



## ***Healt Services Card***



### **RSA “VILLA DELLE MAGNOLIE”**

|                                |              |  |             |                   |
|--------------------------------|--------------|--|-------------|-------------------|
| <b>Redatto da</b>              | <b>Firma</b> |  | <b>Data</b> |                   |
| <b>Dr.ssa Patrizia Marulli</b> |              |  |             | <b>01/09/2025</b> |
| <b>Emesso da</b>               | <b>Firma</b> |  | <b>Data</b> |                   |
| <b>Dr. Gabriele Lupini</b>     |              |  |             | <b>01/09/2025</b> |
| <b>Dr.ssa Jacob Rani</b>       |              |  |             | <b>01/09/2025</b> |
| <b>Dr. Antonio Coltellaro</b>  |              |  |             | <b>01/09/2025</b> |
| <b>Approvato da</b>            | <b>Firma</b> |  | <b>Data</b> |                   |
| <b>Dr. Alberto Scoppetta</b>   |              |  |             | <b>01/09/2025</b> |



*Dear Guest,*

*It is my pleasure to introduce the Health Services Card of our Facility, designed to provide comprehensive information regarding our activities, available services, and procedures for access.*

*This "Card" represents our formal commitment to assisting those who turn to us with professionalism, competence, and expertise. We are deeply aware that, given the nature of our residents, social and healthcare assistance demands heightened attention to human relationships and the psychological significance of every gesture and word—in essence, a true "care for the person."*

*Furthermore, we place great emphasis on organizational aspects, as we are convinced that we can continue to improve through your active participation. We encourage you and anyone reading this document to report any objective or perceived difficulties.*

*It is our pledge to carefully evaluate all suggestions received, using them to advance our path of assistance and continuous service improvement, with the ultimate goal of achieving the highest quality of life for our guests.*

*The Medical Director*



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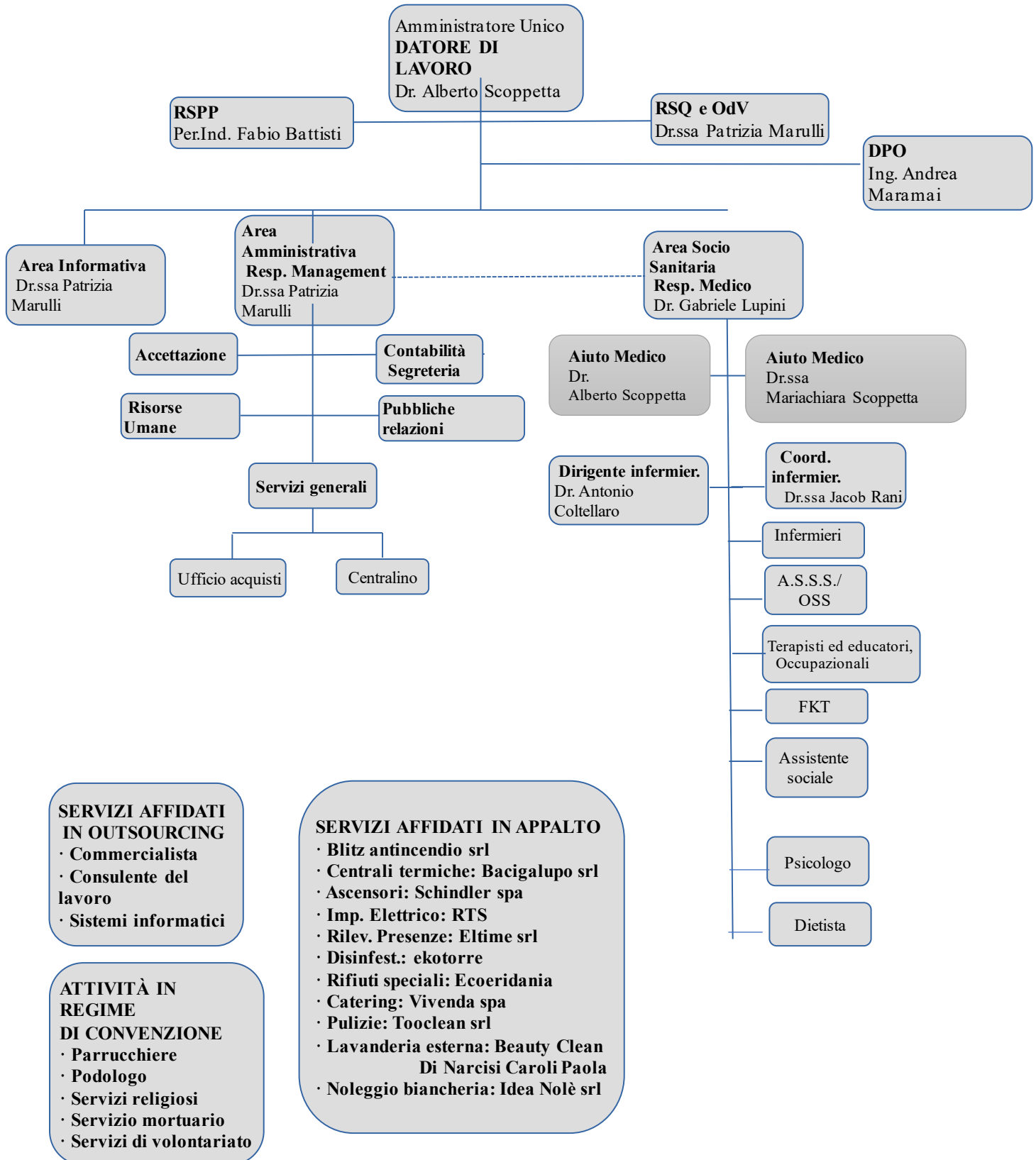
# VILLA DELLE MAGNOLIE” RESIDENTIAL CARE HOME

## HEALT SERVICES CARD

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### ORGANIGRAMMA





## **FUNCTIONAL CARD**

### **• DIRECTION**

**Legal Representative / Sole Director / Employer: Dr. Alberto Scoppetta**

#### **Purpose:**

- Defines corporate policies and strategies, setting objectives for all organizational units.
- Ensures the updating of organizational tools: organizational charts, functional charts, and procedures, in alignment with regulatory developments.
- Evaluates healthcare and socio-economic monitoring results and directs necessary corrective actions.
- Approves periodic planning proposed by the Organizational Units.
- Exercises constant monitoring to ensure the correct application of legal requirements across all areas of corporate responsibility.
- Represents the Company in legal relationships with external institutional bodies, with particular reference to the competent Local Health Authority (ASL).
- Guarantees the effectiveness of the Occupational Health and Safety Management System (Legislative Decree 81/08), appoints the Prevention and Protection Service Manager (RSPP), and delegates Supervisors.
- Ensures the development, implementation, and continuous improvement of the organizational model.

### **• SAFETY AND PREVENTION SYSTEM**

**In-charge Manager: Eng./Tech. Fabio Battisti Responsibilities:** In accordance with Legislative Decree 81/08, identifies risk factors, assesses risks, and determines measures for safety and health in the workplace. Develops preventive and protective measures, safety procedures, and staff training/information programs.

### **• QUALITY MANAGEMENT**

**In-charge Manager: Dr. Patrizia Marulli Responsibilities:** Presides over quality improvement evaluation activities:

- Supports the design, implementation, and monitoring of the Quality Management System (QMS).
- Maps and statistically controls corporate processes and analyzes workflows.
- Promotes the concept of "Organizational Quality" rather than just process quality.
- Plans and conducts internal audits to ensure compliance with system documentation.
- Analyzes data regarding Customer Satisfaction and evaluates external providers' performance.
- Prepares inputs for periodic Management Reviews of the QMS.



### • SOCIO-HEALTHCARE AREA

**Medical Director (RSA): Dr. Gabriele Lupini Responsibilities:** Responsible for the technical-functional organization of healthcare services:

- Verifies the professional competence of all operators within the unit.
- Interacts with assigned personnel to ensure efficiency, effectiveness, and user satisfaction.
- Oversees the hygiene and sanitary profile of the facility.
- Manages clinical conflicts, complaints, and ensures compliance with the Deontological Code.
- Supervises drug management, administration, and emergency protocols.
- **Direct Reports (Functional):** Assistant Physicians, Nursing Director, Nursing Coordinator, Registered Nurses, Occupational Therapists, Physiotherapists, Educators, Social Workers, Psychologists, Dieticians, and Healthcare Assistants (OSS/OTA/ASSS).

### • ADMINISTRATIVE AREA

**In-charge Manager: Dr. Patrizia Marulli Responsibilities:** Ensures optimal use of human resources and administrative management:

- Manages industrial relations and trade union rapports to maintain a participative climate.
- Oversees tax, administrative, and fiscal compliance in coordination with external consultants.
- Guarantees optimal procurement policies for goods and services.
- Monitors the quality levels of hotel services (catering, laundry, etc.).
- Coordinates general services (maintenance, secretarial office, and switchboard).

#### Operational Units under Administration:

- **Accounting & Secretariat (Ref: Gaetana Coppolino):** Managing banking relationships, invoicing, and fiscal deadlines.
- **Human Resources (Ref: Patrizia Marulli):** Managing employment contracts, payroll data, attendance tracking, and Occupational Medicine schedules.
- **Admissions & Public Relations (Ref: Gaetana Coppolino):** Coordinating administrative intake procedures and managing corporate reputation/identity.
- **General Services & Procurement (Ref: Gaetana Coppolino / Jacob Rani):** Monitoring hotel standards and supporting purchasing policies/outsourcing costs.

### • INFORMATION SYSTEMS AREA

**In-charge Manager: Dr. Patrizia Marulli Activities:** Responsible for data collection procedures, quality verification (reproducibility, accuracy), and dissemination. The system aims to monitor adverse events, evaluate health objectives, and provide feedback to organizational structures for quality improvement.



- **CORPORATE ADMINISTRATIVE RESPONSIBILITY (D.Lgs. 231/2001)**

**Supervisory Body (O.d.V.): Dr. Patrizia Marulli Activities:** Monitors the implementation and effectiveness of the organization's management and control models to prevent corporate crimes.

- **DATA PROTECTION (EU Reg. 2016/679 - GDPR)**

**Data Protection Officer (DPO): Eng. Andrea Maramai Activities:** Expert in data protection tasked with assessing and organizing the management of personal data processing to ensure lawfulness and security.



### PRESENTATION

The **Residenza Sanitaria Assistenziale (RSA)** is a residential facility designed to provide hospitality, healthcare services for functional recovery, and social reintegration. It also focuses on preventing the progression of functional impairment caused by chronic conditions. We admit individuals who are non-self-sufficient, cannot be cared for at home, and do not require acute hospital hospitalization.

Our care activities are supported by **continuous 24-hour nursing assistance**, dedicated to meeting every guest's needs to ensure the optimization of quality of life for each resident.

#### Facility Overview:

- **Capacity:** 80 beds.
- **Layout:** Residents are housed in **6 units** organized vertically across two buildings (Building A and Building B).
- **Accommodations:** Each unit features four ward rooms with two, three, or four beds, each with an internal bathroom fully equipped for the disabled.

#### The facility also features:

- A neuromotor rehabilitation gym.
- Occupational therapy rooms.
- Large, fully equipped outdoor spaces.

### • ORGANIZATIONAL AND FUNCTIONAL PRINCIPLES

The organizational and functional principles of the Facility are designed to guarantee our guests:

- **Respect** for dignity, personal freedom, and privacy.
- **Continuity of relationships** with their families of origin, social networks, and community life, encouraging freedom of movement (including outside the facility), consistent with each resident's physical and mental condition.
- **Environments and daily routines** that closely resemble those of their original homes, personalizing medical, nursing, hospitality, and rehabilitation activities.
- **Occupational and recreational activities** to promote socialization, in collaboration with non-profit volunteer associations and other community organizations.
- **Involvement and participation** in residential life by families and loved ones with whom the guest maintains affective ties.



- **REGULATORY REFERENCES**

This Charter has been prepared in accordance with the **DPCM of May 19, 1995**. The 2015 update aligns with the guidelines contained in the document **"DCA Regione Lazio n. U311 of 06-10-2014 – Guidelines for the preparation of the Healthcare Service Charter for Healthcare Companies and Facilities in the Lazio Region."**

- **DISSEMINATION**

This Service Charter is available for consultation by Patients and/or their family members on the **notice board of the Administration Office**, or upon specific request.

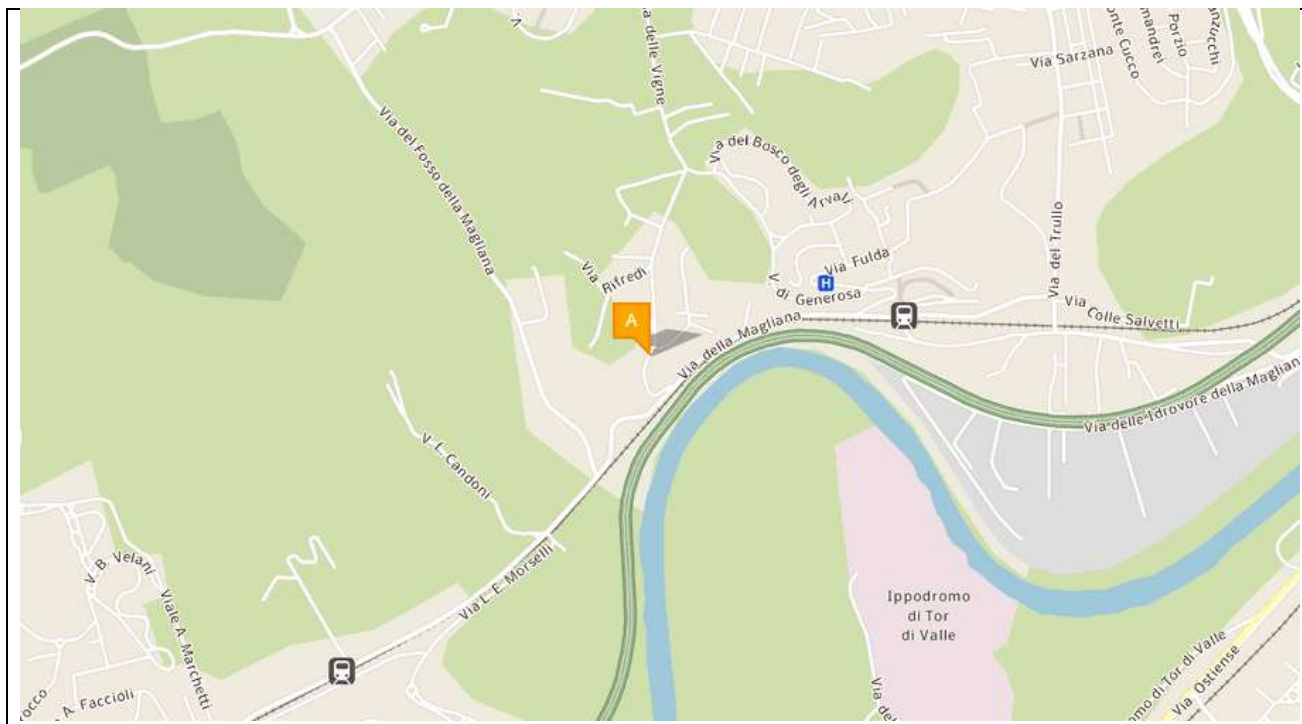


# VILLA DELLE MAGNOLIE” RESIDENTIAL CARE HOME

## HEALT SERVICES CARD

### LOCATION AND TRANSPORTATION

The facility is located at **Via delle Vigne 96, Corviale**. It is well-connected via **Atac public transport** (Lines: 701, 771, 773, C7, 785, 786) to the **Trastevere Station**, which provides easy access to Termini Station, Viale Marconi-EUR, and Piazza San Giovanni in Laterano.





# VILLA DELLE MAGNOLIE” RESIDENTIAL CARE HOME

## HEALT SERVICES CARD



### OUR RESIDENTS





### GENERAL INFORMATION

The entire facility is designed to achieve high quality in every segment of healthcare processes, with specific focus on precision, safety, and the confidentiality essential to the relationship with our Patients. The Quality System incorporates procedures for Quality Assurance, identifying and regulating the roles of all operators in the management, control, and improvement process through routine sub-procedures for:

- Internal quality audits;
- Management of corrective and preventive actions;
- Quality Management System (QMS) reviews;
- Periodic drafting of Improvement Plans;
- Data analysis;
- Documentation control and data correction;
- Customer satisfaction analysis.

### USER PROTECTION

The provision of our services is based on the fundamental values of **equality, impartiality, continuity, participation, effectiveness, efficiency, information, and hospitality.**

Our reception of Guests is centered on the **personalization of care**, taking into account individual needs related to age, gender, specific health conditions, physical and psychological fragility, religious beliefs, and ethnic or linguistic background.

- **Linguistic Support:** Should the need for an interpreter arise, the Facility utilizes staff members with specific linguistic training.
- **Spiritual Care:** We guarantee respect for cultural and religious specificities, ensuring access to spiritual assistance and religious worship according to the Guest's needs.
- **Environment:** The Facility is an "open environment," while always ensuring maximum privacy during the delivery of healthcare services.

### ETHICAL AND MORAL PRINCIPLES

In accordance with the Directive of the President of the Council of Ministers (January 27, 1994), our activities follow these principles:

| Principle           | Description                                                                                                                                                                               |
|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Equality</b>     | Every person has the right to receive appropriate assistance and medical care without discrimination based on sex, race, language, religion, political opinion, or socio-economic status. |
| <b>Impartiality</b> | Staff behavior towards users is inspired by criteria of objectivity, justice, and impartiality.                                                                                           |
| <b>Continuity</b>   | The Facility ensures the continuity and regularity of care. In case of service interruption, measures are taken to minimize user distress.                                                |



| Principle                             | Description                                                                                                                                               |
|---------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Right to Choose</b>                | Where permitted by current regulations, users have the right to choose the service provider that best meets their needs.                                  |
| <b>Participation</b>                  | Users are guaranteed participation through clear and complete information, with the possibility to evaluate quality and submit complaints or suggestions. |
| <b>Efficiency &amp; Effectiveness</b> | Services are delivered to ensure an optimal ratio between resources used, activities performed, and results achieved.                                     |

## PRIVACY AND DATA PROTECTION (GDPR)

Upon admission, consent for the processing of personal data is requested in accordance with **EU Regulation 2016/679 (GDPR)**.

- **Purpose:** Data collection is strictly for administrative management and guest clinical care.
- **Confidentiality:** Professional secrecy is guaranteed for all private information, diagnoses, and therapies. No information will be provided over the telephone. Physicians are authorized to provide information **only to designated representatives** authorized by the user.

## INFORMED CONSENT

Users have the full right to be informed of their diagnostic and therapeutic path, expressing their will through the signing of the **"Informed Consent"** form. Guests have the right to receive clarifications from both physicians and nursing staff within their respective areas of competence.

## COMPLAINTS MANAGEMENT

The person responsible for managing complaints is the **Medical Director, Dr. Gabriele Lupini**.

- **Informal Complaints:** Residents may submit verbal or written informal complaints to the Service Manager or RSA Direction for immediate resolution.
- **Formal Complaints:** Residents can use the official form available at the facility offices. A formal written response will be provided within **10 days**.



### ADMISSION PROCEDURES

Admission proposals to the RSA are formulated by the **General Practitioner (GP)** (upon request by the user or family), municipal social services, the Local Health Authority (ASL), or, in the case of discharge, by post-acute facilities and hospitals. The assessment for suitability for a **Maintenance RSA** and the assignment of care levels (High or Low) is performed by the **U.V.T. (Territorial Evaluation Unit)** of the Home Care Center (CAD). The UVT issues a certification required for the user to be placed on the waiting lists of any RSA in the territory.

To register for **RSA Villa delle Magnolie**, the **Single Point of Access (PUA)** for applications is located at **Via Giovanni Volpato n.18**. Users have the right to express a preference for a specific facility and to request their position on the waiting list at any time. When a bed becomes available, the CAD will contact the user for admission. Initial admission is authorized for **60 days**, after which the UVT will reassess the person's condition to arrange for an extension or discharge.

### COSTS AND FEES

Guests are required to contribute to the daily rate according to regional regulations. The cost is divided between the **Regional Health Fund** and the **Guest**, with potential support from Regional and Municipal Social Funds for those eligible. The monthly fee is determined based on the **Equivalent Economic Situation Indicator (ISEE)**:

- **ISEE below €20,000.00:** The Municipality contributes to the cost; the specific monthly amount is determined by the resident's local district.
- **ISEE above €20,000.00:** The guest pays the full co-payment rate:
  - **High Maintenance Level:** €64.86 per day
  - **Low Maintenance Level:** €53.90 per day *Note: A valid disability certificate is mandatory to request municipal financial support.*

### ADMISSION REQUIREMENTS & PERSONAL BELONGINGS

Upon admission, the user must provide:

- Identity document and Tax Code (Codice Fiscale);
- Health Insurance Card (Tessera Sanitaria);
- Clinical documentation and disability certificate;
- Clinical report from the physician and current prescriptions.

**Recommended Clothing and Hygiene Items:** We suggest comfortable clothing with Velcro fasteners, long zippers, and non-slip slippers. Please label all personal items.

- **Clothing:** Underwear, socks, pajamas, tracksuits, comfortable shoes, and seasonal sweaters.
- **Hygiene:** Comb, toothbrush, toothpaste, soap, shampoo, towels, and a denture case (if applicable).
- **Other:** Walking aids (wheelchair/walker) and medications currently in use.



### DISCHARGES AND TRANSFERS

- **Discharge:** Upon discharge, the Physician issues a discharge letter summarizing the stay and therapeutic suggestions.
- **Hospital Transfers:** In case of acute medical need, the GP arranges the transfer to a hospital and promptly informs the family.
- **Internal Transfers:** The healthcare team reserves the right to transfer a guest to a different room or building for clinical or social reasons. Families will be notified promptly.

### VISITORS AND LEAVE OF ABSENCE

- **Visiting Hours:** Daily from **11:30 AM to 1:00 PM** and **3:30 PM to 6:00 PM**.
- **Leave Permits:** Daily permits can be requested from the Medical Director. Overnight stays outside the facility (up to 10 days) require CAD authorization.

### CONTINUITY OF CARE

Therapeutic responsibility for each guest is entrusted to their **General Practitioner (GP)**, who ensures all necessary interventions. The facility guarantees continuity of care through the **Medical Director** and nursing staff present across all shifts.

- **Emergencies:** Managed by internal nursing staff, the Territorial Continuity Service (Guardia Medica), or the Emergency Medical Service (118).
- **Quality Factors:** Periodic satisfaction surveys, complaint procedures, and staff identification badges are standard.



**THE GARDEN**



### SERVICES OFFERED BY THE RSA

Upon admission, the **healthcare and welfare team** on duty meets to gather information regarding the **new resident**. The resident is welcomed with a general greeting from all staff members present. They are introduced to their roommate and shown the provided room furnishings. Assistance is offered with personal belongings, and brief information regarding the main schedules and routines of the R.S.A. is provided.

The admission procedures are then carried out. **Nursing and social care staff** will request and provide all useful and necessary information for the duration of the stay. Administrative staff will handle the relevant formalities and provide the **Service Charter**, including all its annexes.

### PERSONAL CARE AND ASSISTANCE

Personal care is guaranteed by a **multidisciplinary team** composed of service coordinators, the general practitioner (GP), nurses, social care workers, physiotherapists, occupational therapists, the social worker, the psychologist, and the dietician. Together, they develop an **Individual Care Plan (I.C.P.)**.

A dynamic and interdisciplinary project, the I.C.P. emphasizes **personalized intervention**, focusing attention on the elderly person as a **Resident of the facility**, while taking into account their specific needs and wishes. The I.C.P. is drafted following a **Multidimensional Assessment** using internationally validated scientific scales, including pain assessment scales.

The presence and contribution of **family members**—who can share information regarding the history, affections, domestic habits, and tastes of their loved one—is welcomed and highly valued by the team. This ensures the most comprehensive profile of the Resident and defines the subsequent goals to be achieved. The I.C.P. thus becomes a point of integration between professional intervention and the family sphere through ongoing dialogue and shared objectives. Constant monitoring allows the team to verify if the care is moving in the right direction or if previously outlined goals need to be revised.

### SERVICE COORDINATORS

**(NURSING DIRECTOR, NURSE COORDINATOR)** The Service Coordinators are the professional figures who, in collaboration with the **multidisciplinary team**, prepare work plans, agree on care priorities, and supervise the quality of care. They specifically manage the **welcome and admission of new Residents** and participate in the drafting of the **Individual Care Plan (I.C.P.)**. The Coordinators are available for consultations with both Residents and their family members to provide information regarding care and the organization of the facility.



### THE GENERAL PRACTITIONER (GP)

The **General Practitioner** performs general medical examinations according to a schedule of planned visits and check-ups. Furthermore, the GP handles the prescription of medications and requests for specialist consultations, instrumental tests, or laboratory exams that cannot be performed within the facility. **Specialist visits** and the prescription of medical aids/prosthetic devices are guaranteed through the **C.A.D. (Integrated Home Care service)**.

### THE NURSE

The **Nurse** (identifiable by a **dark green uniform**) participates in identifying the health needs of both the individual and the community. They ensure the correct application of diagnostic and therapeutic prescriptions. The nurse acts both individually and in collaboration with other healthcare and social workers to provide **basic care for the Resident** (assistance with personal hygiene, dressing, and getting out of bed).



### TREATMENT ROOM



### • THE CARE ASSISTANT

The **Care Assistant** (identifiable by a **white uniform**), in addition to performing all the duties of a specialized auxiliary staff member, works in collaboration with and under the guidance of the nurse. Their responsibilities include making occupied beds, attending to the **Resident's personal hygiene**, and positioning as well as maintaining therapeutic postures.

### • THE PHYSIOTHERAPIST

The **Physiotherapist** (identifiable by a **light blue uniform**), in collaboration with all care staff, carries out a range of rehabilitative and re-educational services aimed at preventing and delaying disabilities in Residents, as well as maintaining their **residual functional abilities**.

**Psycho-physical rehabilitation includes:**

- Defining a **rehabilitation program** aimed at addressing the Resident's specific health needs;
- **Neuromotor and cognitive** rehabilitation;
- **Orthopedic and functional** re-education;
- Use of therapeutic equipment;
- Basic **respiratory rehabilitation**;
- Collaboration on integrated projects with **Occupational Therapists**.



**PHYSIOTHERAPY**



**PHYSIOTHERAPY ROOM**



### • THE OCCUPATIONAL THERAPIST

The **Occupational Therapist** (identifiable by a **teal uniform**) promotes recreational and rehabilitative interventions aimed at keeping the Residents' interests active and preventing psycho-physical decline. The occupational therapy service is available to all Residents, tailored to their individual interests, potential, and abilities.

The **O.T. service** is primarily delivered through the following activities:

- **Support and Remotivation Counseling:** Individual sessions to encourage engagement.
- **Cognitive Stimulation:** Exercises to maintain mental acuity.
- **Group Newspaper Reading:** To keep residents informed and connected.
- **Group and Individual Manual Activities:** Arts, crafts, and fine motor skill exercises.
- **Organization of Group Recreational Activities:** Social games and leisure events.
- **Costume and Set Design Workshop:** Preparation for internal theatrical performances and shows.
- **Community Outreach:** Involvement of external guests for various celebrations and festivities.
- **Cineforum:** Film screenings followed by thematic discussions.
- **Music Therapy:** Using sound and rhythm for emotional and physical well-being.
- **Group Exercise:** Gentle gymnastics to maintain residual motor and cognitive abilities.
- **Reminiscence Therapy:** Using past memories to improve psychological well-being.
- **Writing Rehabilitation/Enablement Workshop:** Exercises to maintain or recover writing skills.
- **R.O.T. (Reality Orientation Training):** Techniques to reduce confusion and disorientation.
- **Informal Therapy for Dementia Patients:** Focused on maintaining **ADLs (Activities of Daily Living)** such as dressing, eating, etc.
- **Periodic Assessment of Equipment and Aids:** Ensuring all mobility and support tools are appropriate.
- **Collaboration on Integrated Projects:** Working alongside Physiotherapists for holistic care.



**OCCUPATIONAL THERAPY**



**OCCUPATIONAL THERAPY**





### HORTICULTURAL THERAPY

#### • THE SOCIAL WORKER

The **Social Worker** is a professional who operates with technical and professional autonomy to prevent and reduce situations of hardship and social exclusion. Within the Assisted Living Facility (RSA), their general objective is to enhance the quality of life for residents and promote social and healthcare integration by activating the network of local services.

Specifically, the social worker within the RSA performs the following interventions:

- **Consultancy and Orientation** for residents and their families regarding bureaucratic and pension procedures and access to local services.
- **Support Person Procedure:** Activating the legal process for the appointment of a "Support Person" (*Amministratore di Sostegno* – Law No. 6 of 2004).
- **Liaising** with all professional figures within the facility for the planning and activation of **Individual Care Plans (I.C.P.)**.
- **Coordination** and activation of local social and health services (Local Health Authorities, Municipalities, Associations, etc.).



### • THE PSYCHOLOGIST

The **Psychologist** is a professional figure who carries out the following interventions:

- **Evaluation and Assessment** of the cognitive, psychological, and relational needs of residents (through individual and group activities).
- **Participation** in the drafting and verification of the **Individual Care Plan**.
- **Family Involvement:** Meetings and consultations with residents' family members.
- **Staff Training:** Psychological support and supervision for internal staff.
- **Psychological Support:** Particularly during the critical phases of admission and discharge.
- **Diagnostic Evaluation** through neuropsychological testing.
- **Observation** and facilitation of group activities.

### • THE DIETICIAN

The **Dietician** is a professional responsible for the following tasks:

- **Monitoring Compliance** with the facility's internal procedures.
- **Oversight of Hygiene and Health Procedures.**
- **Planning** of nutritional education interventions.
- **Nutritional Management** for residents: standard meals and special diets.
- **Definition of Personalized Dietary Regimes** for individuals or groups, in collaboration with medical staff and the residents themselves. The dietician gathers anamnesis through nutritional surveys, develops dietary plans, monitors their effects, and identifies the nutritional needs of the individual and/or group.

### • CANTEEN AND DINING SERVICE

The dining service is managed by an **external catering company**, which prepares and processes food in accordance with current regulations to ensure hygiene, safety, and the healthiness of the meals served to Residents. The menu is developed based on dietary tables specifically designed by a dietician. Residents with specific medical conditions follow **specialized nutritional therapies**.

Meals are served in designated dining rooms at the following times:

1. **Breakfast:** Starting at 8:30 AM – 9:00 AM.
2. **Lunch:** Starting at 12:00 PM in the designated dining rooms on each floor, or in-room for residents with specific health issues.
3. **Dinner:** Starting at 6:00 PM on each floor, or in-room for residents with specific health issues.

The menu is organized on a **four-week rotation**, with different dishes provided for each day of the week. Furthermore, the facility guarantees meal choices that respect the **religious beliefs** of the Resident; any such requests should simply be communicated to the dietician.



**DINING ROOM**



- **ENVIRONMENTAL SANITIZATION SERVICE**

The service is managed by an external company. It consists of the daily cleaning and **sanitization** of the Resident’s living space (bedrooms and bathrooms) and common areas (corridors, lounges, gym, dining rooms, etc.). Scheduled deep-cleaning and extraordinary maintenance interventions are also provided.

- **MAINTENANCE SERVICE**

In addition to the mandatory maintenance of systems and buildings as required by law—for which the Administration contracts certified professionals—ordinary maintenance is outsourced to specialized contractors.

- **ADMINISTRATIVE SERVICES**

The service provides assistance in managing the bureaucratic aspects of admission (payment of fees, change of residence, updating of the general practitioner, etc.). The dedicated office also provides information and initial guidance to families needing to access the **Elderly Care Network** (U.V.T. - Geriatric Assessment Units, home care services, etc.). **Operating hours:** Monday to Friday, 8:30 AM – 1:30 PM; Saturday, 9:00 AM – 1:00 PM.

- **ADDITIONAL SERVICES**

Upon request, residents may access the following paid services:

- **Laundry service:** €85.00 + IVA
- **Podiatrist:** €30.00 + IVA
- **Hairdresser:** €10.00 (wash & set); €15 (cut); €25.00 (color)
- **In-room TV:** €15.48 + IVA
- **Barber:** €10.00 (shave); €12.00 (haircut)
- **Disposable wash gloves:** €12.00 + IVA
- **Disposable bibs:** €12.00 + IVA

- **PAYMENT METHODS**

The cashier's office is open for payments every weekday, Monday to Friday from 8:30 AM to 1:30 PM, and Saturday from 9:00 AM to 1:00 PM. Cash payments are accepted up to the legal limit. Payments can also be made via check or bank transfer. **Please note: POS service for debit and credit cards is currently not available.**

- **RELIGIOUS ASSISTANCE**

Religious assistance is provided by a parish priest, following the liturgical calendar. A dedicated space for worship is available within the facility and is open to everyone. Respect for, and the practice of, all religions is guaranteed.



- **VOLUNTEERING**

Volunteers are a vital resource for the Institute, generously giving their time and availability. They also serve as a guarantee of transparency. They operate in organized groups; associations may apply to the Administrator in writing to participate in the facility's various activities.

- **PARTICIPATION COMMITTEE**

The Participation Committee, established within the Residence according to current regulations, helps collect feedback and reports from users and transmits them to the Management.

- **REMOVAL OF BARRIERS**

Management is committed to removing physical, linguistic, and cultural barriers that may hinder access to services, including through the use of multilingual staff.

- **BODIES FOR THE PROTECTION OF RESIDENTS' RIGHTS**

Management informs all Residents of the possibility to consult with the **Tribunal for Patients' Rights** (*Tribunale dei Diritti del Malato*) as needed.

- **TYPICAL DAILY SCHEDULE FOR RSA RESIDENTS**

- **7:00 AM – 8:00 AM:** Wake-up and personal hygiene
- **8:30 AM – 9:00 AM:** Breakfast
- **9:30 AM – 11:30 AM:** Healthcare and rehabilitation activities
- **11:30 AM – 12:30 PM:** Lunch
- **1:00 PM – 3:00 PM:** Afternoon rest
- **3:30 PM – 5:30 PM:** Healthcare and rehabilitation activities
- **6:00 PM – 7:00 PM:** Dinner
- **AFTER DINNER:** Transfer to rooms for the night, following personal hygiene, changing of clothes, and administration of any pharmacological therapies.

During the night, Residents are monitored by the nursing and care staff on duty, who provide regular changing of incontinence aids and postural changes.

Certamente, questa è la parte più importante per regolare la convivenza e definire i valori della struttura. Ecco la traduzione professionale



### RULES OF CONDUCT WITHIN THE FACILITY

Residents are permitted to **personalize their rooms** by bringing personal objects or furnishings, provided they respect the rights and needs of other residents and comply with fire safety regulations.

Upon admission, the Resident agrees to:

- Observe **hygiene standards** for their environment, as well as the rules of social conduct and communal living;
- Maintain the accommodation, fixtures, and installed equipment in good condition, following the instructions of the facility's operational managers to ensure proper use;
- **Report any malfunctions** in the plumbing or electrical systems of the room to the management immediately;
- **Allow service staff** and any other authorized personnel to enter the room for cleaning, inspections, or necessary repairs.

Residents are liable for damages caused by their own negligence or lack of care.

- **Visitors:** It is strictly forbidden to host unauthorized persons in the room, including for a single night or outside established visiting hours, regardless of the relationship to the resident.
- **Freedom of Movement:** Residents enjoy maximum freedom of movement within the framework of the facility's schedule.
- **Quiet Hours:** Residents must observe silence during the following times: a) In common areas: from **9:00 PM to 6:00 AM**; b) In their own rooms: from **12:30 PM to 3:00 PM** and from **9:00 PM to 7:00 AM**.
- **Audiovisual Devices:** The use of TVs or radios is permitted in the resident's room.
- **Elevator Safety:** Use elevators with care. Do not press buttons when "busy," do not exceed weight limits, and do not attempt to open doors before the cabin has stopped at the floor.

### Staff Regulations:

- Care staff are **not authorized** to manage money or valuables on behalf of residents, nor to keep jewelry, bank books, etc.
- No **financial tips or gratifications** should be given to staff for services rendered.
- Residents may not request services outside the normal work program or pressure staff for preferential treatment.
- Residents must maintain a relationship of **mutual respect** with staff. Extraordinary requests or reports of service failures should be directed to the Management, initially verbally and, if necessary, via written complaint.
- Residents are prohibited from entering areas reserved for staff only.

### Fire Prevention:

- **No smoking in bed** and no use of open flames (stoves, heaters, etc.).
- Do not dispose of cigarette butts or flammable materials in wastebins.
- Do not use personal electrical appliances without prior authorization.



## **VILLA DELLE MAGNOLIE” RESIDENTIAL CARE HOME**

### **HEALT SERVICES CARD**

- **In case of emergency:** Immediately notify staff, who are trained in fire emergency procedures.

#### **General Prohibitions:**

- Do not hang laundry outside windows.
- Do not keep flower pots or objects on windowsills unless they are perfectly secured.
- Do not use loud devices that disturb others.
- Do not throw waste or water from windows.
- Do not pour grease or substances into toilets or sinks that may clog the pipes.

**ADVICE: DO NOT LEAVE PERSONAL OR VALUABLE ITEMS UNATTENDED. THE ADMINISTRATION ACCEPTS NO RESPONSIBILITY FOR THEIR LOSS.**



### 1. APPENDIX: CHARTER OF RIGHTS FOR THE ELDERLY

#### Introduction

The elderly represent a heritage for society—not only as the keepers of cultural memory but as an active resource of energy and experience. While many remain in good psycho-physical condition, some remain **fragile**, requiring greater attention to the protection of their dignity and fundamental rights.

This document guides the actions of those working with the elderly, whether within:

2. **Public Institutions** (Hospitals, RSAs, transport, and social services);
3. **Information Agencies** and mass media;
4. **Families** and social groups.

#### Fundamental Principles:

- **Social Justice (Art. 3 Constitution):** The Republic aims to remove economic and social obstacles that limit freedom and equality. Human development is a lifelong process.
- **Solidarity (Art. 2 Constitution):** The Republic recognizes inviolable human rights and requires the fulfillment of political, economic, and social solidarity.
- **Health (Art. 32 Constitution):** Health is a fundamental right. According to the WHO, health is a state of physical, mental, and social well-being, not merely the absence of disease.

All staff members of this Residence share the principles of this "**Charter of Rights for the Elderly**," reproduced here to protect our residents and improve their quality of life.

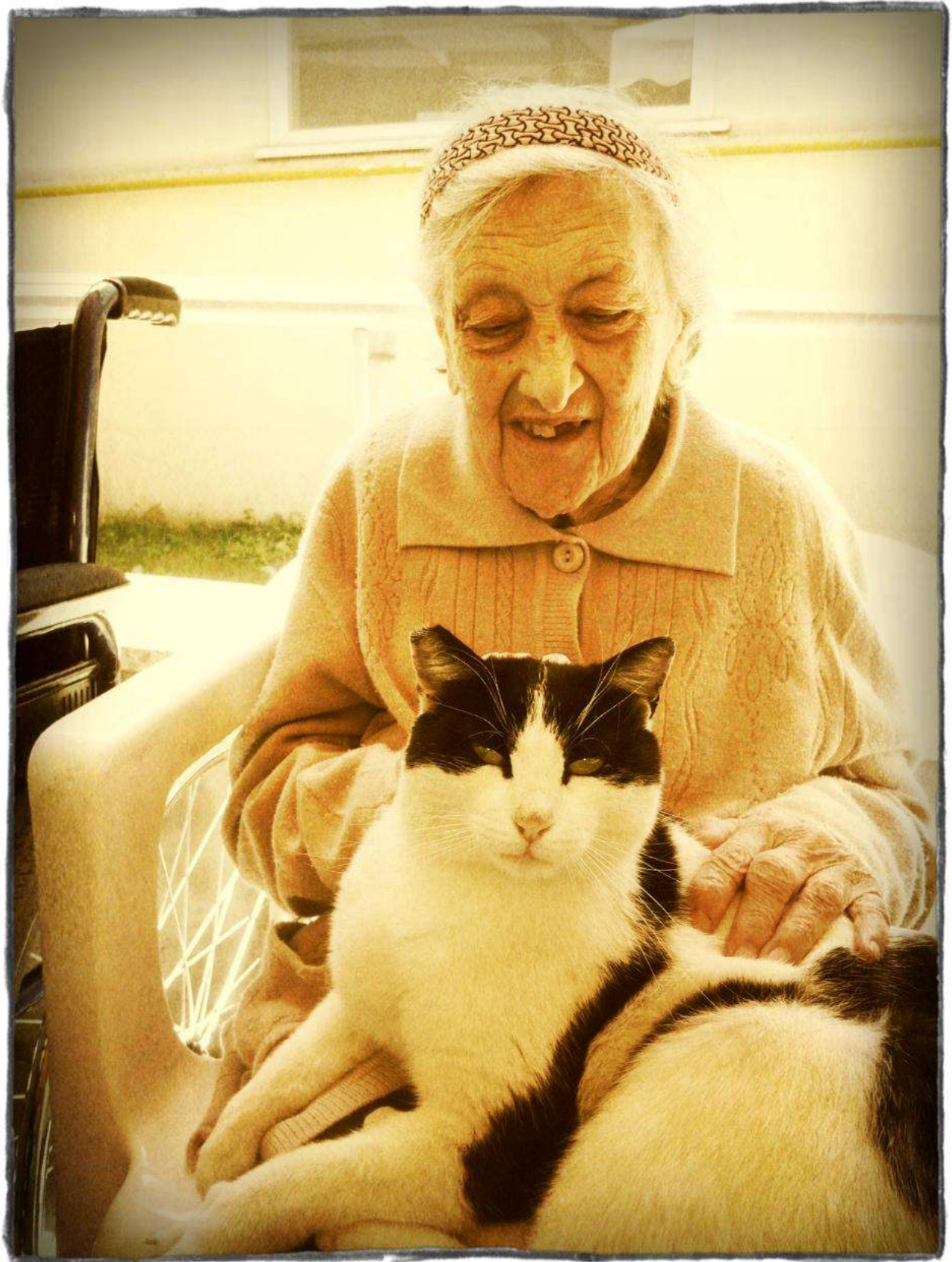


# VILLA DELLE MAGNOLIE” RESIDENTIAL CARE HOME

## HEALT SERVICES CARD

### THE ELDERLY PERSON: AT THE HEART OF RIGHTS AND DUTIES

| THE PERSON IS ENTITLED TO:                                                                                                                                                                             | SOCIETY AND INSTITUTIONS HAVE THE DUTY:                                                                                                                                                                                                                                                                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>To develop and maintain</b> their own individuality and freedom                                                                                                                                     | <b>To respect the individuality of every elderly person</b> , recognizing their needs and implementing appropriate interventions based on all parameters of their quality of life, rather than focusing exclusively on their chronological age.                                                                                                                                                                        |
| <b>To maintain and have respected</b> —in compliance with constitutional principles—their own beliefs, opinions, and feelings.                                                                         | <b>To respect the beliefs, opinions, and feelings</b> of elderly persons, even when they may appear anachronistic or in conflict with the dominant culture, committing to understanding their significance within the context of the person's life history.                                                                                                                                                            |
| <b>To maintain their own social conduct</b> , provided it does not infringe upon the rights of others, even when such conduct may appear to conflict with the dominant behaviors of their environment. | <b>To respect the conduct of the elderly person</b> , provided it is compatible with the rules of social coexistence; avoiding any attempt to "correct" or "mock" them, while still fulfilling the obligation to assist their integration into community life.                                                                                                                                                         |
| <b>To maintain the freedom</b> to choose where to live.                                                                                                                                                | <b>To respect the free choice</b> of the elderly person to continue living in their own home by providing the necessary support; furthermore, in cases of absolute impossibility, to ensure receiving conditions that allow them to preserve some aspects of their previous living environment..                                                                                                                       |
| <b>To be cared for and treated</b> in the environment that best guarantees the recovery of the impaired function.                                                                                      | <b>To provide care and treatment</b> at home for as long as possible, if this environment best stimulates the recovery or maintenance of the impaired function, providing every feasible and appropriate health and social service. In any case, the sick elderly person's right to admission to a hospital or rehabilitation facility is guaranteed for the entire period necessary for treatment and rehabilitation. |
| <b>To live with</b> whom they wish.                                                                                                                                                                    | <b>To encourage</b> , as far as possible, the cohabitation of the elderly person with their family members, providing appropriate support to the latter and stimulating every possibility for integration.                                                                                                                                                                                                             |
| <b>To have</b> a social and relational life.                                                                                                                                                           | <b>o prevent any form of isolation or "ghettoization"</b> of the elderly, ensuring they can interact freely with all age groups within the population.                                                                                                                                                                                                                                                                 |
| <b>To be enabled</b> to express their personal aptitudes, originality, and creativity.                                                                                                                 | <b>To provide every person of advanced age</b> with the opportunity to maintain and realize their personal aptitudes, express their emotions, and perceive their own worth, even if only of an emotional or affective nature.                                                                                                                                                                                          |
| <b>To be safeguarded</b> from every form of physical and/or moral violence.                                                                                                                            | <b>To oppose</b> , in every area of society, any form of oppression or abuse directed at the elderly.                                                                                                                                                                                                                                                                                                                  |
| <b>To be enabled to enjoy and maintain</b> their dignity and self-worth, even in cases of partial or total loss of autonomy and self-sufficiency.                                                      | <b>To ensure</b> that, even in the most compromised and terminal situations, the residual abilities of every person are supported, creating an atmosphere of acceptance, sharing, and solidarity that guarantees full respect for human dignity.                                                                                                                                                                       |





*“...And what of legal experts? Of pontiffs? Of philosophers? They are elderly, yet how many things they remember! The elderly retain their intellectual faculties, provided they preserve their interests and their dynamism...” — Cicero*