="radio"/> YES SPECIFY:	
ACTUAL INFECTIOUS DISEASES	<input type="radio"/> NOT	<input type="radio"/> YES SPECIFY:	
PREVIOUS INFECTIOUS DISEASES	<input type="radio"/> NOT	<input type="radio"/> YES SPECIFY:	
DRUG ALLERGIES	<input type="radio"/> NOT	<input type="radio"/> YES SPECIFY:	
FOOD ALLERGIES/ INTOLERANCES	<input type="radio"/> NOT	<input type="radio"/> YES SPECIFY:	

OTHER ALLERGIES	<input type="radio"/> NOT	<input type="radio"/> YES SPECIFY:	
DIFFICULTY IN SWALLOWING	<input type="radio"/> NOT	<input type="radio"/> SOLID	<input type="radio"/> LIQUIDS
ENTERAL/PARENTERAL NUTRITION	<input type="radio"/> NOT	<input type="radio"/> YES SPECIFY:	
DIET	<input type="radio"/> NOT	<input type="radio"/> YES SPECIFY:	
RESTRICTIONS	<input type="radio"/> NOT	<input type="radio"/> YES SPECIFY:	
PRESSURE INJURIES	<input type="radio"/> NOT	<input type="radio"/> YES SPECIFY:	
OTHER:			

PHARMACOLOGICAL THERAPY					
DRUG	ADMINISTRATION TIME				
	8	12	18	20	22

CONCLUSIONS FOR EVALUATION PURPOSES

Depending on the general psycho-physical conditions the person is to be considered:

o

SELF-SUFFICIENT

o

SEMI SELF-SUFFICIENT

o

NOT SELF-SUFFICIENT

o

SUFFERING FROM DEMENTIA

GENERAL PRACTICE DOCTOR

DOCTOR’S STAMP AND SIGNATURE

Corinaldo, there_____

5.3 ANNEX C SINGLE BODY REPRESENTATIVE OF GUESTS’ FAMILY MEMBERS

REGULATION FOR THE OPERATION OF THE SINGLE BODY REPRESENTATIVE OF THE FAMILY MEMBERS AND GUESTS OF THE PROTECTED RESIDENCE AND RETIREMENT HOME

ART. 1 INSTITUTION.
It is established at the “S. Maria Goretti”, managed by the S. Maria Goretti Foundation – Personal Services and located in Corinaldo in Viale Degli Eroi n. 17, a Single Representative Body of family members and guests, pursuant to and for the purposes of the Marche Regional Law 09.30.2016, n. 21, modified by L.R. Marche 14.03.2017, n. 7 and following.mmm.ii.
The composition and functioning of the Single Representative Body are regulated by this provision

ART. 2 ATTRIBUTIONS OF THE SINGLE REPRESENTATIVE BODY.
The Single Representative Body has merely consultative functions towards the Board of Directors of the S. Maria Goretti Foundation - Personal Services with regard to the services provided to guests.
The Body has the right to propose initiatives and suggest advice on strengthening the services provided to all guests of the “S. Maria Goretti”, as well as the possibility of making reports on deficiencies, omissions and dysfunctions in the provision of services aimed at the elderly of the Structure.
What emerges from the meetings of the Single Representative Body does not constitute a binding act for the activity of the Board of Directors of the S. Maria Goretti Foundation - Personal Services.

ART. 3 COMPOSITION OF THE SINGLE REPRESENTATIVE BODY.
The Single Representative Body is made up of n. 3 (three) or n. 5 (five) total members, of which n. 2 (two) or n. 3 (three) members elected to represent the Protected Residence for the Elderly and n. 1 (one) or n. 2 (two) members elected to represent the retirement home. Added to these are n. 2 (two) substitutes, one for each Structure. The number of members will be established before their election by the General Assembly with a clear simple majority vote. The President pro tempore of the S. Maria Goretti Foundation - Personal Services, or his delegate, the Facility Manager and the Coordinator of the Contracted Services are members by right of the Single Representative Body, without the right to vote.
The members of the Single Representative Body and the alternates are elected by a simple majority by the General Assembly from among the family members responsible for taking charge of the elderly person in the Protected Residence for the Elderly and the Retirement Home, or identified directly by the guests where possible.
The Body, from among its members, elects the President with the function of coordinating the body itself, who calls him whenever he deems it appropriate and, in any case, at least once a year.
The convening of the Single Representative Body can also take place upon written request of at least 2/3 of the members, upon specific indication of the topics to be discussed. Participation in the Single Representative Body is on a voluntary basis; therefore, none of the members (elected or by right) are entitled to compensation or remuneration of any kind.

ART. 4 DURATION OF THE SINGLE REPRESENTATIVE BODY.
The representatives of the Body remain in office for one year from their election and can be reconfirmed, where the conditions remain, for another two consecutive times.
The renewal, or the confirmation of the members of the Body, takes place in conjunction with the meeting of the General Assembly convened annually. During the existence of the Committee, the cessation of the membership conditions of a member determines his replacement with the corresponding substitute.

ART. 5 GENERAL ASSEMBLY OF FAMILY MEMBERS AND GUESTS OF THE PROTECTED RESIDENCE

AND RETIREMENT HOME.

The first meeting of the General Assembly is convened by President pro-tempore of the Board of Directors of the S. Maria Goretti Foundation - Personal Services. The General Assembly, at each meeting, elects a President from among its members to carry out the assembly work and convene the next session. At the beginning of the session, the President of the General Assembly appoints a Secretary to draw up the minutes; verifies the regularity of the meeting; coordinates the work; grants the right to speak to anyone who requests it; expresses the intentions of the Institution; declares the session closed or orders its suspension if the operating conditions no longer exist. The General Assembly is considered validly constituted regardless of the number of those present. Those entitled to vote can each obtain a maximum of n. 2 (two) written proxies. The meeting must be called with no. 10 (ten) days’ notice, by communication delivered by post or by electronic means. The convocation may also take place upon written request of at least 2/3 of the family members, who must provide appropriate justification of the reasons for the session. The following are members by right of the General Assembly: the President.

ART. 6 SEAT.

The General Assembly of family members and guests of the Protected Residence and Retirement Home and the Single Representative Body are based at the “S. Maria Goretti” of the S. Maria Goretti Foundation – Personal Services in Corinaldo in Viale Degli Eroi n. 17.

ART. 7 TRANSITIONAL RULE.

This draft Regulation is submitted to the consultative opinion of the General Assembly in its first session; on this occasion, additions and/or modifications may be formulated which will be subjected to the subsequent definitive approval of the Board of Directors of the S. Maria Goretti Foundation - Personal Services, in its first useful meeting. Following the first approval of any additions and/or modifications, the Regulations for the functioning of the Single Representative Body of the family members and guests of the Protected Residence and Retirement Home will become in force in all respects and will form an integral part of the Service Charter of the Protected Residence and that of the Retirement Home.

DELEGATION OF PARTICIPATION IN THE SINGLE REPRESENTATIVE BODY OF FAMILY MEMBERS AND GUESTS

To the President
of the S. Maria Foundation
Goretti – Personal Services
60013 Corinaldo (AN)

I, the undersigned, _____ as a family member
of the guest Mr/Ms _____ pursuant to Art.

5 of the Regulation for functioning of the Single Representative Body of family members and guests,
DELEGATION

Mr./Ms. _____ family mem
ber of the guest Mr./Ms. _____ to represent him/her at
the meeting of the aforementioned Body scheduled for the day _____ at _____ hours, tran
sferring to him/her, for this purpose, his/her right to vote.

In faith,

_____, lì _____





Signature (1)

Notes: (1) If the signature is not placed directly at the Foundation secretariat, attach a photocopy of a valid identity document by law.



5.4 ATTACHMENT D PRIVACY INFORMATION

Annex D to the Service Charter: Information on article 13 GDPR 679/2016
Information for the processing of personal data collected from the interested party

	<p>In compliance with the provisions of EU Reg. 2016/679 (European Regulation for the protection of personal data). We provide you with the necessary information regarding the processing of the personal data provided. This information is provided pursuant to art. 13 of EU Reg. 2016/679 (European Regulation for the protection of personal data).</p> <p>TYPE OF DATA TREATABLE</p> <p>Personal data processed:</p> <p>“personal data”: any information relating to an identified and identifiable natural person (“data subject”); an identifiable natural person is one who can be identified, directly or indirectly, in particular by reference to an identifier such as a name, an identification number, location data, an online identifier or to one or more elements characteristic of his physical identity , physiological, genetic, psychic, economic, cultural or social; (C26, C27, C30).</p> <p>“particular data”: personal data revealing racial or ethnic origin, political opinions, religious or philosophical beliefs, or trade union membership, as well as processing genetic data, biometric data intended to uniquely identify a natural person, data relating to the person’s health or sexual life or sexual orientation (C51).</p> <p>An external video surveillance system (closed circuit cameras) is active in the retirement home with the aim of protecting the physical safety of guests, preventing potentially dangerous situations, as well as for surveillance purposes against intrusions by third parties. Interested parties are informed that they are about to access or that they are in a video-monitored area indicated by specific signs or with an explicit stylization. Interested parties are also informed with a detailed notice which contains all the elements required by art. 13. All persons authorized to use the facilities have been designated in writing. The images are treated in full compliance with the law, according to principles of lawfulness and correctness and in order to protect people’s privacy. The system is active 7 days a week, 24 hours a day. The images can be “communicated”, i.e. made “available”, to subjects such as Police Forces and other competent authorities.</p>
	<p>DATA CONTROLLER, pursuant to art. 4 of EU Reg. 2016/679, is the FOUNDATION S. MARIA GORETTI PERSONAL SERVICES with registered office in Via Borgo di Sopra 48, 60013 Corinaldo (An), Tel. 071679215, info@fondazionessmg.it in the person of the pro tempore president.</p>

 PURPOSE OF TREATMENT	 LEGAL BASIS	 PERIOD OF CONSERVATION	 NATURE OF CONFERMENT
<p>A) Execution of the contract: the data processed will be:</p> <ul style="list-style-type: none">• personal, contact and payment data – information relating to name, number telephone number, residential address, as well as information relating to payment of tuition, etc.• data relating to the state of health: personal data relating to the physical or mental health of the guest are collected directly and updated with respect to assessments, exams, diagnostic tests, rehabilitation interventions which may influence the taking charge of the user and the attendance of the service.	<p>Pursuant to art. 6, paragraph 1, letter. b), the processing is necessary for the execution of contractual obligations or for the execution of pre-contractual measures adopted on request thereof; Pursuant to art.9 paragraph 2, letter. h), the treatment is necessary for health or social care or therapy</p>	<p>Your personal, contact and payment data are kept for 10 years, while for data relating to the guest’s health there is no limit in the conservation.</p>	<p>The provision of data is optional, it being understood that a “possible refusal to respond” at the time of collection of the information, or any refusal to process data may result in our objective impossibility to give rise to the same contractual relationships.</p>
<p>B) Use of the name and surname to identify the places or objects assigned to the guests which will or may therefore be visible to third party guests and visitors;</p>	<p>Pursuant to art. 6 paragraph 1, letter a), of the GDPR 2016/679 the legal basis is represented by Consent of the interested party “the interested party has expressed consent to the processing of his/her personal data for one or more specific purposes”.</p>	<p>The data will be retained until consent is revoked (opt-out).</p>	<p>The provision of data for the purpose in question is optional. In the absence of consent, other identification codes will be used where possible (where the conditions of the interested party allow it). Any subsequent revocation of previously granted consent does not affect the lawfulness of the processing based on consent prior to the revocation itself (ref. art. 7, paragraph 3)</p>

C) Processing and dissemination of photographic and video images for informational purposes of promoting laboratory and recreational activities, within the facility, with: <ul style="list-style-type: none">• the creation and distribution of publications on printed paper, indicatively to operators, guests, their families and visitors;• the production and dissemination of audiovisual material, indicatively to operators, guests and them family and visitors;	Pursuant to art. 6 paragraph 1, letter a), of the GDPR 2016/679 the legal basis is represented by Consent of the interested party "the interested party has expressed consent to the processing of his/her personal data for one or more specific purposes".	<p>The data will be retained until consent is revoked (opt-out).</p> <p>In case of failure to revoke the data are stored without time limitation.</p>	<p>The provision of data for the purpose in question is optional.</p> <p>In the absence of the same, no recording of the image of the interested party will be carried out. Any subsequent revocation of previously granted consent does not affect the lawfulness of the processing based on consent prior to the revocation itself (ref. art. 7, paragraph 3)</p>
D) Processing and dissemination of photographic/video images for informational purposes of promoting recreational laboratory activities etc. and publication of the aforementioned materials on social channels and on the website of the Foundation	Pursuant to art. 6 paragraph 1, letter a), of the GDPR 2016/679 the legal basis is represented by Consent of the interested party "the interested party has expressed consent to the processing of his/her personal data for one or more specific purposes".	<p>The data will be retained until consent is revoked (opt-out).</p> <p>In case of failure to revoke the data are stored without time limitation.</p>	<p>The provision of data for the purpose in question is optional.</p> <p>In the absence of the same, no recording of the image of the interested party will be carried out. Any subsequent revocation of previously granted consent does not affect the lawfulness of the processing based on consent prior to the revocation itself (ref. art. 7, paragraph 3)</p>
	RECIPIENTS OR CATEGORIES OF RECIPIENTS OF THE DATA <p>The personal and particular data provided will be communicated to recipients, who retain the data as managers (art.28 of EU Reg. 2016/679) and/or as natural persons acting under the authority of the Data Controller and of the Manager (art. 29 of EU Reg. 2016/679), for the purposes listed above. Specifically, the data may be processed and communicated where required by law or secondary regulations to: Healthcare Director, Attending Doctor, external healthcare personnel, Asur, INPS, Post Office or other mail delivery companies, Pharmacies.</p> <p>The list of Data Processors is constantly updated and available at the Data Controller's headquarters and at the contacts indicated above</p>		
	DATA TRANSFER TO A THIRD COUNTRY <p>The Data Controller does not transfer personal and particular data to third countries or to international organizations outside the European Union.</p>		

	RIGHTS OF INTERESTED PARTIES <p>You may assert your rights as expressed by EU Regulation 2016/679 articles 15 et seq. by contacting the Data Controller. You have the right, at any time, to request access to your personal data, rectification or cancellation of the same. Furthermore, you have the right to portability of your data. You have the right to revoke the consent given at any time without any prejudice to the lawfulness of the processing based on the consent before the revocation. Without prejudice to any other administrative and jurisdictional appeal, if you believe that the processing of data concerning you violates the provisions of EU Reg. 2016/679, pursuant to art. 15 letter f) of the aforementioned EU Reg. 2016/679, You have the right to lodge a complaint with the Guarantor for the protection of personal data (Control Authority www.garanteprivacy.it).</p>
	CHANGES INFORMATION <p>The owner reserves the right, at its discretion, to change, modify, add or remove any part of this privacy policy at any time. In order to facilitate the verification of any changes, the information will contain an indication of the date of update of the information.</p>

Update date **12/05/2025**

CONSENT REQUEST

The undersigned _____ born in _____ on _____
 resident in _____ As Family Guardian Support Administrator
 of Mr./Mr. _____

recognizing that the psychophysical conditions of the guest do not allow acceptance of the terms of the attached information, declares to have consciously learned as described in the information pursuant to art. 13 of EU Regulation 2016/679, and

- ☐ **AUTHORIZE**
 The processing referred to in point B) of the information art.13 GDPR 679/2016
- ☐ **DO NOT AUTHORIZE**
 The processing referred to in point C) of the information art.13 GDPR 679/2016
- ☐ **AUTHORIZE**
 The processing referred to in point D) of the information art.13 GDPR 679/2016
- ☐ **DO NOT AUTHORIZE**
 The processing referred to in point D) of the information art.13 GDPR 679/2016
- ☐ **AUTHORIZE**
 The processing referred to in point D) of the information art.13 GDPR 679/2016
- ☐ **DO NOT AUTHORIZE**
 The processing referred to in point D) of the information art.13 GDPR 679/2016

by the data controller the S. MARIA GORETTI SERVICES TO PERSON FOUNDATION with registered office in Via Borgo di Sopra 48, 60013 Corinaldo (An)

Date _____ Legible signature_____

5.5 **ATTACHMENT AND COMPLAINTS REPORTS SUGGESTIONS AND PRAISE**

I FORMULATE THE FOLLOWING:

<input type="radio"/> COMPLAINT Protest for injustice and damage suffered	<input type="radio"/> REPORT Communication of an anomaly or dangerous situation	<input type="radio"/> TIP Communication aimed at improvement	<input type="radio"/> PRAISE Communication aimed at appreciating the service
---	---	--	--

REASON FOR COMPLAINT / REPORT / SUGGESTION / PRAISE
 (Detail as much as possible the reasons that led to the compilation of this document)

- ☐ I forward the COMPLAINT / REPORT / SUGGESTION / PRAISE anonymously (aware that in this case I will not be able to receive a direct response)
- ☐ I would like to receive a response, so I indicate my personal details below

Name _____ Surname _____

IL SEGNALANTE

<input type="radio"/> GUEST	<input type="radio"/> FAMILY	<input type="radio"/> EMPLOYEE	<input type="radio"/> OTHER (specify) _____
------------------------------------	-------------------------------------	---------------------------------------	---

E-mail address / telephone contact of the reporter to whom the replies should be sent

Compilation date: _____

Note: the procedure will be taken care of no later than 7 days from the date of receipt of the report. Following receipt of the complaint, the Administration initiates a verification procedure, which also includes a written response to be sent to the citizen within 15 days.

Received on the day from the operator:

Name and Surname _____ Role/Task _____

5.6. ANNEX F FondValSaT/CUSTOMER SATISFATION

The FondValsat is a service satisfaction evaluation questionnaire that can be accessed by family members, guests, operators and suppliers. It is a simple and fast system that allows a personal and anonymous evaluation of services. The questionnaire is made up of several questions divided into 8 categories:

- 1. Professionalism
- 2. Listening
- 3. Quality of food
- 4. Comfort
- 5. Participation
- 6. Visits
- 7. Services
- 8. Organization

Those who fill out the questionnaire must choose one of five emoticons that best represents their level of satisfaction. It is possible to answer questions from one or more categories, or all, depending on what you want to evaluate.

Following the evaluation, you are asked to enter the type of user completing the questionnaire:

- 1. Guest
- 2. Familiar
- 3. External supplier
- 4. Employee
- 5. I prefer not to specify

The questionnaire offers us the following results:

- The overall number of total reviews
- The service most voted by reviews, visible on a bar graph and downloadable in SVG, PNG, CSV formats
- The average rating per service which determines the service with the lowest average overall rating (service to be improved) and the service with the highest average rating (best service). These results are visible on a bar graph and downloadable in SVG, PNG, CSV formats
- The representation of the number of voters based on the type of user, visible on a pie chart.

Reports can be viewed through a search by date.

PROFESSIONALISM

- 1. How do you evaluate the skills of healthcare personnel
- 2. How do you evaluate the skills of care staff

I LISTEN

- 1. Were the staff willing to listen and respond to your requests?
- 2. How do you rate the availability of the facility manager?
- 3. Do you feel supported by the nursing staff in dealing with critical situations?

FOOD QUALITY

- 1. How do you rate the quality of the food served in the facility?
- 2. How do you rate the variety of the weekly menu?
- 3. How would you rate the attention of the staff during the administration of meals?

COMFORT

- 1. Is the facility comfortable?

PARTICIPATION

- 1. Do you feel involved in your loved one’s care?

VISITS

- 1. How would you rate the times and frequency of visits?
- 2. How do you rate the family reception service?

SERVICES

- 1. How would you rate the cleanliness of the facility?
- 2. How do you rate the physiotherapy service?
- 3. How do you rate the care service?
- 4. How do you rate the entertainment service and the activities proposed?
- 5. How do you rate the psychological support service?
- 6. How would you rate the laundry service?

ORGANIZATION

- 1. How do you evaluate the organizational aspects within the structure?





**Fondazione
Santa Maria Goretti**
Servizi alla Persona - Corinaldo

**Presidency
and Secretariat:**

Via Borgo di Sopra, 48
60013 Corinaldo (AN)
Tel. +39 071 67108

**Service Charter
Santa Maria Goretti
Foundation:**

Viale degli Eroi, 17
60013 Corinaldo (AN)

Presidency email:
presidenza@fondazionesmg.it

Secretariat email:
info@fondazionesmg.it

Pec:
fondazionesmariagoretti@legalmail.it