



SERVICE CHARTER

“SERENITY HOUSE”

Therapeutic Residential Facility
Residential Rehabilitation Facility
Psychiatric Protected Community

Social Health Residence for the Disabled (PRF3/
Rehabilitation Day Center for the Disabled (SRDIS1)

Alzheimer's Dementia Day Center

ATENA GROUP Srl

info@gruppoatena.it

www.gruppoatena.it



Written by:
Athena SRL ref. “ acdm .”
Rev.01 of 24/03/2025

The Service Charter, displayed on the “Atena” notice board, is distributed and delivered to users and/or their families and is published on the website www.gruppoatena.it.

It is also distributed to voluntary associations, general practitioners, medical associations, pharmacies, health authorities , competent AGs and the Regional Control Body.

The Service Charter is verified annually to verify the appropriateness of the services provided with possible revision in the event of changes found and/or if proposals and indications from Steckholder are received



SUMMARY

1.	PRESENTATION OF THE SERVICE CHARTER	3
2.	THE SERVICE CHARTER	3
3.	PRESENTATION OF MANAGEMENT BODY: ATENA GROUP	4
4.	FUNDAMENTAL PRINCIPLES	4
5.	THE HEALTH RESIDENCE “SERENITY HOUSE”	5
5.1.	PURPOSE AND CHARACTERISTICS	5
5.1.1.	RD3 SOCIAL AND HEALTH CARE RESIDENCE FOR THE DISABLED “SERENITY HOUSE”	6
5.1.2.	SRP3.1 PROTECTED COMMUNITY FOR MENTAL HEALTH “SERENITY HOUSE”	6
5.1.3.	SRP2.1 RESIDENTIAL MENTAL HEALTH REHABILITATION FACILITY “SERENITY HOUSE”	6
5.1.4.	SRP1 – THERAPEUTIC RESIDENTIAL FACILITY FOR MENTAL HEALTH “SERENITY HOUSE”	6
5.1.5.	SRDIS1 REHABILITATION DAY CENTRE FOR THE DISABLED “SERENITY HOUSE”	7
5.1.6.	SRD ALZHEIMER'S DEMENTIA DAY CENTRE “SERENITY HOUSE”	7
5.2.	METHODOLOGICAL FRAMEWORK	7
5.3.	STRUCTURE	9
7.	SERVICE PROVISION	10
6.1.	ACCESS MODE: ADMISSION PHASE:	10
6.2.	DEFINITION OF THE INDIVIDUALIZED PROJECT	12
6.3.	RESIGNATION	13
6.4.	DEATH	13
6.5.	SERVICE ASPECTS	13
7.	PERFORMANCES AND SERVICES PROVIDED	16
8.	SERVICE COSTS	19
9.	COMMUNICATION WITH FAMILIES AND THE TERRITORY	20
9.1.	RELATIONSHIPS WITH FAMILY MEMBERS	20
9.2.	NETWORKING AND RELATIONSHIP WITH SERVICES	21
10.	ORGANIZATION OF THE CENTER	22
11.	THE STAFF	23
11.1.	PROFESSIONAL FIGURES	23
11.2.	TRAINING	27
12.	QUALITY OF SERVICE	27
13.	SERVICE SECURITY	29
14.	GUESTS' RIGHTS AND DUTIES	30
15.	REPORTS / POOR SERVICES / COMPLAINTS AND SUGGESTIONS / PRAISE	32
16.	CONTACTS AND USEFUL NUMBERS	34



1. PRESENTATION OF THE SERVICE CHARTER

The Service Charter is the tool drawn up by the manager of the services of “Serenity House” (RD3/PRF3 , SRP1, SRP2.1, SRP3.1.1, PRF6/SRDis1 and SRD) company ATENA Srl with Sole Shareholder that guarantees the transparency of the operations and management of human and economic resources. It therefore offers a real tool for controlling the quality provided and can be considered a sort of pact between users, operators and administrators, it has the purpose of developing a sense of trust and security towards us.

It is a dynamic tool, subject to verification at least once a year and revised whenever necessary and is available to users at the operational headquarters of the service. The newly printed paper is distributed via Pec to the Health Services of the Marche Region, to the AST Marchigiane, Voluntary Associations (AUSER), the Order of Physicians and professional colleges, institutions, general practitioners, pharmacies and all health facilities.

Reference legislation:

“Serenity House” is authorized with LR 21/2016 and subsequent amendments – DGR 47/2018 for the following modules:

- **RD3 – RSA “Severely mentally, physically and sensorially disabled ”** provision Decree of the Director PF Accreditations Marche Region n.226 of 07/30/2019 and authorized to operate by the SUAP of Montefeltro with provision n.2 of 09/04/2019, is accredited with LR 21/2016 and subsequent amendments . – DGR 47/2018 with provision Decree of the Director PF Accreditations Marche Region n.314 of 11/18/2019 – 32 bed places
- **SRP1-SRP2.1-SRP3.1.1 –SRD – “ ResidentialTherapeutic , Rehabilitative, Protected Mental Health and Alzheimer Day Center”** authorized to operate by the respective authorization provisions issued by the Municipality of Monte Grimano Terme (PU) n.2/2011 SRP1, n.1/2011 SRP2.1, n.3/2011 SRP3.1.1 of 16/05/2011 and n.2604/2004 SRD, accredited with LR20/2000 with provision Decree of the Director PF Accreditations Marche Region n.182 of 08/06/2011 - 40 residential beds and 15 semi-residential beds. Accreditation renewal decree n.23 of 04/11/2020.
- **physical , mental and sensory disabilities ”** authorized to operate by the authorization provision issued by the Municipality of Monte Grimano Terme (PU) n.3/2011 of 07/25/2016, accredited with LR20/2000 with provision Decree of the Director PF Accreditations Marche Region n.348 of 09/12/2016 – 25 places. Accreditation renewal decree n.264 of 09/17/2019.

2. THE SERVICE CHARTER

In summary, **the service charter:**

INFORMS : the citizen/user about the services offered by the residential and semi-residential center of "Serenity House" managed by Atena Srl with Sole Shareholder and about the methods for accessing them

COMMITTS : the managing body to guarantee the provision of services and performances at certain quality levels, as described in this document

INDICATES : the rights and duties of the citizen/user

FACILITATE: a greater understanding of the service by the citizen/user, as well as by offices, bodies, institutions, private social organizations, voluntary associations, unions and anyone who works in the sector of services for non-self-sufficient individuals



3. PRESENTATION OF MANAGEMENT BODY: GRUPPO ATENA

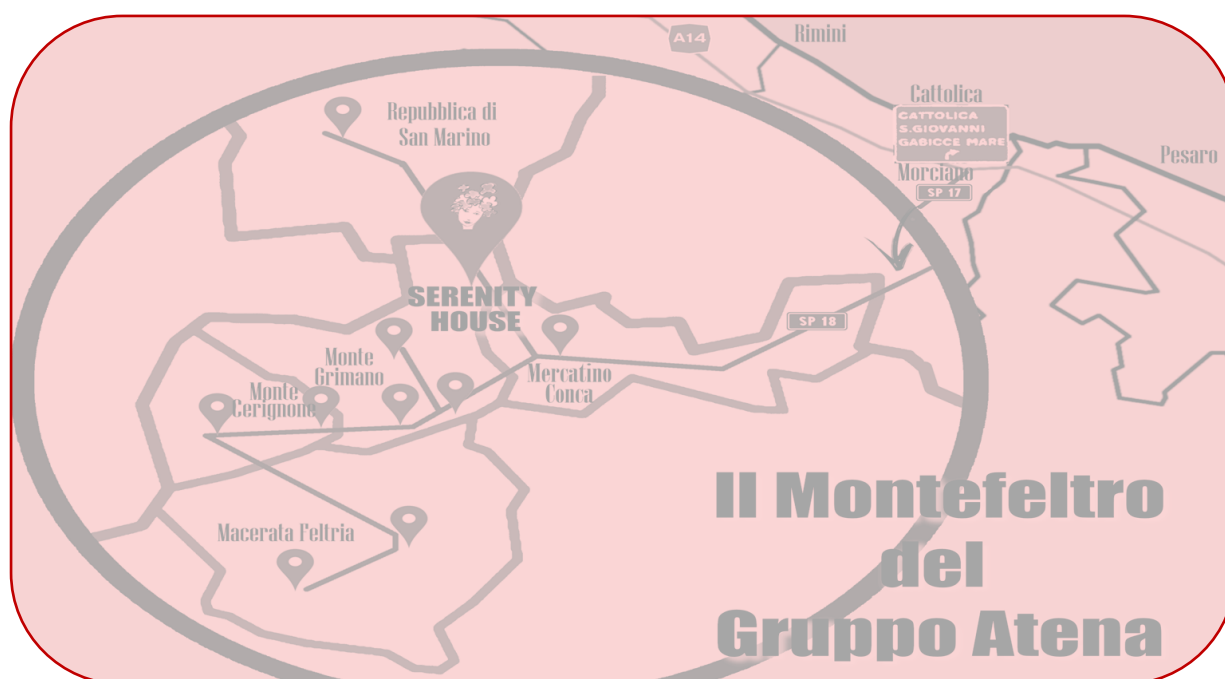
GRUPPO ATENA was founded in 1992, from the idea and entrepreneurial will of Cav. Dott. Ferruccio Giovanetti, who still manages it with dedication and passion.

GRUPPO ATENA is a family of health professionals with certified experience that welcomes, assists and recovers suffering people with very different experiences and is one of the main private operators in the Italian market in the management of health and social-health facilities operating in psychiatry and rehabilitation of mental, physical and sensory disabilities, at the service of Public and Private Health under a contract and accreditation regime. The facilities of GRUPPO ATENA are authorized and accredited by the Marche Region, have relationships with the PA of the national territory, regulated according to contractual agreements stipulated mainly with the Marche Health Authorities (AST) and the AUSL of the Romagna region.

With a workforce of over 300 employees and a turnover of over 15 million euros, GRUPPO ATENA is now a consolidated and appreciated reality, which operates through nine locations located in the suggestive setting of Montefeltro, one of the most beautiful Apennine routes in Italy, between Marche, Romagna and the Republic of San Marino. It provides residential care to over 350 adult patients with problems resulting from psychiatric, addiction, neurological, functional and disability pathologies, even in conditions of serious and complex co-morbidity, and increasingly frequently associated with restrictions of personal freedom. GRUPPO ATENA provides semi-residential care for dementia and the disabled, and also boasts a functional re-education clinic with dry and water interventions.

GRUPPO ATENA has started the certification process for the quality management system according to the UNI EN ISO 9001:2015 regulation for the services of “Design, management and provision of social-health, educational-rehabilitative and assistance services to individuals” (EA 38).

GRUPPO ATENA has defined adequate planning and management control tools through which it follows its ability to satisfy the needs of users without wasting resources. The effectiveness of assistance is strictly related to the adequacy and customization of the intervention. The objectives that GRUPPO ATENA wants to achieve with this document is to make available to the user of its services a real tool for controlling the quality provided.



4. FUNDAMENTAL PRINCIPLES

The “Serenity House” facility is a 72-bed residential, health-social-rehabilitation center and a 40-bed semi-residential, health-social-rehabilitation center created to provide a residential solution for adults with mental disabilities or serious physical, psychic, sensorial or mixed disabilities, due to causes that cannot be treated at home. The services provided by the “Serenity House” are therefore specialized and specialized health, assistance



and educational services, aimed at people's needs, personalized in compliance with the specificity of individual guests.

The basic principles are:

Involvement : The user's family must be encouraged and involved in the service delivery process and in the educational and care methods applied so as not to cause a separation from their family unit; relationships with the family must be facilitated during the service opening hours.

Equality : relationships with users are based on rules that are the same for everyone: under no circumstances can discriminatory forms be exercised against users (e.g. for reasons relating to sex, race, language, religion, social, economic and political conditions);

Fairness: All operators are committed to carrying out their activities in an impartial, objective and neutral manner towards all users.

Equality: with equal needs, services are provided equally to all users without distinction of race, sex, nationality, religion and political opinion.

Impartiality : all users are guaranteed the same conditions to access and enjoy the services offered according to a rule of impartiality and objectivity.

Professionalism: the service is provided in a professional manner, by adequately trained and constantly updated staff.

Integration: personalized care requires that different services work in close collaboration with each other; in this context, the “Serenity House” represents an essential contribution to the system of social and health services in the area.

Right to choose : the user, where possible, is left free to choose whether or not to use the services after they have been carefully presented to him in every aspect.

Participation : the active participation of the user in all management aspects concerning him is encouraged; with this aim the user receives the necessary information regarding his rights and the methods with which to forward any complaints.

Efficiency and effectiveness: available resources are used in the most rational and prudent way possible in order to produce maximum results in terms of user well-being and staff gratification.

Humanity: the central attention is placed on the person with full respect for his dignity, whatever his physical or mental, cultural or social conditions, with courtesy, education, respect and availability on the part of all operators.

Respect for Private Life and Confidentiality: In managing its activities, the facility guarantees the protection of the rights and dignity of the user, respecting private life and confidentiality as well as privacy, to guarantee protection from any form of abuse, mistreatment, degrading treatment or negligence that could expose them to unjustified risks. All data and information are managed in a controlled manner (Legislative Decree 679/2016) and with correctness and professional ethics by healthcare professionals.

User satisfaction : the user is always considered as an individual with dignity, critical capacity and right to choose, to be satisfied on the services he receives; the quality of the services provided to the patient, therefore, must not be limited to the effectiveness of the rehabilitation service, but must also include functionality and reliability of the support services.

5. THE HEALTH RESIDENCE “SERENITY HOUSE”

5.1. PURPOSE AND CHARACTERISTICS

Serenity House is authorized and accredited to provide the following services:

- RD3: social health care residence for disabled people;
- SRP1: residential therapeutic mental health facility;
- SRP2.1: residential mental health rehabilitation facility;



- SRP3.1.1: protected community for mental health;
- SRDis1: day rehabilitation center for disabled people;
- SRD: day center for people with dementia.

5.1.1. RD3 “SERENITY HOUSE” SOCIAL HEALTH CARE RESIDENCE FOR THE DISABLED

The RD3 “Serenity House” social health care residence for disabled people is a 32-bed residential unit that provides continuous functional and social recovery services to seriously ill adults (18-65 years old), who are not self-sufficient, with the consequences of physical, mental, sensory or mixed pathologies, dependent on any cause, who cannot be cared for at home. It hosts both men and women.

The RD3 “Serenity House” nucleus provides for mentally disabled users, reception with levels of medical and psychosocial protection differentiated between patients affected by a chronic condition and patients in the stabilization phase who require medium intensity of care and integrated interventions, of an educational/habilitative nature, for the maintenance and development of residual capacities and levels of autonomy achieved. For disabled users with neurofunctional pathologies, hospitalizations of patients who have concluded the intensive rehabilitation phase who require maintenance and/or prevention therapy with respect to the acquired recovery. Access for these patients is foreseen only after a rehabilitation program carried out in hospital or extra-hospital intensive or after ascertained stabilization of functional capacities by the UVD. Our service offers in residential regime, the possibility of a functional rehabilitation program in extensive or maintenance form and a high level of assistance and nursing support.

5.1.2. SRP3.1 PROTECTED COMMUNITY FOR MENTAL HEALTH “SERENITY HOUSE”

The SRP3.1 Psychiatric Protected Community of “Serenity House” is a 15-bed socio-health residential unit that welcomes people with mental disorders of adult age (18-65 years), not assisted in their family context and with variable patterns of self-sufficiency and impairment of personal and social functioning, for whom interventions to be implemented in individualized low-intensity rehabilitation programs are effective. The primary objective is to maintain and acquire the highest possible level of well-being, individual autonomy and interpersonal relationship skills.

The unit hosts both men and women, sent by the Mental Health Departments of territorial jurisdiction and they can be free subjects or subjected to measures of restriction of personal freedom (probation, house arrest, obligation of care). The unit is equipped with social-health personnel 24 hours a day.

5.1.3. SRP2.1 RESIDENTIAL MENTAL HEALTH REHABILITATION FACILITY “SERENITY HOUSE”

The SRP2.1 psychiatric rehabilitation facility of “Serenity House” is a 20-bed residential health facility that welcomes people with mental disorders of adult age (18/65 years) who have serious or moderately severe, persistent and disabling impairments of personal and social functioning, for whom therapeutic rehabilitation and guardianship assistance treatments are implemented with medium-intensity rehabilitation programs. The primary objective is to acquire the highest possible level of well-being and recovery of personal care and socialization also aimed at consolidating an adequate functioning of personal resources.

The unit hosts both men and women, sent by the Mental Health Departments of territorial jurisdiction and they can be free subjects or subjected to measures of restriction of personal freedom (probation, house arrest, obligation of care). The unit is equipped with social-health personnel 24 hours a day.

5.1.4. SRP1 – THERAPEUTIC RESIDENTIAL FACILITY FOR MENTAL HEALTH “SERENITY HOUSE”

The SRP1 therapeutic residential facility of “Serenity House” is a 5-bed residential health unit that welcomes people with pre- and post-acute mental health problems with serious impairments of personal and social functioning, for whom effective high-intensity rehabilitation interventions are implemented, through programs with different degrees of protective assistance. The primary objective is to acquire the highest possible level of well-being and recovery of personal care and socialization also aimed at consolidating adequate functioning of personal resources. The unit hosts both men and women of adult age (18-65 years), sent by the Mental Health Departments of territorial competence and can be free subjects or subjected to measures restricting personal freedom (probation, house arrest, obligation to care). The unit is equipped with social-health personnel 24 hours a day.



5.1.5. SRDIS1 REHABILITATION DAY CENTER FOR DISABLED “SERENITY HOUSE”

The SRDis1 day rehabilitation center for the disabled at “Serenity House” has 25 places in semi-residential mode for the provision of functional rehabilitation services for subjects with physical, mental and sensorial disabilities who are not self-sufficient. The facility guarantees extensive rehabilitation treatments to people with severe disabilities with recovery potential. User access occurs directly from hospital facilities (hospital and extra-hospital), from the district territorial services (within the Evaluation Units), following a multidimensional assessment. An individual rehabilitation therapeutic project will be drawn up for each user, which includes measurable objectives that can be achieved within the limits of the duration of the project itself, in relation to the complexity of the case and on the basis of what has been agreed with the owners of the care. The facility is able to fully satisfy the minimum requirements of opening at least 6 hours a day and 5 days a week for 46 weeks a year.

5.1.6. SRD ALZHEIMER'S DEMENTIA DAY CENTER "SERENITY HOUSE"

The “Serenity House” Alzheimer’s Dementia Day Center has 15 semi-residential places and offers interventions to people with cognitive deficits with a low level of behavioral disturbance. The long-term care treatments offered are aimed at reducing and/or slowing down the worsening degenerative process, promoting a better quality of life, containing behavioral disorders, strengthening the user’s residual abilities, reducing caregiver stress and improving and supporting relational and social skills. The purpose of improving the quality of life refers both to the user who directly accesses the service and to the caregiver who “accompany” the user on his/her journey with moral and emotional support. The individual projects proposed also include long-term care, recovery, functional maintenance and orientation treatments in a prosthetic environment. The facility is able to fully satisfy the minimum requirements of opening at least 7 hours a day and 5 days a week. The user's entry to the center is subject to evaluation and consent by the relevant Center for Cognitive Disorders and Dementia.

The general purpose of the various nuclei of the "Serenity House" is therefore to promote the well-being of the person, welcoming their needs, necessities, resources and potential and aiming at evolutionary and rehabilitative growth in the perspective of a progressive and constant rehabilitation and socialization. These purposes Yes they decline in the following goals general :

- pursue the centrality of the disabled person and his family;
- enhancement of individual abilities and potential for a personalized path, maintaining the residual abilities of the disabled people hosted and, where possible, their recovery through the implementation of targeted interventions (both individual and group) of an educational, relational , rehabilitative and recreational nature to counteract the aspects of chronicity and/or involutory processes;
- promote psychological growth and the achievement of overall well-being of the person;
- pursue the Quality of Life of the person, understood as an Adult, capable of self-determination and choice, promoting integration and social interaction and supporting families by reducing isolation;
- seek social integration in the local area, through awareness-raising and online networking.
- offer support for maintaining and improving health;
- ensure respect and protection of the rights and dignity of the person with respect for private life and confidentiality (sexual orientation, interpersonal relationships, political opinions and religious affiliations) as well as privacy, to ensure that the guest within the service is protected from any form of abuse, mistreatment, degrading treatment or negligence that could expose him or her to unjustified risks;
- promote the development of global skills through commitment to the promotion of rights and social inclusion;
- maintain and improve cognitive and relational skills and personal autonomy, promoting the user's well-being;
- facilitate the level of accessibility of communication and understanding of service documentation where the user's cognitive capabilities allow it.

5.2. METHODOLOGICAL FRAMEWORK



The “Serenity House” Health and Social-Health Residence has as its corporate mission “the promotion of a culture of destigmatization ” of conditions of suffering, illness and discomfort, aiming to enhance differences and different abilities (to seize opportunities for social integration and prevent states of inactivity and marginalization of people with mental disorders and pathological addictions), the recovery of independence, paying attention to realizing “desires”, “autonomy”, “self-determination” and reintegration into society based on the following principles:

1) WHO's vision for global mental health is "to enhance, promote and protect the mental health of citizens and communities, ensuring that mental disorders are prevented and that people with such disorders are able to fully enjoy all human rights and have timely access to quality and culturally appropriate services that promote recovery, can achieve the highest attainable level of health and participate in social and working life, free from stigma and discrimination".

2) The 2006 UN Convention on the Rights of Persons with Disabilities, ratified by Italy in 2009, has the declared aim of "promoting, protecting and ensuring the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and promoting respect for their inherent dignity, including those with long-term mental impairments, which in interaction with various barriers may hinder their effective participation in society on an equal basis with others."

The organization of work is based on the principles of clinical governance, according to which healthcare organizations must commit to the continuous improvement of the quality of services and to the achievement of standards defined by regional and company directives, operating on the basis of clinical-care guidelines, validated by the national and international scientific community. The structure pays attention to the fundamental work of the team, recognizing its strategic value in the processes of taking charge of patients, in the specialization of treatments, in the management of multifactorial needs and in their possible synthesis, with the aim of providing solutions to multidimensional problems through greater integration with all the resources present in the territory.

The methodological framework adopted for the development of this project - in its specific component relating to work with the disabled person in a global and bio -psycho-social perspective - is consistent with the theoretical model of the WHO, as reported in the document " *ICF - International Classification of Functioning* ", which describes disability as the result of a complex relationship between a person's health condition, personal factors, environmental factors, placing the quality of life of people at the center of the intervention, and proposing a bio -psycho-social and inclusive model, in which the system of interpersonal and community relationships plays a fundamental role in ensuring the well-being of the user, in all his evolutionary phases.

This integrated approach takes into account the environmental risk and protection factors that intervene in development and the need for the implementation of the user's evolutionary project throughout the lifespan (*lifelong*). The ICF proposes a definition of disability as a health condition in an unfavorable environment (overcoming the relationship between *impairment* → *disability* → *handicap*) and is therefore the reference framework for the design of an intervention to support the inclusion of the user, which is integrated into a global life plan, according to a logic of community welfare and multidimensional interaction between all the stakeholders involved in the network.

The ICF approach will therefore be the main theoretical reference model; alongside it, multidimensional work models with disabilities and specific intervention models for different types of disabilities will be used in the organization of activities and interventions, which can be adopted in an integrated manner for the analysis of needs, the planning and ongoing monitoring of the intervention and the evaluation of the results.

Another reference model is that of the Quality of Life by Shalock et al , which considers disabled people as people who are first and foremost citizens with rights, able to express a choice and with resources. The focus is on the aspect **of self-determination and choice** , which favors as much as possible the development of an "adult self", through the promotion of the maximum autonomy achievable by each person up to the ability to self-determine, make conscious choices and acquire spaces of freedom.



In addition to specific activities, this is constantly promoted through a **relational and educational style** in a broad sense, which involves all the figures present at the center: each of them in fact relates to the people who attend it, depending on their role, and can set their interventions to a shared mode.

5.3. STRUCTURE

The “Serenity House” facility is a residential socio-healthcare-rehabilitation center with 72 beds and a semi-residential socio-healthcare-rehabilitation center with 40 permanent beds, open 24 hours a day, every day of the year. The goal is to maintain and, if possible, improve the health and well-being of the guest. The facility provides an on-site reception service, open to the public from 8:00 to 20:00, which provides information both on the facility itself and on the entire organization of the Atena Group.

The “Serenity House” is owned by the company Atena Srl with sole shareholder; it is immersed in the beautiful hills of the Marche region, located in the municipality of Montegrimano Terme – PU in Via Per San Marino, 48, on the border with the Republic of San Marino, easily reachable both from the provinces of Romagna, via the highway that connects Rimini to San Marino, adjacent to the A14 motorway and from those of the Marche region, via the provincial roads Pesaro - San Marino, Cattolica - San Marino, Urbino - San Marino. The “Serenity House” structure is made up of two main structural nuclei; the first resulting from the complete restoration of a villa dating back to 1960, the second from a new building constructed from scratch; the entire structure complies with current anti-seismic regulations. Both buildings are perfectly complementary, presenting themselves as a single large structure with a total internal surface area of 2,600 m² and a large surrounding park, recently expanded with a new acquisition for a total of 10,000 m², where a reserved parking lot and areas available to guests have been created. The entire complex is arranged on three floors which are accessed via a lift and a stretcher lift, as well as flights of stairs. The structure is free of architectural barriers to ensure accessibility, usability and liveability as per current regulations. The “Serenity House” structure provides various types of services, has a Living Area composed of several nuclei with a total capacity of n. 72 beds of which 5 are reserved for SRP1, 20 are reserved for SRP2, 15 are reserved for SRP3 and 32 are reserved for RD3/PRF3, as well as the SRD dementia day centre, a SRDis1/PRF6 functional re-education day centre and the ARRF functional re-education clinic. Each therapeutic unit is equipped with the necessary independent services, and is organised in such a way as to make the General Services located on the ground and third floors of the building usable, which are for the exclusive use of the Day Centres and the clinic and for common use by all other types of service. The floors reserved for the rooms are characterised by soft colours that allow guests to recognise their own room, as a rule, each room is equipped with a television, telephone, piped music, bed heads equipped with day and night lighting systems, safety call and medical gas system. The “Serenity House” structure is equipped with an underfloor heating system, a closed circuit television system in the internal and external spaces, computerised signalling of open doors and windows, cut aluminium window frames with safety glass, safety locks with an alarm release device and computerised control for fire prevention, flood prevention and heating.

The following is the detail of the various hospitalisation units:

The RD3 disabled health residence of “Serenity House” provides accommodation for a total of 32 beds and has the following spaces:

- N. 2 double rooms with private bathroom on the ground floor (old side "ex villa")
 - N. 3 double bedrooms with private bathroom on the first floor (old side "ex villa")
 - N. 1 single room with private bathroom on the first floor (old side "ex villa")
 - N. 1 single room with assisted bathroom on the first floor (old side "ex villa"). The assisted bathroom is accessible and functionally connected to the nucleus.
 - N. 9 double rooms with private bathroom on the first floor (side of the “new building”)
 - N. 2 single room with private bathroom on the first floor (side of the “new building”)
- On the second floor on the “new building” side there is an accessible assisted bathroom functionally connected to the floor nuclei.

The SRP3.1 Psychiatric Protected Community of “Serenity House” provides accommodation for a total of 15 beds and has the following spaces:

- N. 3 triple rooms with private bathroom on the first floor (back side of the "new building")



- N. 3 double rooms with private bathroom on the first floor (back side of the "new building")
 - N. 1 multipurpose/dining room (back side of "new building")
- The core has a dedicated external space

The SRP2.1 psychiatric rehabilitation facility of "Serenity House" has a capacity for a total of 20 beds and has the following spaces:

- N. 2 double bedrooms with private bathroom on the second floor (old side "ex villa")
- N. 8 double rooms with private bathroom on the second floor (side "new building")

The SRP1 psychiatric therapeutic facility of "Serenity House" provides accommodation for a total of 5 beds and has the following spaces:

- N. 2 double bedrooms with private bathroom on the first floor (old side "ex villa")
- N. 1 single room with private bathroom on the first floor (old side "ex villa")

The SRDis1 n.20 day centres and SRD N.15 of "Serenity House" provide accommodation for a total of 35 places and have the following spaces:

- the dining area, living room, rooms for physical activities and the gym, the medical clinic and toilets, spaces for therapeutic-rehabilitative activities.

The structure is equipped with rooms shared by the various residential and semi-residential units.

- There is an assisted toilet on the first floor (old "ex villa" side) and on the second floor (new building" side)
- common rooms on the ground floor (living/dining room, multipurpose room, gym)
- various rooms are present on the ground floor or on the third floor (reception, waiting room, kitchen, pantry, bathroom dedicated to kitchen staff, medical clinic, staff room with attached toilets, visitor room, guest storage, interview office with psychologist and educators, storage room for equipment, wheelchairs and consumables, technical-system rooms, guest storage rooms, outdoor bathrooms, storage for cleaning material with rooms for dirty and clean linen, anterooms and guest toilets divided by gender, room for hairdresser and podiatrist)
- There is a small church and a mortuary with external access.
- On the third floor there are: meeting and interview room, office for administrative functions, room for educators, staff changing rooms divided by gender, bathroom for staff, a general storage room for the facility and a guest storage room.

The structure is equipped with a large outdoor planted space, with dedicated areas accessible to individual families.

6. SERVICE DELIVERY

All the activities of the facility are oriented towards a philosophy of care centered on the person. The user is recognized as an active subject, as a person with a history, an identity and a personality. The operators are trained to develop a physical and emotional closeness with the user, to learn to communicate effectively with him. The user must feel free to express his desires, his emotions and any discomforts so that he can find the appropriate support. All guests of the "Serenity House" are guaranteed the possibility of socialization and creative activity through the organization of activities and events that favor these aspects.

All users are guaranteed the possibility of carrying out occupational, reactivation and maintenance therapies both through the activities proposed by the multidisciplinary team and through a specific health care program as provided for by the Individualized Project. The activities have been studied in compliance with the physiological rhythms of the users, ensuring their balance and participation.

6.1.ACCESS MODE: ADMISSION PHASE:

ACCESS REQUEST

Admission is arranged following written communication from the Health Services (or social-healthcare) and/or Judicial Authority for placement in contracted or non-contracted places, through determination ad personam.



This communication occurs after having carried out the assessment of the coherence of the structure with respect to the psycho-physical situation of the person to be placed.

Admission can be requested by private individuals, in the event that there are places available (outside the agreement), this occurs through the presentation of clinical documentation that will be subjected to medical-specialist evaluation in order to evaluate the compatibility of admission. The communication of admission includes the socio-health documentation of the person, including defined objectives.

Applications for admission must be forwarded to the Customer Service Manager at the Administrative Offices of Mercatino Conca in via Salita Ponchielli 10, tel. 0541/972194 extension 11 and e-mail chiara.dimarco@gruppoatena.it.

Requests are handled by the Customer Service Manager with the technical support of the medical team.

WAITING LIST MANAGEMENT

The Atena Group manages a Waiting List at the central offices which is renewed annually (at the beginning of the year, confirmation of maintaining the waiting list or elimination if there is no longer a need is requested).

The rules defined by the Company establish priorities based on:

- requested date;
- regional/extra-regional;
- pathology of the requesting guest (destination/setting of the guest);
- availability of bed space (differentiated for men/women);
- urgency declared by the sending services which, for example, indicate the presence of a judicial provision (the management reserves the right to evaluate the actual necessity);
- discretion of the facility based on the assessment carried out by the facility's medical team also in relation to possible conflicts with other resident guests;
- evaluation by the psychiatrist (this evaluation occurs after the psychiatrist has carried out an assessment of the coherence of the structure with respect to the psycho-physical situation of the patient/user). When a bed becomes available, the customer service formally communicates the availability for admission, considering the requirements of the type of user to be included, compatible with the identified setting (the validation of admission by the Sending Institution responds to the appropriateness of the setting).

The customer service office defines the entry date (to be made within 7-10 days defined in the communication to the Service) and all the useful information for scheduling access.

The postponement must be formally communicated by the sender and agreed with the Client Manager who has the right to not accept (the postponement). The average waiting times for admission cannot be quantified because they are subject to the rehabilitation projects in progress which vary from patient to patient and can be extended.

FIRST INTERVIEW WITH THE SENDING SERVICE (AND/OR THE USER AND/OR THE FAMILY AND/OR AdS /GUARDIAN)

The interview is done by phone (or possibly at the central offices) and verbalized and sent by email to the facility. During this interview, the facility is presented and the reference documents indicated on the side are delivered (which constitute the rules of the center and the methods of communication with the family) and documentation to be returned duly completed. The office communicates to the facility all the information relating to the user to be entered and at the time of entry sends a communication "entry occurred" to the sending service and/or to all the parties involved (AdS / Guardian).

Before admission (or alternatively during admission) the facility collects from the sending service (and/or the user/family) the information to prepare the reception in the facility itself and the staff for the insertion of the user and sends the list of entry documentation. Furthermore, the Nursing Coordinator verifies or sends the health and privacy entry documentation to be filled out and delivered at the time of admission. This information collected is transmitted to the team by inserting the entry form in the delivery diaries.



At the time of entry, in addition to the presentation of the structure, the Coordinator conducts a verbal interview useful for recording the delivery of structural rules and recovering the patient's documentation to be inserted. At the moment of the entrance the user, in fact, will have to be equipped with:

- identity document, health card and tax code, any disability certification, ticket exemption, cancellation of the general practitioner for care in the territory;
- indication of drug treatment;
- personal hygiene items and clothing necessary for life in the facility.

ENTRY TO THE STRUCTURE

From the defined day of entry, the admission phase of the new patient begins, who in the first few days will be helped by all the interested parties to overcome the critical issues of adaptation. During the observation period, the team will be careful to receive all the reactions not only of the new member but also of all the attending patients to evaluate any inconsistencies and critical issues created in living together in the facility, adopting all the actions to create a serene climate.

On the day of admission, the nurse meets with the patient and opens the integrated file after having received all the health information received from outside and having recorded the vital parameters of the new patient. While waiting for the doctor's first visit, the nurse administers the prescribed drugs, received from outside, recording the activity on the therapy administration form.

Within the day of admission (or on the first available day after admission, in any case within 72 hours), the Doctor completes the integrated file based on the evaluation of the patient entered and the data collected, prepares the therapy sheet and any restraint sheet.

Within 7 days of admission (within 15 days, in case of difficulty in adapting) the Psychotherapist conducts a psychological interview with the new patient, opening the psychological/educational file. Within the first month, based on the observations and the relative evaluation scales, he/she proceeds to develop the PTRP. From the first day of access to the facility, the new patient is included in daily activities with reporting by the educators and OSS of any critical issues in the delivery diary.

6.2. DEFINITION OF THE INDIVIDUALIZED PROJECT

At the time of admission, the social and health services provide the user with personal, historical and health documentation on which the facility draws up the guest information sheet on the basis of which the guest's Individualized Project will be prepared (based on aspirations, expectations and preferences), together with the observations carried out in the first 30 days of stay.

The sharing of the individualized project of the Center by the sending service acts as confirmation of the coherence of the Center's project with respect to the Project defined by the Social-Health Services.

The rules for drafting, timing and methods of preparing the Project are defined as follows:

- Assignment of the reference CASE MANAGER and the reference team including all the professional figures for multidimensionality (described on the project cover);
- drafting of first project within 30 days from the date of entry;
- the project is based on direct observation and use of recognized evaluation tools;
- the drafting of the Project takes place through a verbalized team where the Psychotherapist presents the critical issues, objectives and interventions to the operators;
- sharing objectives with Social-Health Services and possibly with the user.

Within the Project, individual measurable objectives are defined for each individual area and related interventions to be implemented in order to achieve these objectives. Objectives and interventions are defined on the basis of measurement tools that allow objective monitoring of the relative achievement of the defined objectives. It is possible to prepare a short-term project with the aim of leading the user to discharge (in this case it is described in the project). Before preparing the Project, the Coordinator/Psychotherapist describes through detection tools all the aspirations, preferences, desires and expectations of the guest/patient received during the observation period by being in contact with the user (various methods of detection of aspirations/preferences can be used both through scientific tools and through direct observation and all must be recorded in the educational psychological file). At least every 6 months the Project is updated and shared with the interested parties.



6.3. RESIGNATION

Discharges from the facility, with the exception of those agreed with the competent Territorial Service for the end of the project, established by the Sending Service and/or Judicial Authority, can be of various natures and decided either by the user (family/ADS) or by the facility itself:

- for transfer to other facilities;
- due to a worsening of the health situation, such that the stay is no longer possible;
- for contingent needs that no longer make the structure used up to now available;
- for long periods of unjustified absence or late payment;
- due to death of the guest.

Resignation may also occur for the purpose of returning home.

6.4. DEATH

In the event of the death of the user, the facility will immediately notify the family and/or ADS, the guardian who will be responsible for activating the Funeral Services service; in the event of any delays in completing the procedures, the facility will operate in the manner provided for by the regulations and laws in force. Only for users who do not have family members, the Funeral Services service will be activated directly by the operators in charge, on the instructions of the Health Director.

The death is also communicated to the referents of the Sending Health Service and AG in the presence of a measure.

6.5. ASPECTS OF THE SERVICE

In managing the service, the following aspects are taken into account:

HEALTH PROMOTION

From the moment they enter the facility, each user is duly monitored on all aspects of a health nature based on their healthcare/care needs. Based on all the indications received at various times of insertion and reception and observation, health interventions are defined with relative recording and monitoring of what has been defined. All activities are carried out on the basis of specific technical instructions duly defined and implemented within the Facility and on the basis of medical prescriptions that are updated from time to time by the doctors themselves, and sent by the families to the center. Both short- and long-term intervention results are regularly verified.

ACCESS TO CARE AND INTERVENTIONS

All treatment management activities and prevention interventions are managed by the facility, which informs the sending institution and the family of any results of visits and checks, upon request of the latter or on the initiative of the facility in the event of critical issues that emerge. The facility is responsible for planning and assisting the user regarding any treatments and interventions to be carried out outside the facility itself. In fact, the facility accompanies the guest, except in specific cases that require the presence of the person who exercises the role of guardian. The results of any interventions or checks carried out outside, once received, are archived in the user's file after being reviewed by the Doctor.

DRUG MANAGEMENT

In case of user needs, the facility takes charge of drug management in the following way:

- Doctor's prescription;
- Drug management
- Administration management

The doctor's prescription is recorded by the facility's doctor on the Therapy Card Module (where the methods, time and dosage of the drugs to be administered are indicated) and signed by the doctor himself.

The prescription must be made at each change in drug administration or, in the absence of changes, at least every two years. Regarding drug management, it is managed by the infirmary which provides, on medical prescription, the monthly procurement of the requested drugs. Incoming drugs are checked by the infirmary before being placed in the drug cabinet (and/or drug trolley). A check is carried out on the expiration date and integrity and



correspondence with the prescriptions, highlighting the expiration date on the package. Non-compliant and/or expired packages are not accepted.

The completed therapy sheet is updated at each change of therapy of the user by the prescribing doctor by adding his signature. The nurse then replaces the previous sheet with the new one.

INFRASTRUCTURES AND SPACES

The spaces are arranged according to the types of users for which they obtain authorization / accreditation according to the requirements defined by the relevant regional law. Annually, based on the type of users entered, the facility evaluates any inconsistencies in the spaces available and / or any need for new space furnishings and any purchase of accessories useful to the users attending .

PROPERTY MANAGEMENT

In the event that there is a need to manage money or assets, for each patient, the facility manages a small cash "cash" by keeping an individual journal (income/expenditure) with which small expenses are made for the user. The facility carries out monthly checks to ensure that the register corresponds to the money present and annually the documentation collected is accounted for and delivered to the family or support administrator, through the delivery of receipts. Periodically the family member or guardian/ADS is asked to make the replenishment to avoid being left without cash coverage.

Inside the Residence it is not recommended to keep valuables as highlighted during the entrance interview, in case of keeping it is expected to register it according to procedure. In case of hospitalization, a list of clothing and personal objects is prepared useful to keep track of what has left the structure, in order to be able to verify upon actual return what has been left.

In the event of discharge and/or death, all clothing, personal items and the user's cash box are returned to the family member or ADS/Guardian. In the event of items not collected by the Caregiver, after 6 months from the date of discharge and/or death, such items are disposed of or sent to the hospitalized users.

If the Caregiver requests the shipment of such items/clothing, this will be the responsibility of the applicant.

USER INFORMATION

To make information more accessible to the user, augmentative communication methods are adopted where possible (e.g. weekly menus and meetings with guests).

For all information updates, different tools are used depending on the subject and recipients: weekly meeting for guests, verbal and/or written communications sent by the facility for family members and reported in writing in the daily diary (deliveries) for operators; other information relating to critical processes (e.g. safety, quality, etc.) are posted on special noticeboards.

The facility offers its users the possibility to access the internet via a PC station and to maintain contact with the local context also via the TV available in the facility and in each room.

GENERAL EDUCATIONAL PLANNING OF THE CENTER

The facility prepares every six months a definition of educational laboratory activities and a weekly calendar of group activities, involving (where possible) the guests in defining the activities in which to participate based on their abilities/capabilities found in the PTRP).

For each individual workshop, objectives, purposes, reference operators, frequency and materials to be used are described. The weekly calendar of educational activities is posted on the guest noticeboard and updated in case of weekly changes. Particular attention is given to the planning of initiatives that presuppose the involvement of the different realities of the territory. Where possible, the operators have the task of maintaining contact with the social fabric and the offers of the territory with the aim of promoting a non-discriminatory culture towards users that facilitates their social participation in outings, parties, trips, exhibitions, etc. and in the knowledge of the events of the territory. At the end of each workshop, the operators as a team draw up the final report with the results obtained, the satisfaction of the participants and the possible improvement actions for any subsequent proposal.

THE EXITS PLANNED BY THE STRUCTURE



Some educational laboratory proposals are carried out using resources, spaces and opportunities present in the territory; in particular, these are:

- Socialization activities in daily internal and external contexts, which promote the autonomy experienced in less protected and containment contexts of the service;
- Activity playful and motor ;
- Sports and therapeutic activities rehabilitation .

The outings include activities such as the swimming pool, the gym, five-a-side football, outings in natural environments, mountain trips, outings to bars, supermarkets, social spaces, etc.

INDIVIDUAL GUEST OUTINGS

The Guest who is able to orient himself can leave the facility, accompanied by a family member and/or an acquaintance, compatibly with his state of health and after completing the appropriate form to be requested from the operators. The exit entails full responsibility on the part of the guest and/or companion. Authorization to exit occurs after a positive evaluation by the Coordinator and/or the nurse present on duty (in the case of a patient affected by a measure, the exit must be authorized by the Judicial Authority).

In the case of a Patient who is not completely autonomous, the exit requires that those accompanying the Guest (family members/ADS, etc.) always fill out the appropriate form above and the exit must always be authorised by the Coordinator and/or the nurse present on duty. If the exit is requested by the user/family and the facility does not agree (due to risky behavioural dynamics of the user) the facility requests a written opinion from the sending service.

ROOM PLAN MANAGEMENT

The arrangement of guests in the rooms is established by the Management in relation to the psychophysical conditions of the user and may vary during the hospitalization, in relation to the changed conditions of the guests and the organizational-managerial needs of the service.

MANAGEMENT OF FOOD ASPECTS

Eating is an important moment in the life of the guest, it is a moment of socialization. Upon entry into the facility, all the user's information is collected regarding eating habits also in compliance with religious precepts, any intolerances, diets, swallowing disorders, inability to eat independently, with which a personalized eating plan is prepared respecting what has been highlighted. The doctor can request any consultation with the dietician to formulate a suitable diet for each patient. It is not possible for family members and acquaintances, except in particular situations authorized by the Center Coordinator, to visit the user during the administration of lunch and/or dinner. In order to protect the health of the Guests (risk of food poisoning) it is possible to bring only packaged foods with a long shelf life and/or artisanal preparations accompanied by the purchase receipt. The staff ensures their assistance to the Guest during meals, if necessary.

Relatives and/or friends of users who wish to eat with their loved one can use the restaurant service at the Gruppo Atena facility (Hotel la Salute).

ACCESS TO PERSONAL DOCUMENTATION

Each user has the right to view personal documentation (health and legal), upon written and/or verbal request to the staff responsible for the facility. Authorized viewing is carried out under the supervision of the assigned staff and, if conditions require it, specialized personnel are present to provide any answers to the patient's doubts.

REQUEST COPY OF MEDICAL RECORDS

After discharge, the user can request a photocopy of the medical record from the reference facility according to the following methods:

- Filling out the request using the specific form provided by the Administrative Offices;
- Advance payment of expenses (30 euros for collection of the folder);
- advance payment of the 10 euro shipping costs (pursuant to art. 26 of law 883/78).

After approximately 30 days from the request, the copy of the medical record can be collected personally by the user or by a person delegated in writing by showing a photocopy of the identity document of the requester or received at home by mail, upon explicit request. There is specific documentation for the collection prepared by the company that also takes into account the hypothesis of delegation .



7. PERFORMANCES AND SERVICES PROVIDED

At “Serenity House” the following direct services are provided to the individual (all the services listed below are included in the fee):

DIRECT SERVICES

Psychiatric rehabilitation services : Psychiatric rehabilitation intervention focuses on the main disabling consequence of mental disorders: the impairment of the ability to perform social roles. The intervention is aimed at helping the user to control symptoms, remove interpersonal and environmental barriers caused by disability, recover the skills needed to live independently, socialize and effectively manage daily life by accepting one's limits. The working method involves establishing objectives, starting from the diagnosis at the entrance and from the dynamic profile of the user through the implementation of an Individualized Therapeutic Rehabilitation Project agreed with the interested party, with the referring Health Services and by the professionals of the multidisciplinary team of the facility (Psychiatrist, Psychotherapist, Educator, TeRP , Nurse, etc.). The rehabilitation project takes into account psychological, relational and social skills, starting from what the user is already able to do and then gradually inserting, where possible, lost or never acquired skills to build physical, emotional, cognitive and behavioral protections to allow the best living in the community. The planning passes through the definition of appropriate languages and communication-relationship systems in relation to the patient's conditions. The work on the psychological and behavioral front is made possible by the pharmacological intervention that reduces the symptoms of the disorder.

Each user conducts individual and group clinical interviews for the purpose of interpretation and in-depth analysis of the problems, or for support based on their level of impairment and their critical phases. The psychiatrist and/or psychotherapist draft reports both on the patient's path in the facility to be sent to the Referring Services, to the Tutors / ADS, and for the extension of the Individual Project, to be sent also to the Judicial Authorities for patients subjected to restrictive measures of personal freedom. The implementation of helpful communication-relationships with the user and the family is encouraged, for the integration and maintenance and recovery of the person.

Physical rehabilitation services : The rehabilitation intervention will be aimed at maintaining and possibly creating an individual rehabilitation plan that defines the specific objectives of physical rehabilitation, the treatments to be carried out and the related verification tools. Starting from the individual rehabilitation plans, the work plans of the physiotherapist and/or kinesiologist will be drawn up, who identifies the users to be treated in the time frame considered. Taking into account the physical conditions of the users, individual treatments will be favored, as severely disabling pathologies require greater attention and the patients must be treated individually.

Health checks : consist of the activities carried out by the Health Director, Medical Team (psychiatrist, geriatrician, physiatrist, cardiologist), General Practitioner and professional nurses with the aim of taking charge of the user and, depending on the type of intervention and specific need, developing the Individual Therapeutic Rehabilitation Project. General medicine, psychiatric, cardiological visits, etc. are guaranteed , while any other specific tests are performed externally upon request of the general practitioner. The Nursing staff is present 24 hours a day and responds to the health needs of the guest by administering drugs as provided for in the Single Pharmacology Therapy Card, monitoring vital signs, performing dressings and collaborates with the operational staff of the Facility for the recovery and psycho-physical assistance of the guest by participating in the planning and updating of the PTRI/PAI. Based on the clinical conditions of the guest, it evaluates the needs/urgency of medical visits useful for the good health of the person.

Personal assistance : the specialized personnel (OSS) ensures personal assistance services (personal care and cleaning, help with daily living activities), while still encouraging the guest to use their own abilities. The OSS provides care services ensuring: satisfaction of primary needs (nutrition, personal care and hygiene); help in carrying out daily living activities (mobilization, socialization, etc.) while still encouraging the person to continue using their residual abilities; the correct execution of non-complex hygiene and health interventions, in close



collaboration with the healthcare personnel. In collaboration with all other professional figures, they implement the individualized assistance plan (PTRI/PAI) for each user. The OSS are present in the facility 24 hours a day.

Hotel service : includes all residential services necessary for a suitable stay of the guest. **Cleaning**: the service guarantees the cleanliness and hygiene of the premises according to the program and procedures established in the cleaning and sanitization plan, with the use of non-toxic and differentiated equipment and products for cleaning the various environments. Ordinary daily cleaning and scheduled extraordinary cleaning of all living areas of the guest, furnishings and equipment are guaranteed. laundry rooms and guest staff.

Laundry and wardrobe : the user, upon entering the facility, must have all the personal items necessary for their stay. All personal clothing of guests is identified numerically from the moment of entry into the facility. The washing and sanitization service of flat linen (sheets, towels, tablecloths, underpads, etc.) and guest clothing is entrusted to an external specialized company (included in the fee).

Catering service : the service is managed and prepared within the facility and administered via thermostatic trolleys. Guests are served 3 main meals daily: breakfast, lunch and dinner; during the afternoon a snack is also served and drinks are served at any time of the day. The main meals are served in the dining room or in the rooms according to the needs and requirements of the users verified by the healthcare staff. The administration of meals and the distribution in rations necessary for the needs, takes place under the control of the staff in charge who ensures that each guest eats the meal in accordance with the diet defined for him . It is possible to choose between different daily menus diversified between lunch and dinner and depending on the season (summer and winter menu); special personalized diets are also guaranteed for guests with particular needs or preferences (pathologies, intolerances, religious reasons).

Coordination Service : Manages relationships with the competent Territorial Services Representatives, Judicial Authority, Support Administrators and family members, manages-plans-organizes the activities inside and outside the facility, coordinates the activities of the staff involved assistance and hotel services, prepares work programs and/or staff shifts and provides for the replacement of absent staff, coordinates and involves other professional figures in the preparation and definition of social-health protocols necessary for the rules of service provision, etc.

Educational/entertainment service : this service concerns the drafting, implementation and verification of the individualized therapeutic rehabilitation project (in collaboration with other professional figures) starting from the observation and detection of the residual abilities, interests and personal aptitudes of the user. The activities, divided into internal/external times and spaces of the structure based on the organization of the day at the "Serenity House", will be proposed in relation to the personalized educational-rehabilitation projects and through the identification of specific areas of intervention. The educational services are an integral part of the planning of training and rehabilitation activities and guarantee a significant working relationship with the family members, with the aim of a functional collaboration of the person in the "Serenity House".

Activities aimed at socialization : These are all those activities aimed at promoting the integration of the guest of the "Serenity House" in the social context, in particular initiatives that presuppose the involvement of the different realities of the territory will be planned. It will be the responsibility of the operators to maintain the appropriate relationships with the various formal and non-formal groups, with the volunteers, with the citizens and the Sending Bodies in the planning of outings, parties, trips, theatrical performances, exhibitions, etc. Networking in the territory is a basic condition for the development action of the "Serenity House". Through this approach it is possible to obtain phenomena of promotion and strengthening of the capacity for personal autonomy.

The opening to the territory represents the possibility of building a sense of belonging of the guests, developing knowledge, critical awareness and participation and also promoting a sense of responsibility with respect to social choices. The "Serenity House" is also available to welcome volunteers / interns or trainees. All figures must be accompanied in the activities carried out in the facility by the dependent staff.

Transport Service : "Serenity House" allows scheduled group outings for social and recreational activities and access to external rehabilitation centers, using its own means of transport. "Serenity House" carries out or activates an external transport service, organizing the planning of visits based on the written request of the



attending physician. Emergency transport is guaranteed by the SSN with regard to ambulance transport in the case, for example, of specialist medical visits, transport is paid for by the guest or his representative.

Hairdressing - barber service: the service included in the fee includes the management of haircuts and beard and moustache trimming by OSS staff. Additional services may be provided upon request with economic costs entirely borne by the guests.

Valuables safekeeping service: “Serenity House” suggests not keeping personal items of particular value or sums of money. The facility is not responsible for any thefts, and declines any responsibility of the residence staff and the administration for loss or theft of any valuables or items of particular value such as prostheses. Sums of money can be deposited in the Coordinator’s Office in a special safe.

Religious service: the user is guaranteed religious assistance in accordance with his/her faith. To guarantee this right, access is guaranteed to ministers of all faiths. The user also has the right to choose the menu in accordance with his/her religious affiliation.

GENERAL SERVICES

Administrative Management: instructs the technical management of the “Serenity House” Structure on the general corporate objectives and monitors the achievement of the defined results; is responsible for the services provided and the general administrative organization.

Health Management: The Health Director, as the person responsible for the Health Care of the “Serenity House” Facility, supervises the technical-functional organization and operation of the health services provided, approving and verifying the implementation of the organizational and technical procedures specific to the facility. The Health Director is responsible for coordinating, monitoring and integrating the various professionals involved in social-health functions, in order to ensure the best psycho-physical conditions for all hosted users. He also verifies the operation of diagnostic and therapeutic equipment, medical equipment, waste disposal, disinfection and sterilization and compliance with all standards for the protection of workers and patients with respect to the risks arising from the activities performed. The Health Director is responsible for ensuring that privacy protection and informed consent are applied, as well as storing and issuing requested health documentation and supervising the storage and control of expiry dates for drugs, narcotics and psychotropic substances. The formal request for a copy of the user's Health Record must be addressed to the Health Director; the facility undertakes to issue it within 30 days of discharge/death.

However, the health documentation during hospitalization is accessible with an email request from the User or delegate (AdS , Guardian, ...) to which a response is given within a maximum of 10 days.

Human Resources Manager: ensures the completion of all human resources management and organization practices and the planning of training activities;

Customer and Quality Manager: coordinates and ensures the completion of all administrative procedures related to Customers, hospitality contracts, problems of fee collections, invoice issuance, for all management aspects, verification of the service. Takes care of the completion of the administrative procedures required by the contracts, the Conventions and in accordance with what is established by regional regulations. Manages relationships with the Territorial Services referents.

Administrative services: are guaranteed by the Atena Group at the central offices for all management aspects, payroll, accounting, etc.



8. SERVICE COSTS

The fee applied for the Serenity House units, established by DGRM 1331/14, provides for a quota paid by the local Health Authority with different % based on the user's membership module and, for some types of intervention, a social/hotel quota to be paid by the user or required by law.

The fee **includes** services related to health, social and hotel services: nursing and health services, educational rehabilitation services, recreational, cultural and occupational activities, personal assistance, religious assistance, canteen, laundry.

The fee **does not include** the following services: accommodation in a single room, individualized supplementary assistance (1:1 ratio), assistance during hospitalization, physiotherapy services (in addition to prescribed interventions), drugs not included in band A by the health service; aids not recognized by the SSN, diapers in addition to the supply paid for by the SSN, laboratory tests and specialist tests not covered by the health service, transport and accompaniment for medical care, medical rehabilitation therapies, specialist visits and hospitalizations at specialized centers or on request for other reasons, expenses for the purchase of clothing, underwear and other personal accessories, expenses for cigarettes, coffee and other consumer goods, funeral expenses in the event of the death of the guest, expenses for hairdressers, beauticians and podiatrists, if necessary in addition to the basic assistance provided.

The fee is due for the actual days of presence (stay in the facility with at least one meal and overnight stay). The Management Body will apply a 40% reduction of the agreed daily fee in the event of temporary absence of the Guest (example: scheduled return home; hospitalization, etc.).

In the event of temporary absence of the Guest, the Management Body will guarantee the preservation of the bed for the pre-established period of fifteen days. The resignation of the guests in any case must be shared with the Team of the host facility and the Administrative Management with a minimum notice of fifteen days, in the absence of which the daily fee with reduced rate must still be paid from the date of departure of the Guest until reaching the fifteenth day of the missed notice.

The payment methods are included in the hospitality contract signed between the Management Body and the user and/or his/her family member/guardian/ADS signed at the time of entry. The applicant must also communicate the intention to request any financial contribution for the integration of the fee to the Social Service of the Municipality of origin, but until the end of the relevant investigation, the user is required to pay the fee in full. In the event of a positive outcome of the investigation, the user or the Municipality itself must present a copy of the resolution adopted with the relative commitment of expenditure in order to obtain a review of the amounts divided between the user and the Municipality.

The standard rates defined are listed below:

GUEST FEE	SRP 3.1.1	SRP 2.1	SRP 1	RD3	SRD is1	SRD
Social / hotel fee per month*	€ 1.049,37	\	\	€1,164.96	€ 565,75	€ 882,08
Monthly health fee*	€ 2.448,54	€ 4.258,33	€ 5.170,83	€2,718.64	€ 1.320,08	€ 882,08
Social / hotel fee per day*	€34.50	\	\	€38.30	€ 18,60	€ 29,00
Health quota per day*	€80.50	€ 140.00	€ 170.00	€89.38	€43.40	€ 29,00

* The monthly fee is calculated with an estimate on an annual basis of 365 days and divided by the 12 monthly payments * The amounts indicated are to be understood as VAT Exempt art.10.

The possibility of compensation / reimbursement is foreseen, after adequate verification of an invoicing error (of the service rendered) or incorrect overpayment by the beneficiary. In this case, the company management will resolve the problem encountered.

The facility has stipulated a specific RCT/RCO liability policy providing guarantees on liability for damage to property and persons that may arise for any reason, in relation to the performance of the service. It is understood that the Company does not assume any civil or criminal liability regarding events caused by incorrect behavior of



the guest, including damage to third parties. It also does not assume civil or criminal liability for theft, fire, loss, destruction, removal of property, money, clothing of the guest.

It is possible to request additional individualized services, such request will be subject to the signing of a further Service Provision Contract, the applied rates will be communicated following the development of the “supply of additional services” project. Individualized assistance with OSS and/or professional Educator staff is contracted with the Sending Health Service.

9. COMMUNICATION WITH FAMILIES AND WITH THE TERRITORY

9.1. RELATIONSHIPS WITH FAMILY MEMBERS

The guests of the “Serenity House” are continuously stimulated to a continuous exchange with the external reality. Family members, friends, associations, schools, institutions can confer with the guests, guaranteeing them serenity and privacy and organize the most varied initiatives in favor of the guests themselves.

The family is an active subject in the psycho-rehabilitative-therapeutic process, which must be shared. It can be the holder of resources and knowledge that must be recognized, valued and implemented in the program and in the achievement of objectives. The family is, as much as possible, directly involved in order to participate in the evolution of the program, in ways agreed with the therapeutic team, for example, where possible, through co-participation in laboratory activities (social parties, collective lunches, etc.) and in actual therapeutic meetings (individual interviews, group meetings, etc.). The family must be given the opportunity to strengthen its ability to manage the user even in the most difficult moments, through possible direct support in the emotional load and in the case of disability it must be trained to facilitate the movements of the guests. In the case of discharge they must be trained in nursing before discharge.

In respect of all guests, activities, scheduled outings and the organization of the “Serenity House”, visits are preferably carried out outside the following times of the day:

- Personal hygiene operations - Main meals of the day - Afternoon relaxation moments

Relatives who wish to visit guests can access the facility from 9:00 to 20:00.

The duration of visits and/or different times are agreed with the Responsible Coordinator in compliance with the organization of the “Serenity House” and the needs of the guests. During visiting hours, the user may leave with prior authorization from family members, guardians, curators and/or legal representatives as per the documentation present in “Serenity House”.

It is possible to visit the facility, by appointment. The guests' relatives are required to collaborate with the staff of the “Serenity House” with regards to:

- Maintaining meaningful relationships with your family member;
- To keep the seasonal change of clothes that cannot be placed at the “Serenity House”;
- To the renewal of clothes, footwear and personal underwear.

HOSPITALITY CONTRACT

The rules defined between the guest and the “Serenity House” are described and shared (with family members and/or AdS / Guardians) in the Hospitality Contract that is drawn up and signed at least one day before the guest enters the facility . The hospitality contract model is composed of :

- Personal data of the guest (+ any guarantee contract of the family member for the payment of the fee);
- where applicable, personal details of the administrator/guardian;
- assignment of bed space and services provided according to the type of accreditation of the Facility;
- description of the costs borne by the facility (information on services, preparation of health records, compliance with adopted protocols, insurance contract for guests, any additional services included and not included);
- commitment to pay the fee (according to the type of accredited module), with definition of timeframes, methods including rules for maintaining the position in the event of absence/hospitalization, failure to pay and discharge/notice;
- rules for leaving/leaving the facility and for moving/transferring assigned rooms;
- responsibility for guest behavior and/or accidental events that occur (theft, fire, loss, theft of things, money, clothing, etc.);



- bans on the introduction of drinks, food and medicines;
- compliance with provisions, instructions and regulations issued by the facility.

The individual user's trusted or court-appointed lawyers may access "Serenity House" upon request from their client. Lawyers, like all visitors, are required to agree with the facility on the day and time of access. Users may also contact their lawyers by telephone according to the regulations.

In the absence of payment of the fee (social-hotel fee paid by the user), the hospitality contract will not be drawn up and signed and the signature of the structure's regulations acts as a definition of the rules and agreement between the structure and the guest/guardian/ AdS /family member.

STRUCTURE REGULATION

The rules defined between the guest and "Atena" are described and shared (with family members and/or AdS / Guardians) within the Structure Regulations which are shared and delivered on the same day of entry.

9.2. NETWORKING AND RELATIONSHIP WITH SERVICES

The facility is in constant contact with the territory (referring services, public bodies, public and private services and agencies, etc.) to guarantee users a connection with the context in which the facility itself is located and to offer continuity of care based on their health condition.

The facility promotes connection with all the services of:

- Department of Mental Health/Pathological Addictions/District – UMEE, other Health Services;
- Judicial authorities (Supervisory Court, Guardianship Judges, UEPE, etc.);
- Local Government Services.

In order to plan the recovery and social inclusion activities of patients, even once the detention or semi-detention security measure has been revoked. The criteria for maintaining connection and collaboration I am from:

- promotion and protection of the user's health and physical and mental well-being;
- promote a gradual and effective social and work reintegration;
- promote the user's reintegration into the family fabric;
- promote possible and feasible activities in the territory in order to promote the primary objectives mentioned above.

With the Reference Services, meetings are planned at least every six months (or occasionally in case of need related to the health status of the guest or for modification of the project), especially for the definition and sharing of the objectives of the Individualized Project.

Specifically, the relationships with the sending Services are structured according to three fundamental principles:

◆ CHECK

That is, the need, on the part of the Sending Service, to check that the work in the services is qualitatively and quantitatively adequate to what is provided for by the Regional law and in the signed contract. For this purpose, Serenity House sends at least annually a descriptive report of the results achieved for the previous year. This report arises from the work carried out by the operators in the team, and is under the direct supervision of the Coordinator of the Structure.

the service also presents, before the beginning of each calendar year, communication regarding the permanence of the authorization and the minimum requirements for the Exercise to the SUAP of the relevant Municipality and a summary table on a nominative basis of the personnel employed at the AST Pesaro Urbino Management and to the Director of the DSM.

◆ SURVEILLANCE

That is, the need to ensure that what is planned is actually carried out. The function of verification and control over the provision of services occurs as foreseen by LR 21/2016. The Referring Service (like the other control bodies defined by L.21/16) can go to the Serenity House at any time in a scheduled manner to verify the progress of the results of individual patients.



Furthermore, as defined by the Quality Management System, the facility is subjected to periodic internal audits of various types (quality audits, clinical audits, adverse event audits, HACCP audits, safety audits, etc.) to verify compliance with the defined rules.

Serenity House is thus subjected to two types of control: an internal one by the Atena Group, and an external one by the sending Service.

◆ COLLABORATION AND SUPPORT

That is, the need for Serenity House to find in the Referents of the Sending Services points of reference and comparison for the management of the Service. Networking in the territory is a basic condition for the development action of the "Serenity House". Through this approach it is possible to obtain phenomena of promotion and strengthening of the capacities of personal autonomy.

The presence of local services represents the possibility of building a "sense of belonging to the territory", "development of knowledge, critical awareness and participation" and of promoting a "sense of responsibility" with respect to social choices.

10. ORGANIZATION OF THE CENTER

The proposals are structured through a criterion of flexibility and elasticity with respect to the individual and with constant attention to the complexity of the service. An educational program is prepared annually, differentiated for each center.

Typical day at Serenity House Residential Center

typical day is described below, without prejudice to the need for programming tailored to the specific service.

- | | |
|--------------|--|
| 7.00-8.00 | Wake up, take a look at the environment, personal hygiene (self-care, getting dressed, etc.) |
| 8.00-10.00 | Preparation of coffee and cigarettes, breakfast and subsequent administration, tidying up of the canteen and taking the therapy (as per medical prescription) |
| 10.00 -12.00 | The staff on duty organizes the day, individual and group activities are planned and carried out, as well as any trips in the town or surrounding areas . |
| 12.00-13.00 | Cleaning of the areas used for eating lunch, setting and eating lunch. The staff dispenses the meal and implements methods of assistance aimed at promoting autonomy and support in drinking and eating. The staff on duty is also involved in the relationship, reassurance of the guests with functions, when necessary, of mediation with respect to interpersonal relationships. The staff on duty takes care of tidying up the canteen together with the users. |
| 13.00-15.00 | At the end of the tidying up, a moment of community relaxation is planned in which it is possible to watch TV, listen to music, rest in bed, etc. |
| 15.30-16.00 | Snack is served. |
| 16.00-18.00 | Beginning of afternoon educational/rehabilitative activities with the entire group of guests. Stimulation of users to maintain interpersonal relationships and group life. The maintenance of the person's residual abilities is guaranteed by providing assistance with activities that are not sustainable by the individual resources of the assisted person. Arrangements of community environments and preparation of the canteen for dinner. |
| 18.00-19.00 | Dinner. The staff serves the meal and implements methods of assistance aimed at promoting autonomy and support in drinking and eating. The staff on duty is also involved in the relationship, reassurance of the guests with functions, if necessary, of mediation with respect to interpersonal relationships. After dinner, the rooms are tidied up and any pharmacological administration is administered. |
| 19.00-20.00 | Personal care, cleaning and hygiene of guests' living environments. |
| 20.00-7.00 | Guests are escorted to bed. During the night the staff on duty constantly checks, at regular intervals, each guest. |

The activities have been studied in compliance with the physiological rhythms of the users, ensuring their balance and participation. "Serenity House" has activities aimed at maintaining residual capacities such as: Physiotherapy, Music Therapy, Pet – Therapy, etc.



There are also activities aimed at recovering personal autonomy (e.g. cooking, theatre, personal care, drawing, painting and decoupage workshops, film club, reading, newspapers, etc.), social integration activities (e.g. Bar Hotel La Salute), sports, hydrotherapy in a rehabilitation pool (the “Sinfonia d'acqua” functional re-education clinic is located within the facility) and recreational activities (card games, bingo, etc.)

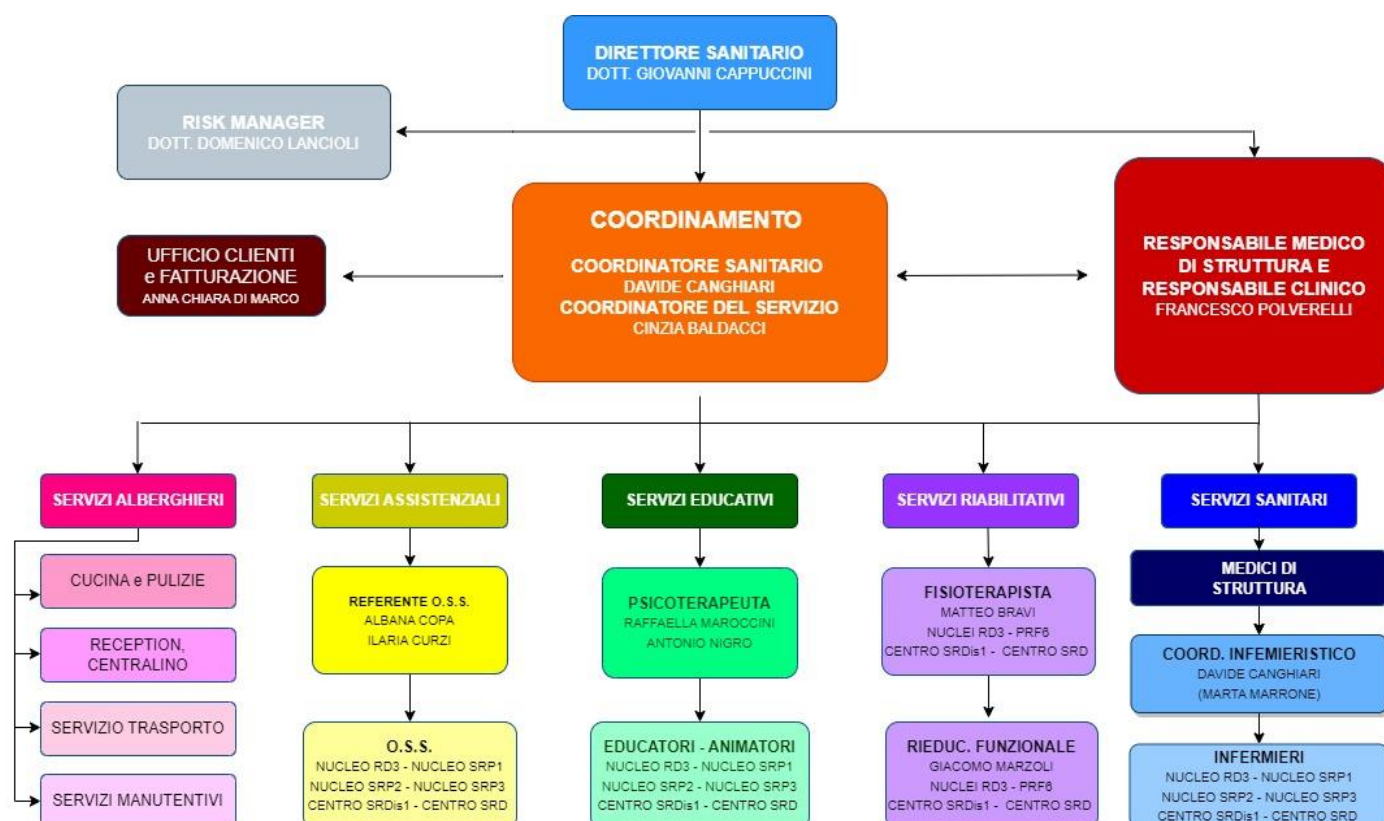
11. THE STAFF

11.1. PROFESSIONAL FIGURES

All staff employed by Serenity House through the central office of the Atena Group are selected on the basis of compliance with the following rules:

- Compliance with legislative requirements for the role to be assumed;
- Suitability for work to carry out the planned activities;
- Training and information on the job and related workplace safety rules;
- Training and support defined by professional figure (CCNL), through expert personnel with the same role (tutors);
- Skills assessment at the end of the probationary period and annual reassessment with improvement objectives;
- Annual ongoing training with particular attention to the mandatory ECM requirement where applicable, defined on the basis of the training needs and improvement of the structure's skills.

All the social and health rehabilitation assistance staff carry out activities in an integrated manner aimed at achieving the objectives set for each guest in the PTRP. All members of the service team display an identification badge (provided by the company) both inside and outside the “Serenity House”. The organization of the service is explained in the organizational chart posted in a visible area at the entrance to the facility, together with a color panel that identifies, based on the uniform, the role of the staff employed.





The organizational chart that lists all the figures of the multidisciplinary team is reviewed annually and at every change in the staff. It is displayed inside the facility and visible to guests and visitors.

“Serenity House” provides for the following figures according to the DGRM1331/2014 regulation: n.1 General Management Atena Srl with Sole Shareholder, n.1 Health Director n. 1 Risk Manager and n.1 figure supporting the Risk Manager n.1, Service Coordinator and n.1 Health Coordinator shared between all the modules of the structure.

SRP3.1.1 Module	n.1 psychiatrist, n.1 psychotherapist, n.1 nursing coordinator, n.4 nurses, n.5 OSS, n.2 psychiatric rehabilitation educator / technician, n.1 entertainer;
SRP2.1 Module	n.1 psychiatrist, n.1 psychotherapist, n.1 nursing coordinator, n.4 nurses, n.5 OSS, n.4 psychiatric rehabilitation educator / technician;
SRP1 Module	n.1 psychiatrist, n.1 psychotherapist, n.1 nursing coordinator, n.4 nurses, n.5 OSS, n.2 psychiatric rehabilitation educator / technician;
RD3 Module	n.1 doctor and n.1 psychotherapist present in the facility, n.1 nursing coordinator, n.4 nurses, n.8 OSS, n.2 psychiatric rehabilitation educator / technician, n.1 physiotherapist;
SRDis1 Module	n.1 doctor (psychiatrist/physiatrist), n.1 psychotherapist, n.1 nurse, n.1 OSS, n.4 psychiatric rehabilitation educator/technician, n.2 physiotherapist;
SRD Module	n.1 psychotherapist, n.1 nursing coordinator, n.1 nurse, n.2 OSS, n.1 psychiatric rehabilitation educator / technician, n.1 entertainer, n.1 physiotherapist.

The following are the minutes per module:

MODULE MINUTES	SRP MODULE 3.1.1	MODULE 2.1	MODULE 1	MODULE RD3 (140m/ patient / day OSS, Nurse, Physiotherapist, Educator)	SRDis1 MODULE	SRD (90m/ patient / day OSS, Nurse, Physiotherapist, Educator, Animator, Psychotherapist)
DOCTOR	15m/ patient /day	10m/ patient /day	10m/ patient /day	Present in the structure	6m/ patient /day	∞
PSYCHOTHERAPIST		20m/ patient /day	30m/ patient /day	Present in the structure	6m/ patient /day	1m/ patient /day
NURSE	45m/ patient /day	50m/ patient /day	60m/ patient /day	50m/ patient /day	6m/ patient /day	10m/ patient /day
OSS	30m/ patient /day	30m/ patient /day	30m/ patient /day	70m/ patient /day	45m/ patient /day	58m/ patient /day
EDUCATOR	40m/ patient /day	70m/ patient /day	90m/ patient /day	10m/ patient /day	70m/ patient /day	5m/ patient /day
ANIMATOR	13m/ patient /day	∞	∞	∞	∞	16m/ patient /day
PHYSIOTHERAPIST	∞	∞	∞	10m/ patient /day	70m/ patient /day	5m/ patient /day
ASS. SOC.	∞	∞	∞	∞	6m/ patient /day	∞

Shifts are expected according to current contractual regulations. The employees employed in each module are used for the minutes indicated exclusively in the module itself. The staff organization charts specify whether the operator is employed exclusively in the module or if he/she completes the weekly hours in other modules of the facility, as a substitute. During the night hours, the presence of at least 1 nurse and 3 OSS is guaranteed

The team elaborates in an integrated way annual programming and Individual Projects that are verified at least annually. The specific contribution of each professional figure allows a comprehensive vision of the person, which looks at educational, assistance, health and social aspects. The operators compare, define proposals, decline individual and group objectives. The perspective with which we work is that of the recomposition of each path within the general project of the service. Periodically the structure provides team meetings with promotion to group work. These meetings regarding the needs of the user are constantly minuted and stimulate the operators to team work and to share objectives.

Steering Committee – Delivery Area Services : it is the reference for the Coordinators of the Atena Group Centres and for external knowledge of the Centres, their functioning and their organisation.



Customer Contact: coordinates and plans the activities of the commercial function and manages relationships with Customers, Institutions and counterparts regarding issues related to commercial activities (relationship between Sending Services CSM, STDP and Municipalities and Private Individuals), with a focus on managing the programming of admissions and company promotion. Coordinates admissions and transfers with the Atena Group structures in compliance with the medical assessment, authorizations and type of forms, verifying the economic coverage during the access phase by all parties involved: health company, municipality, private individual. Supervises invoicing, related obligations. Manages the contractualization with AS T and the management of fee adjustments. Prepares reports by region, AST and reporting obligations: ISTAT, TS System, Res Sanitarie surveillance, in addition to issuing hospitalization certificates for ISEE, pensions, ... and municipal contributions .

Medical Director: is the ultimate guarantor of health care for patients and coordination of the health personnel working in the facility. The DS carries out management tasks and functions, in particular: development and control of the logistics of health environments; protection of hygiene of the environments; coordination and control of waste management; management of measures to be applied in the event of widespread infectious diseases; infection control; verifies the organization of shifts and availability; organization and control of hotel and catering services; management of documentation/medical records of hospitalized patients; correct storage of documentation and delivery to the user in case of request; support in monitoring information flows as well as control and monitoring of the correctness of the data; verification and analysis aimed at improving clinical documentation; completeness of health information provided to users; fulfillment of pharmacovigilance and mortuary police activities required by current legislation.

Risk Manager: is the Clinical Risk Manager who has the task of recording events, reporting on SIMES, analyzing the event, managing and verbalizing AUDIT, defining improvement actions and verifying effectiveness.

Doctor: treats, protects and promotes the health of people through the practice of medical science. The doctor visits patients, prescribes medical tests and check-ups, makes a diagnosis and proposes a pharmacological therapy according to guidelines and monitors its progress, respecting the freedom and dignity of the human person, without discrimination of age, sex, religion, nationality, social condition, ideology and in all the conditions in which he is called to carry out his mission. He facilitates and promotes therapeutic intervention of the team by helping to direct the specific attributions with respect to the professionalisms involved; he collaborates actively in situations of health emergency.

Health and/or Service Coordinator: has the task of managing the activity of the unit within the assigned budget to ensure the overall well-being of users by guaranteeing a unitary governance of the service, acting as a figure of general direction and coordination of the activities, in particular with regard to the integration between social assistance and health processes. He/she deals with the daily relational and organizational aspects of the RD3/PRF3 unit, and is the direct contact in the relationship with families and with the operators on duty. Maintains the relationship with the Steering Committee - Service Delivery Area of the Managing Body .

Nursing Coordinator: plays a liaison role between the clinical-organizational care part and the company objectives. Has the task of assisting the Doctors and directing, planning and supervising the work of all nurses. Organizes, manages and verifies the various health and social-health processes related to the nursing function, ensuring correct compilation and management of health documentation. Plans and manages technical-instrumental resources, health and pharmacological devices. Participates in meetings with operators for the definition of protocols/procedures and the multidimensional evaluation of the guest, collaborates in verifying the quality of the service with the Coordinator and ensures the definition/implementation of procedures for continuity of care between the structure and hospital and territorial services.

Nurse: responds to the guest's health needs, administers medications as indicated in the Pharmacology Therapy Sheet and based on any specific needs, assesses the guest's medical visits needs and accompanies him. Collaborates with the operational staff of the Facility in the psycho-physical assistance of the guest by participating in the design and updating of the individual care-educational-rehabilitation plans.

Psychotherapist: has the task of implementing the technical skills specific to the profession, aimed at promoting the adequate implementation of the individual program agreed with the Health Service to which the guest



belongs through: individual interviews, group meetings, active participation in the team therapeutic and administration and scoring of test material. Makes observations useful for clinical evaluation / psycho-social functioning. Verifies and evaluates emergency interventions.

Professional educator/Psychiatric rehabilitation technician/Animator: is the referent of educational projects and activities with attention to capturing the distinctive characteristics of the person. Accompany the guest in structured activities in internal and external spaces and collaborates with the psychotherapist in managing relationships with the territorial services of reference for the users. The educator, together with the care staff, supports the guests in basic daily activities (getting up, distributing meals), is present in the relationship with the guests who remain in the common areas during the moment of relaxation, proposing activities and moments of social and exchange.

The psychiatric rehabilitation technician assists the psychotherapist in administering the tests.

Social-health worker : ensures attention to the aspects of personal care and hygiene of each guest and environmental cleaning and hygiene, meal administration, supervision of guests, and guardianship assistance. Supports entertainers and educators by collaborating on activities aimed at maintaining residual psychophysical abilities, re-education, reactivation and functional recovery, carries out simple diagnostic and therapeutic support activities. Collaborates in the identification of the needs and conditions of risk - damage of the user, collaborates in the implementation of care interventions and assists the nurse in care activities based on the organization of the functional unit to which they belong, following the directives of the nursing staff.

Physiotherapist and Add . Ried . Funzi . Neuromotor: is the healthcare professional who helps patients develop, maintain or restore physical, motor and psychomotor abilities compromised by illness, injury or aging. He/she deals with reducing pain and increasing flexibility, strength and movement capabilities, through physical therapies and rehabilitation techniques. Collaborates with the multidisciplinary team in identifying the needs and risk-damage conditions of the guest, in the design and updating of individual care-educational and rehabilitation plans. Schedules and assists physiatric visits, practices the rehabilitation therapy cycles agreed with the physiatrist, participates in specific educational and rehabilitation activities (swimming pool, games in the gym, etc.). Assists some guests in daily life activities if necessary. Initiates the procedures for requesting new aids and periodically checks the aids in use (wheelchairs, braces, etc.) reporting any need for repairs.

Kitchen assistant: carries out and/or coordinates all storage, preparation, portioning and meal serving activities, carries out acceptance checks on materials or meals, detects non-conformities during the process, draws up all defined sheets.

Produces indications during the review of the self-control system documents, carries out the checks required by the HACCP plan and attends the Plan review activities. Complies with the menu authorised by the DS

Cleaner: carries out cleaning and sanitization activities of the premises, furnishings and furnishings, in compliance with the schedules provided in the relevant detail sheet, in order to guarantee a welcoming and clean environment. Manages the relevant material (tools and various cleaning products). The staff will also take care of waste management and disposal, in compliance with the specific procedure prepared with the Consultant.

Laundry Attendant (outsourced service): washes and irons guests' clothing, correctly manages equipment (washing machines, dryers, irons), sorts laundry between the various locations.

Switchboard Operator : sorts incoming calls. Operates the reception monitor and opens and closes the entrance gate. Welcomes doctors, services, family members and anyone who enters the facility to visit patients. Notes any important events in the daily diary. Keeps the spaces adjacent to the reception and the external entrance of the facility tidy by taking care of small tidying tasks such as watering the flowers, tidying up the tables, outdoor chairs, etc.

Driver and companion : transports users on short journeys for diagnostic and medical visits or for various activities such as trips, outings, etc.

Maintenance worker: performs small ordinary maintenance of furniture and equipment, carries out mowing of green areas, cleaning of paths and external appurtenances, treatment of drains and wells. Reports malfunctions of devices, equipment, systems.



11.2. TRAINING

All staff working at the facility have the qualifications and experience required by law.

The ATENA GROUP promotes and supports the constant updating of staff by planning continuous training interventions and targeted updates. These meetings are aimed at an ever-increasing involvement of staff in "taking care" of the user.

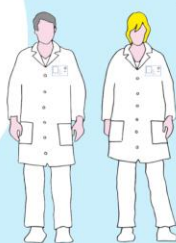
On an annual basis, the training needs analysis is administered to all staff and, based on the results collected, training and refresher courses are organized, internal to the facility or external, managed by medical personnel or sector specialists. Specifically, the courses include a part dedicated to theoretical lessons in which notions of geriatrics, psychiatry, assistance, psychology and hygiene are covered, as well as the use of the instruments provided, and a practical part where the techniques relating to the use of the aforementioned instruments, their maintenance, and first aid techniques are illustrated. The staff also attend refresher courses on guest reception management, operator/user relationship, and operator/operator.

Doctors, nurses, psychiatric rehabilitation therapists, professional educators, psychotherapists, social workers and physiotherapists, registered in the respective professional register, are required to participate in training sessions on topics, pertinent to their specialization, relating to new knowledge, technologies and diagnostic therapeutic procedures applicable within the facility for the purposes of professional updating, as required by current regulations on continuing medical education (ECM). The satisfaction of training credits by the Staff constitutes a requirement to be met for the purposes of practicing the profession which is verified annually by the Health Directorate.

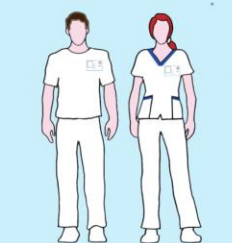


"I colori del Gruppo Atena"

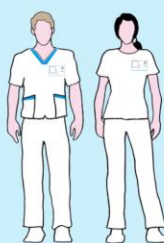
Identificazione del personale



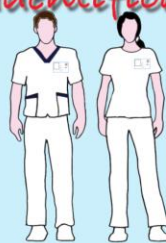
Medico



Coordinatore infermieristico



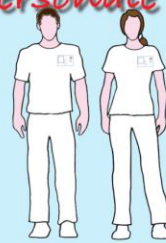
Infermiere



Coordinatore



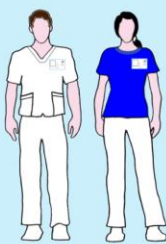
O.S.S.



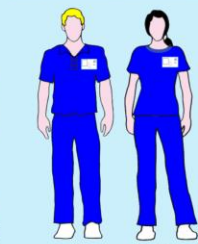
Fisioterapista



Psicologo



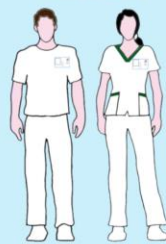
Assistente sociale



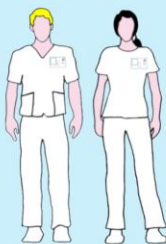
Terapista della
Riabilitazione Psichiatrica



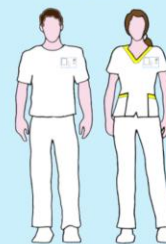
Educatore
Professionale



Responsabile O.S.S.



Addetto cucina



Ausiliario pulizie
Addetto Lavanderia

12. QUALITY OF SERVICE

For the good management of the structure according to the certification standards, the structure carries out periodic monitoring regarding the achievement of the objectives defined in the policy and in the activities described in the Service Charter. The quality standards can be considered as the *minimum levels* of quality guaranteed by the service. Users and citizens can therefore verify and evaluate in a concrete and immediate manner the service provided, comparing what is 'committed' on the service charter and what is actually 'provided' by the structure.

Quality from the resources assigned



Quality factors	Quality standards
Staff Growth	Evaluation and improvement of staff skills Refresher/training courses (no. courses and average training hours) Team and collective meetings
Management Resources Human	Overall turnover Nursing and care service minutes Efficiency in managing volunteer/internship staff
Adequacy from the structure	Customer survey of pleasantness of internal and external spaces Structural complaints/non-conformities Evidence from internal and external controls (quality, safety, HACCP, Asur)
Procurement	Non-conformity of supply and Resolution times for supply failure Evidence from HACCP audit minutes
Safety structural	Emergency and evacuation drills First aid kit checks Missed accidents
Company climate	Customer Operator Detection Results presentation meetings Improvement actions

Quality of the Services provided

Quality factors	Quality standards
Health management	Psychiatric reassessments - internist medical reassessments ECG Monitoring - Drug Blood Dosage - Blood Checks Relations to services and magistrates Hospitalizations in SPDC - in TSO - for internal medicine problems
Design Individual	Individualized planning (N. PTRI/PEI/PAI filled in) PTRI/PEI/PAI objectives achieved Individual meetings for sharing PTRI/PEI/PAI
Educational activities / rehab.va	Number of activities/workshops carried out internally and externally Participation in scheduled activities Annual laboratory hours
Management assistance	Failure to comply with planned activities related to the department Problems found in hygiene guests
Services hotel (canteen)	Meals produced in the period and % diversified meals Satisfaction with the quality and variety of meals served
Cleaning and laundry service	Non-conformities regarding sanitization and cleaning Satisfaction with hygiene and cleanliness of the premises Problems encountered in the laundry service



Quality perceived

Quality factors	Quality standards
Customer Satisfaction	Average satisfaction through questionnaire administration Complaints from family members / Institutions Average time to close complaints from family members / institutions
Service Management	Assembly meetings for planning, monitoring and verification Meetings held with families and/or senders Presentations, events, spaces open to the territory
Quality Controls	Internal/External Inspection Visits Non-conformities recorded

These monitorings are structured in the “structural indicators” table and in the Service Quality Plan, and highlight whether or not the established acceptability has been achieved.

The quality of the services provided at Serenity House and the satisfaction of the guests are also monitored through user satisfaction surveys (with the administration of questionnaires) and through adequate management of complaints.

The structure, in fact, guarantees users, family members, Territorial Services and various accredited volunteer and representative bodies, the possibility of filing a report/complaint for possible poor service, acts or behaviors deemed incorrect. The methods for submitting the report can be:

- in writing via email/postal service to the facility's address or using the specific report/complaint form contained in the Service Charter (to be inserted in the complaints box present in the facility);
- by verbal communication to the management of the facility.

Once the report (dispute/complaint) has been received, the facility will take charge of the problem encountered and evaluate any actions to be implemented to resolve and respond in writing within 30 days from the date of the report. In the case of a report made in writing, the management will respond by email / written communication to the person who filed the complaint, highlighting the actions defined. In the case of an anonymous report, it will not be possible to respond directly to the person who exposed the problem.

Annually, a satisfaction questionnaire is administered to the customer/user (guest and/or family member/guardian) to verify the actual perception of satisfaction with the service, useful for defining improvement actions to be implemented to increase satisfaction.

Compared to the results of the previous year, annual CUSTOMER SATISFACTION and INDICATOR ANALYSIS reports are prepared and posted on the notice board and delivered to stakeholders.

13. SERVICE SECURITY

The ATENA GROUP, specifically the company Atena Srl with sole shareholder, manages the Serenity House facility in its entirety, ensuring maximum attention to the health and safety of its workers, guests, family members and visitors. In compliance with applicable regulations, the Company manages and monitors all the facilities of the facility and the equipment in use, ensuring the correct and timely execution of ordinary and extraordinary maintenance through specialized maintenance personnel.

All staff are regularly trained in health and safety at work in compliance with applicable legislation (Legislative Decree 81/08 and subsequent amendments) and are provided with protective devices to be used during the activity to protect them and the guests present, in compliance with what is defined by the Prevention and Protection Service of the ATENA GROUP.

Health and safety management within the facility is guaranteed in both ordinary and emergency conditions. The Company has structured a Safety Organization Chart indicating all the necessary functions, including an emergency management team with workers trained in first aid and fire prevention, whose task is to coordinate



activities and intervene personally in all emergency situations that may arise in the facility (health, fire, earthquake, flood, blackout, ...). To manage such emergencies, there is an emergency plan, shared with the emergency team, where the procedures to be adopted have been defined. These procedures are periodically tested with all staff, simulating the various hypotheses envisaged. Specific emergency plans are posted within the facility that indicate the escape routes, emergency exits and the external meeting point.

14. GUESTS' RIGHTS AND DUTIES

Every guest has the right to:

- to be **assisted and treated with care and attention**, with maximum safety and quality of care and in compliance with one's own ethical and religious beliefs;
- be considered as **an individual bearer of ideas** and values with the right to express one's opinions, suggestions, criticisms or complaints (to be examined and fulfilled to the extent possible);
- Receive **respect for one's own opinion** or political or religious choice and one's sexuality with self-respect, within the limits of guarantee and protection of the person;
- Receive respect for your **privacy, confidentiality and personal dignity**, with particular attention to information relating to your pathology;
- **complete and comprehensible information** from the facility regarding the services that will be provided, including any impossibility of the planned services;
- live in a peaceful environment where **you can be listened to and involved in decisions** that concern you;
- to be able to **personalize the environment**, enriching your room with your own objects;
- **cultivate affections**, meet relatives, friends and acquaintances;
- receive the **maximum guarantee of safety** and protection in case of emergency and danger;
- maintain the **retention of the position**, in the event of absence falling within the terms set out in the regulation.

The Family Member and/or Guardian/ADS has the right to:

- **always** be informed about what concerns your loved one, in a clear and transparent way, in particular about the objectives of the therapeutic-rehabilitative project;
- be **promptly notified** by the facility in the event of health and behavioral emergencies/urgencies;
- **take advantage of privileged spaces** (and/or leave the facility, after a health assessment) to spend time with their loved one (they can access the facility, after having agreed the day of the visit with the Facility);
- **express one's opinions** towards the organization, in a constructive, transparent and respectful manner of the professionalism of the interlocutor, also through reporting of facts, episodes or circumstances deemed inadequate to be verified by those responsible.

Each guest and/or family member has the duty to:

- Respect the rules of **coexistence and safety** by following the instructions of the designated personnel
- Observe the **rules of hygiene of the environment and of the person**, behaving with education and a sense of civility towards everyone, including the service personnel.
- **do not bring** alcoholic beverages, animals, equipment or objects that are dangerous to yourself or others into the facility;
- **Take care of the good maintenance of the room** and common areas, the furnishings, the systems, the equipment and the furnishings and ensure the correct use according to your abilities
- **observe the structure's timetables**, meal times and inform the staff in case of any exits;



- **Avoid tips and compensation** of any kind to staff
- **do not use external personnel** , unless authorized by Management
- do not expect **performances not included** in the normal daily program
- **respect the smoking ban** inside the facility (to be carried out only in permitted outdoor areas)
- **knock before entering the room** when the door is closed, respecting privacy
- **pay the fee regularly** and communicate in good time your intention to renounce scheduled services, in order to avoid wasting time and resources to the detriment of others;
- respect the **ban on practicing different therapies**, in addition to those prescribed by the doctor and reported in the medical record, prohibiting the possession of unauthorized drugs in the hospitalization areas

For anything not explicitly stated, please refer to the structure regulations .



15. REPORTS / POOR SERVICES / COMPLAINTS AND SUGGESTIONS / PRAISES

REPORTS/COMPLAINTS FORM
Date
Name and Surname guest *
Nucleus / Department / Sector
Name and Surname of the person making the report (in the case of a family member of a guest)*
<input type="checkbox"/> suggestion <input type="checkbox"/> complaint <input type="checkbox"/> praise <input type="checkbox"/> other
Subject of the report: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> Date..... Signature..... The undersigned expresses his/her consent for the personal data provided to be processed for the administrative management of complaints, in compliance with GDPR 2016/679. Date..... Signature

*in the event of an anonymous report, it will not be possible to communicate to the person who reported the actions taken to resolve the report. We will highlight in the annual report any improvement activities to resolve anonymous reports



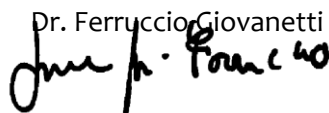
Dear guests and family,

We know that choosing to entrust the care of your loved ones to others is an important and delicate decision, and for this reason we are committed to providing the highest quality in our work.

Our team of highly qualified professionals works tirelessly to ensure the best psychological support, personalized medical care and the best possible care.

We are honored to offer our service and hope to be able to make every patient feel at home.

Thank you for choosing Gruppo Atena and for the trust you have placed in us.

Dr. Ferruccio Giovanetti






16. CONTACTS AND USEFUL NUMBERS

For information and clarifications, you can contact the Service Coordinator and/or the Manager directly at the following telephone numbers and e-mail addresses:

Service Coordinator: Cinzia Baldacci

Health Coordinator: Davide Canghiari

Medical Director Psychiatrist of the facility: Dr. Francesco Polverelli

Landline telephone number of the facility: 0541972170

e-mail: serenityhouse@gruppoatena.it

Customer Contact for the Center: Anna Chiara Di Marco

Landline telephone number of the administration: 0541972194 ext.11

e-mail chiara.dimarco@gruppoatena.it

Contact details of the facility:

Serenity House
Via Per San Marino, 48
61010 - Monte Grimano Terme (PU)
Tel. 0541/972170
Email serenityhouse@gruppoatena.it
PEC: atena.srl@pec.it

Srl Company Contact Details

Administrative offices Atena srl :
Via Salita Ponchielli, 10
61013 Conca Market
Tel 0541972194 - Fax 0541975273
E-mail info@gruppoatena.it PEC atena.srl@pec.it
www.gruppoatena.it