



San Francesco --- **HOSPITAL** *S.r.l.*

Service Charter

San Francesco *S.r.l.* HOSPITAL

*Dear Customer,
We invite you to review this Service Charter to learn about our organization, the types of services offered and how they are delivered, as well as the procedures for your protection in the event of any service disruptions.*

The Management

CERTIFICATO / CERTIFICATE N. A10326

Si attesta che il Sistema di Gestione di / *This document is to certify that the Management System of*

SAN FRANCESCO HOSPITAL S.r.l.

Sede Legale / *Registered Office* Via Edmondo Bucciarelli, 30 - 88100 Catanzaro (CZ)
Unità Operativa / *Operational Unit* Località Carfellà, snc - 88040 Settingiano (CZ)

è risultato conforme ai requisiti della norma / *has been resulted in compliance with the standard*

UNI EN ISO 9001:2015

per i seguenti campi di attività / *for the following field(s) of activities*

Erogazione di servizi di assistenza socio-sanitaria in Residenza Sanitaria Assistenziale.
Erogazione di servizi di riabilitazione estensiva a ciclo diurno ambulatoriale.

*Provision of social and healthcare services in a nursing home.
Provision of comprehensive outpatient day-care rehabilitation services.*

La validità del presente certificato è subordinata a sorveglianza periodica annuale e al riesame completo del sistema con periodicità triennale.
The validity of this certificate is subject to annual periodical audits and to complete re-assessment of the system every three years.

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Marco Montanaro
Rappresentante Legale / *Legal Representative*

Periodo di non validità / *Non-validity period* dal/from al/to

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CERTITALIA S.r.l. Viale Palmiro Togliatti, 1601 - 00155 Roma (RM) Tel. +39 06 40802131 - Fax +39 06 40800302 - E-mail info@certitalia.it - <http://www.certitalia.it>

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Introduction

Dear Sir/Madam,

this document presented to you constitutes the "Service Charter" (Carta dei Servizi) of the company San Francesco Hospital S.r.l.

It is an information booklet that will highlight, in a simple and clear way, the healthcare and assistance services we are able to offer to our guests.

The adoption of the Service Charter represents for our Company a document of commitment to the community and an internal guideline aimed at the continuous improvement of the quality of care.

This Service Charter has been drafted in accordance with the reference framework adopted by the Decree of the President of the Council of Ministers of May 19, 1995 (Official Gazette of May 31, 1995, supplement no. 65) and subsequent provisions. It is inspired by the fundamental principles of our Constitution, as set forth in the directive of the President of the Council of Ministers of January 27, 1994.

Presentation

San Francesco Hospital S. US @ UDWHV LQ WKH UHJLRQDO VRFLDO DQG KHDO
IURP WKH +HDOWKFDUH 6HUYLFH RI WKH &DODEULD 5HJLRQ

About us

San Francesco Hospital S.r.l. carries out its activities in the social and healthcare sector through the direct management of an accredited residential facility, in agreement with the relevant Provincial Health Authorities (ASP). The Nursing Home welcomes elderly people who require a protected living environment, where adequate medical treatment, constant assistance support, and opportunities for social interaction and integration are ensured. The multidisciplinary team operates in a coordinated manner to meet the healthcare, assistance, and relational needs of the residents, respecting individual characteristics and promoting continuity in the care

Our Purpose

The objective of San Francesco Hospital S.r.l. is the planning, organization, and delivery of social-assistance and rehabilitation services aimed at non-self-sufficient elderly people. The primary goal of the facility is to guarantee a safe, welcoming, and structured residential environment, capable of supporting the individual in managing daily life and maintaining residual abilities, while preventing isolation and the loss of autonomy.

La mission

San Francesco Hospital S.r.l. pursues the protection of health and well-being for individuals who are non-self-sufficient or at high risk of losing their autonomy, through the delivery of services designed to guarantee:

- adequate medical treatment;
- continuous assistance;
- a positive relational context;
- the best possible balance between physical, cognitive, and psycho-social conditions;

The facility's mission is founded on promoting the quality of life for the elderly, encouraging participation, the recognition of individual dignity, and the centrality of the family unit within the care process.

Who We Care For

Individuals who are partially or totally non-self-sufficient with stabilized outcomes of physical, mental, sensory, or mixed pathologies, who cannot be cared for at home, through social-healthcare or social-rehabilitation therapeutic pathways.

How to Support Us

Your support through donations and bequests can help us uphold our commitment to innovation and the development of our services.

Contact Information

Registered Office:

Via E. Buccarelli,30 - 88100 Catanzaro(CZ)

 Tel: 0961 358469

 Email: info@sanfrancescohospitalsrl.it

 sanfrancescohospitalsrl@pec.it

Operational Site:

Loc. Carfellà - 88040 Settingiano (CZ)

 Tel: 0961 358469 - 0961 022651

Principle of Equality and Respect

Article 3, paragraph 2 of the Italian Constitution directly implies the need for differentiated treatment aimed at restoring, based on the specific condition of the user, their factual equality with other citizens. Within our facility, this principle translates into equal consideration for every single individual. This does not mean uniformity of interventions; rather, it ensures that every activity is personalized, acknowledging the UNIQUENESS of each resident within the Nursing Care Residence. Life within the Residence is free from discrimination of any kind.

Principle of Participation

We aim to encourage the active participation of the user in the life of the Nursing Care Residence. This participation must involve family members, making them key participants through information regarding the Center's objectives and by creating a continuous relationship and feedback loop between the Facility and the families. Accurate INFORMATION and the respect for privacy are always guaranteed in the relationships between operators and professionals on one side, and residents and family members on the other.

Principle of Impartiality and Objectivity

Every person providing a service within the facilities must operate with impartiality and objectivity to guarantee adequate assistance. Care services are guaranteed 24 hours a day; a personalized care plan (PAI) is provided for each user to ensure the continuity and effectiveness of healthcare and social services. Every intervention is verified in advance, and periodic review sessions may lead to the suspension of the intervention (if the objective has been reached), a further extension, or the definition of new strategies.

Principle of Effectiveness and Efficiency

Both the criteria of EFFECTIVENESS (verifying whether objectives have been met) and EFFICIENCY (the best use of resources to achieve those objectives) are intrinsic to the activities of the Nursing, Care, and Rehabilitation Residence. The organization's goal is to increase the quality level of social-healthcare and assistance services.

Right to Choose

Autonomy is actively promoted. Within our context, this term expresses the concept of a "space for self-determination" and "self-decision" within the relationship between the person in need and the services provided. Indeed, we strive to promote decision-making in the daily life choices of every resident. For those with greater cognitive impairment, significant importance is placed on non-verbal communication, which helps establish a relationship between the person in need and the caregiver.

The various professional figures have the task of encouraging and stimulating choices and the greatest possible autonomy for residents in the activities of daily living.



SERVICES OFFERED

Residential, Semi-residential, Outpatient.

1) Nursing Care Facility : for partially or totally non-self-sufficient individuals with stabilized physical, psychological, sensory, or mixed conditions that cannot be managed through home care.

2) Extensive Rehabilitation (Day-cycle and Outpatient): for individuals with physical, psychological, sensory, or mixed disabilities.

Nursing Care Facility

For partially or totally non-self-sufficient individuals with stabilized physical, psychological, sensory, or mixed conditions that cannot be managed through home care

Nursing Care Facilities (RSA) exclusively pursue goals in the field of healthcare for non-self-sufficient individuals or those at high risk of losing their autonomy, providing services suitable to ensure, in addition to appropriate medical treatment, the best living conditions from both a moral and material standpoint. The nursing care facility aims to:

- » to foster integration with the surrounding territory and the maintenance of pre-existing emotional and cultural relationships, preventing admission to the facility from becoming a sort of personal downgrading;
- » to guarantee a safe and supportive environment for all guests, keeping in mind, for example, that the elderly are already too often in a "weak" position, and that illness and disability worsen this fragility;
- » to guarantee guests the opportunity to continue managing their own lives as much as possible, fully respecting each individual's personal wishes and choices, and providing all necessary assistance and available resources;
- » to develop an individualized care plan;
- » to stimulate and maintain the highest possible level of functional independence, preserving individual autonomy;
- » to improve the quality of life and the psycho-physical well-being of the users;
- » to guarantee respect for the dignity of the guests, protecting the right to privacy and adapting the facility to the person as much as possible, rather than the person to the facility;
- » to provide assistance, comfort, and dignity to terminal patients and their families.

These objectives are linked to, and represent the natural continuation of, those related to acute phase treatment pursued within a hospital setting, and can be outlined as follows:

- » to stabilize the results obtained through hospital treatment in order to attempt to reduce the need for re-hospitalization;
- » to recover functional competence that has been lost due to pathological reasons;
- » to create a barrier against functional regression by attempting to modify the natural history of chronic-degenerative diseases, reducing risk factors, and controlling their progression.

Services provided in the nursing care facility

- » day and night custodial care
- » social assistance (social work secretariat, social and family integration, socialization and participation in community life);
- » animation and socialization activities;
- » psychological assistance or psychiatric care;
- » medical care;
- » nursing care;
- » functional recovery and re-education;
- » specialist medical assistance;
- » provision and administration of meals according to diets approved by the ASP (Local Health Authority);
- » laundry and wardrobe service;
- » concierge and switchboard service;
- » routine maintenance;

Admission Procedures

To apply for admission, the user or their legal representative must submit a request to their local Health District using the provided forms, accompanied by an admission proposal from their General Practitioner on the specific required template.

Non-self-sufficient individuals who cannot be treated at home are admitted to the Nursing Care Facility (RSA) with:

- stabilized outcomes of neurological, muscular, and osteoarticular diseases;
- chronic-disabling pathologies, subject to exacerbation, which can benefit from prolonged treatment that cannot be provided at home;

Temporary or permanent stays may be arranged, as well as respite care for families or the completion of rehabilitation cycles potentially initiated in other facilities of the S.S.N. (National Health Service).

To access admission and receive updated information, it is advisable to contact the Information Office of each Facility.

Waiting lists for residential and semi-residential facilities

- **Inpatient services under accreditation/agreement:** In this case, waiting lists are held and managed exclusively by the Provincial Health Authorities (ASP), which regulate waiting times and priority criteria; these lists are not accessible by the accredited facilities.
- **Inpatient services under private regime:** In this case, the residential or semi-residential facility manages the waiting lists based on the availability of authorized beds, taking into account the booking order and priority criteria related to the specific pathologies.

Extensive Continuous Rehabilitation

For individuals with physical, psychological, sensory, or mixed disabilities.

The following individuals are admitted:

- transient and/or minimal disabilities requiring a simple and short therapeutic-rehabilitative program, achievable through the services provided by the Ministerial Decree (D.M.) of July 22, 1996 "outpatient specialist care services provided within the National Health Service and related tariffs" and subsequent amendments and integrations;
- significant disabilities with possible permanent outcomes, often multiple, requiring long-term care through a "rehabilitation project". The rehabilitation project and its implementation programs, as well as the completion times of rehabilitation cycles, are normally contained within 240 days, with the exception of:
- patients suffering from severe involutive pathologies (Multiple Sclerosis, Muscular Dystrophy, Amyotrophic Lateral Sclerosis, psychiatric disorders, multi-handicapped individuals, including sensory impairments), for whom the rehabilitation project can extend beyond without limitation;
- "stabilized" patients in their condition of incomplete functional recovery, for whom rehabilitation cycles may also be planned on an annual basis.

Access to rehabilitation services provided by the network of hospital and extra-hospital rehabilitation services is granted according to the procedures established for all healthcare services by the regional provisions implementing Art. 8, paragraph 5 of Legislative Decree (DL) 502/92 and subsequent amendments and integrations.

To access admission and receive updated information, it is advisable to contact the Information Office of each Facility.

STAFF

The personnel employed within our facilities consist of the following professional figures:

Medical Director (Medico Responsabile)

- Responsible for overall healthcare assistance.
- Coordinates the interventions of ward doctors and professional nurses.
- Coordinates the interventions of General Practitioners and specialists.
- Head of the Multidimensional Evaluation Team.
- Co-responsible for Quality Assurance and Review.
- Responsible for personnel management.

Geriatrician

- Coordinates and supervises the multidimensional evaluation team for the planning and drafting of INDIVIDUAL CARE PLANS (PAI).
- Responsible for rehabilitation projects and Responsible for programs.
- Member of the multidimensional evaluation team. Monitors the implementation of intervention plans.

Ward Physician

- Responsible for the healthcare assistance of residents within the ward.
- Guarantees prompt intervention within the departments.

Psycho-Social-Educational Area Coordinator

- Coordinates the work of the psycho-social-educational team.
- Coordinates the interventions of educators in animation and socialization activities.
- Responsible for the selection and training of personnel within the psycho-social-educational sector.
- Coordinates the organization and uniformity of interventions across the Group's various facilities.
- Supervises professional figures (psychologists, social workers, educators, and therapists) in the application of operating procedures and intervention plans.

Quality Management Representative

- The Quality Management Representative reports to the General Management and has the authority and responsibility to perform the following tasks:
- Draft the Quality Manual in compliance with the UNI EN ISO 9001:2015 standard and verify, together with the competent departments, its suitability for the company's operations.
- Verify the adequacy and application of quality procedures and registration documents within company processes.

- Manage the distribution of documentation relating to the Quality Management System.
- Report to Management on the performance of the Quality Management System to allow for its review and improvement.
- Manage monitoring and measuring devices.
- Manage complaints, non-conformities, and corrective and preventive actions.
- Manage internal quality audits (verifiche ispettive interne).
- Perform supplier evaluation and qualification.
- Plan and manage quality training and coaching activities.

Psychologist

- Facilitates communication and socialization among residents.
- Provides specialized support for psychological and mental health disorders.
- Member of the multidimensional evaluation team for the development and review of intervention plans.
- Manages and nurtures relationships between families and residents, as well as between families and staff members.

Social Worker

- Manages relationships with residents' families and local authorities (Forensic Medicine, INPS, Health District, Municipality).

Performs social secretariat functions (information and administrative guidance).

Accompanies residents to services outside the facility (post offices, banks, shops for small purchases, etc.).

- Member of the PSE (Psycho-Social-Educational) team and participates in the drafting of Individual Care Plans (PAI).

Professional Educator / Activity Coordinator / Occupational Therapist

- Aims to stimulate and maintain the physical, relational, and social skills of the residents.
- Offers support, protection, and activities focused on social interaction and engagement.
- Promotes the reactivation and maintenance of the residents' residual functional abilities.

Provides support to families.

Manages the implementation of personalized intervention plans (PAI) within their specific area of expertise.

Professional Nurse

- Collaborates with the physician on the bureaucratic and administrative management of the ward's healthcare aspects.
- Responsible for the administration of therapies and medications.
- Responsible for managing the healthcare, hygiene, and pharmaceutical materials entrusted to them.
- Responsible for the disposal of medical and hazardous waste (special waste).
- Responsible for managing requests for specialist visits (bookings, collecting medical reports, et.)

- Responsible for nursing care and prevention.

Rehabilitation Therapist (Physiotherapist)

- Directly responsible for the implementation of intervention plans and periodic evaluations.

Social and Health Care Assistant (OSS)

- Provides personal hygiene care for residents.
- Ensures the cleanliness and hygiene of the environment, furniture, and equipment.
- Performs a "prosthetic function" for residents with disabilities (assisting with tasks they cannot perform alone) while simultaneously stimulating their residual skills.
- Accompanies residents outside the ward.
- Maintains constant supervision to prevent hazardous situations.
- Collaborates with the Ward Manager to implement the interventions defined in the care plan and to support animation activities.

Administrative Coordinator

- In charge of the organizational and administrative management of the facility.
- Responsible for the "hospitality services" management (equipment operation, facility works, maintenance, etc.).

Administrative Staff

- Responsible for the accounting sector and the management software.
- Manages warehouse and pharmacy supplies.
- Transmits all required information to the A.S.P. (Provincial Health Authority) services, the Calabria Region, and any other requesting stakeholders.
- Handles general bureaucratic and administrative activities.

General Services

- Driver, cooks, auxiliary cleaning staff, laundry staff: each according to their specific area of expertise, completing the essential operations within the facility.

Quality Policy

Objectives and Guidelines

The **General Management**, through this document, defines and communicates the Quality Policy to all members of the Organization, understood as a set of general guidelines and objectives related to quality.

The Organization's Quality Objectives are:

- Maintain certification of the Quality Management System according to UNI EN ISO 9001:2015 standards;
- Provide services that meet Customer requirements and applicable mandatory/statutory regulations;
- Increase customer satisfaction;
- Increase market share;
- Enhance efficiency in process management;
- Continuously improve the effectiveness of the Quality Management System;
- Guarantee qualified assistance to the customer/resident through personalized interventions, ensured by continuous staff training to maintain motivation and update professional skills (interventions by all professional figures are aimed at satisfying the needs of the elderly person);
- Ensure a safe and supportive environment for all residents, mindful that the elderly are often in a "vulnerable" position, which illness and disability further aggravate;
- Guarantee residents the opportunity to continue managing their lives as much as possible, respecting personal wishes and choices to the fullest, and providing all necessary assistance and available resources;
- Improve collaborative relationships with the ASP and the Municipality, promoting meetings with Associations and Trade Unions to identify common goals and implement effective collaboration projects aimed at improving the life of the individual and the community.

To this end, the General Management is committed to:

- Developing and implementing the Quality Management System and continuously improving its effectiveness;
- Ensuring that Customer requirements are clearly defined;
- Monitoring Customer satisfaction levels;
- Ensuring that the Quality Policy is understood and supported at all levels of the Organization;
- Granting the Quality Management Representative the authority and resources necessary for constant monitoring of the System's application and subsequent improvements;
- Providing the necessary resources to achieve the objectives;
- Encouraging the continuous improvement of each employee's individual skills.

The fundamental principles and quality characteristics of the service are described in the "Service Charter" issued by the Management, made available to the public and communicated to all internal staff.

All employees and units within the Organization are involved in company activities, utilizing the Quality Management System daily as a management tool to achieve the set objectives.



GENERAL SERVICES

- Common areas, resident rooms, and all other hospitality aspects are managed with meticulous attention to detail, utilizing high-comfort furnishings that meet the highest safety standards.
- A recreational room is available to residents, serving as a space for socialization and meeting with visitors.
- Vending machines for hot and cold beverages are available in the bar area.

The use of personal television sets is permitted, provided they do not interfere with the care needs and comfort of other residents.

DINING SERVICE

- Breakfast is served from 8:00 AM to 9:30 AM.
- Lunch is served from 12:00 PM to 1:00 PM.
- Dinner is served from 6:00 PM to 7:00 PM.
- Afternoon snack is served at 4:00 PM.

The menu is organized on a four-week rotation and includes seasonal variations as well as special menus for holidays (Christmas, Easter, etc.). It is developed under the strict supervision of the Health Authority and includes personalized menus based on specific dietary needs.

TELEPHONE SERVICE

- Residents may make calls as needed from internal phones by requesting the switchboard.
- Telephones for residents and visitors are available on every floor.

A cordless phone service is available.

LAUNDRY SERVICE

The Nursing Home (RSA) provides an external laundry service capable of meeting the needs of every resident.

CLEANING AND ENVIRONMENTAL SANITIZATION SERVICE

This service is guaranteed by internal staff and specialized external companies.

ADMINISTRATIVE OFFICE OPENING HOURS

The Nursing and Rehabilitation Home guarantees that its administrative offices are open from 9:00 AM to 1:00 PM, Monday through Friday. For any special requirements or appointments outside these hours, please contact the administrative offices directly.

VISITING

Each resident may receive visits from family and friends during the established morning and afternoon hours. Visitors are kindly requested to ensure that their presence does not interfere with daily care activities or disturb the peace and rest of other residents.

RELIGIOUS ASSISTANCE

Religious services are provided and include the recitation of the Holy Rosary, religious hymns, and Holy Mass.

PEACE AND QUIET

To avoid disturbing other residents, we kindly ask users to minimize noise as much as possible and to keep the volume of radio and television sets at a moderate level.

SMOKING POLICY

In accordance with legal regulations and, above all, out of respect for one's own health and the health of others, smoking is strictly prohibited in bedrooms, corridors, lounges, and generally in all areas throughout the Facility.

COMPLAINTS PROCEDURE

Complaints from residents or their family members may be submitted to the Quality Office located at the registered office of San Francesco Hospital S.r.l., Via E. Bucciarelli, 30, 88100 Catanzaro (CZ). Residents may file a complaint using the following methods:

- **In person:** By filling out the specific form available at each Facility.

- **Via Email:** By writing to reclami@sanfrancescohospital.it. In accordance with Art. 14, paragraph 5 of Legislative Decree 502/92, the complaint must be submitted within 15 days of the date the person concerned became aware of the issue. The Quality Office will submit the complaint to the General Management, which will initiate an internal inspection to undertake any necessary corrective actions. Within thirty days from the date the complaint was filed, the user will be informed of the outcome of the investigation and the measures adopted.

CUSTOMER SATISFACTION

To monitor the perceived satisfaction of our customers, a "Customer Satisfaction Survey" is distributed annually. The completed survey should be returned to the facility's switchboard in a sealed, anonymous envelope to guarantee privacy during completion. All surveys will be analyzed by the Quality Management Representative.

PERSONAL DATA PROCESSING - HEALTH STATUS INFORMATION AND INFORMED CONSENT

Personal data provided by Residents or their family members are protected under the personal data protection laws (EU Regulation 2016/679 - GDPR and subsequent amendments). In addition to personal and social data, "sensitive" data regarding the person's health status, assessment of personal autonomy, and other care-related information are collected. Upon admission to the Facility, informed consent for care and the processing of personal and health data is required. This must be signed by the Resident, if cognitively capable of doing so, or by a legally authorized representative. All sensitive information is collected by qualified staff (medical, social, care, and administrative personnel) trained in personal data protection, solely for the purpose of ensuring health and care interventions while respecting the rights, fundamental freedoms, and dignity of the individual. Data Controller: San Francesco Hospital S.r.l., with registered office at Via E. Bucciarelli 30, 88100 Catanzaro (CZ), represented by its Legal Representative, Umberto Catanzariti (Tel: 0961/358469). DPO: Avv. Emanuela Altilia (Email: privacy@sanfrancescohospital.it).

STAFF TRAINING

In order to ensure that personnel performing tasks affecting service quality are fully competent in their respective fields, the Organization periodically conducts training, instruction, and assessment activities.

LEAVE OF ABSENCE (PERMITS)

Regarding residential services, and subject to the approval of the Physician in Charge, temporary leave may be granted for justified reasons to leave the Clinic. A permit may be requested via specific forms by the resident, their designated contact person, or a family member authorized during the admission process.

DISCHARGE PROCEDURE

Once the discharge date is set, family members are promptly notified to ensure the resident's departure is properly organized. At the time of discharge: A discharge summary is provided, which succinctly includes all information regarding the stay and instructions for any treatments to be continued at home. In case of hospital transfer: A transfer form is provided containing personal data, the reason for the transfer, emergency treatments administered, routine therapy, health record data, and telephone contacts for further clarification. Departure Checklist: Before leaving the room, residents must collect all personal clinical documentation submitted upon admission, take all personal belongings, and complete the administrative discharge procedures at the admissions office. Discharge Against Medical Advice (AMA): If a user requests to be discharged against the advice of the medical staff, they are required to sign the Medical Record and the voluntary discharge form. Residents must arrange their own transportation for their return home.

REQUESTING MEDICAL RECORDS

Upon discharge, a photocopy of the Medical Record (Cartella Clinica) may be requested from the Medical Director's Office. Within seven days of the request, the medical record can:

- be collected in person by the resident;
- be collected by a proxy with written authorization (provided they present a photocopy of the delegator's ID);
- Delegator's ID;
- By mail

STAFF TRAINING AND DEVELOPMENT STRATEGY

The Nursing and Rehabilitation Home develops training and information plans aimed at improving the multiple operational aspects of the facility through the following objectives:

- Promote and consolidate organizational changes within the facility.
- Improve the quality of response to the residents' care needs.
- Anticipate evolving care needs by ensuring staff develop skills to manage new or more complex health requirements.
- Develop professional capabilities by valuing staff experience and integrating successful care practices into daily routines as shared knowledge.
- Build tools for dialogue with other professionals in the team, particularly within the medical area.
- Encourage an approach to problem-solving characterized by curiosity, innovation, and continuous review of daily practices in relation to evolving knowledge and user needs.
- Foster individual talents and interests to build a widespread culture of competence throughout the facility onboard new staff by ensuring adequate training for care activities, organizational needs, and integration into the team.
- Enhance staff motivation and their sense of belonging to the organization.

HACCP

(Hazard Analysis and Critical Control Points for Food Production)
The Nursing Home has implemented the provisions of Legislative Decree 155/97 by drafting a reference manual and establishing a "process control" system. This system identifies potential risks during food handling to ensure maximum safety.

COMPLIANCE WITH LEGISLATIVE DECREE 81/2008 (Health and Safety at Work)

The Nursing Home has complied with the obligations set forth in the legislative decree concerning the health and safety of workers and residents within the facility. To this end, an appropriate Emergency Plan has been established and implemented.



TYPICAL DAILY ROUTINE

7:15 AM – PERSONAL CARE & BREAKFAST

Between 7:15 AM and 9:30 AM, residents receive assistance with personal hygiene based on their individual needs, followed by breakfast.

9:30 AM – VARIOUS ACTIVITIES (Medical, Recreational, Personal, etc.)

The morning is spent in the common room or outdoors, weather permitting. Residents engage in animation activities organized by professional educators. In addition to recreational and socialization initiatives, staff focus on stimulating mobility and Activities of Daily Living (ADLs). Physiotherapy services are also active throughout the morning. Residents are guaranteed medical, nursing, psychological, and rehabilitative care.

12:00 PM – LUNCH

Lunch is served at 12:00 PM in the dining hall, where residents are assisted by the designated staff.

1:00 PM – 6:00 PM – AFTERNOON REST, FAMILY VISITS & VARIOUS ACTIVITIES

From 1:30 PM to 3:00 PM, residents are accompanied to their rooms for an afternoon rest or may remain in the common room. The afternoon is the most frequent time for family visits and offers opportunities for walks, including outside the facility. Educational activities in the common room continue to be organized during this time.

6:00 PM – DINNER

Dinner is served in the dining hall, followed by a period of relaxation (TV, animation). From 8:00 PM onwards, residents are assisted in preparing for the night in their rooms.



Residenze Parisan RSA

Management: 6 D Q J D Q F H V F R U + R V S L W D O

Assisted Living Facility

Loc. Carfellà 88040 Marcellinara(CZ)

Location: / R F. Carfellà, situated in a panoramic, hilly area in the municipality of Settingiano, it is 25 km from Lamezia Terme and 10 km from Catanzaro..

Accommodations: Single or double rooms with private bathrooms.

0 H G L F D C I A N D P H Y S I A T R I S T , N E U R O L O G I S T , I N T E R N I S T .

5 H K D E L O L W G Y M P H Y S I K S T H E R A P Y L W L H V

Services Offered: To facilitate the process and receive updated information, it is recommended to contact the Information Office.

\$ G P L V V L R Q T O F A C I L I T A T E T H E P R O C E S S A N D R E C E I V E U P D A T E D I N F O R M A T I O N , I T I S R E C O M M E N D E D T O C O N T A C T T H E I N F O R M A T I O N O F F I C E .

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San Francesco **HOSPITAL** *S.r.l.*

Head Office:

Via E. Bucciarelli,30
88100 Catanzaro (CZ)
Tel. 00961 358469

E-Mail: info@sanfrancescohospital srl.it

Operational Headquarters:



Loc. Carfellà

88040 Settingiano(CZ)
Tel. 0961 998904 - 0961 022651