

Residential Healthcare Facility (RSA)
of maintenance Care for Non-Self-Sufficient Persons
(Regional Regulation No. 4/2019 and subsequent amendments)

Chicco di Frumento

SERVICE CHARTER
AND
INTERNAL REGULATIONS



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1. WHAT THE SERVICE CHARTER IS

This Service Charter represents the fundamental document governing the relationship between service users and the Social Cooperative ONLUS CHARISMA (hereinafter "CHARISMA"), which provides services within its own facility.

The document contains information on:

- services provided;
- methods of guest participation;
- fees applied and the portion payable by guests;
- quality standards adopted by CHARISMA.

The Service Charter constitutes a contractual commitment undertaken by CHARISMA aimed at continuous service improvement, understanding guest expectations, transparency in service delivery, and fostering dialogue with guests.

CHARISMA adopts the principles set out in the Prime Ministerial Decree of 19 May 1995:

- **Equality:** the benefits and services are provided without distinction of sex, age, religion, political opinions and race. Attention is focused on full respect for the dignity of the person, whatever its physical or mental, cultural or social conditions.
- **Impartiality:** the behavior of all operators towards guests is total impartiality, objectivity and justice. All guests are assured of their privacy to respect one's dignity.
- **Participation:** guests are given the opportunity to verify the correctness of the behaviors, the quality of services and compliance with laws and regulations.
- **Efficiency and effectiveness:** the organization of activities is aimed at ensuring the highest quality of performance and continuous improvement of services. Financial, human and technological are used in a prudent and rational way in order to get the most out of results avoiding waste.
- **Continuity:** services must be provided on a regular and continuous basis except for reasons of force majeure.
- **Right of choice:** guests have the right to choose the subject providing the service.

2. PRESENTATION OF THE FACILITY

CHARISMA operates within the regional accreditation system in compliance with structural, technological and organizational requirements for the exercise of social welfare and health activities, defined by national and regional regulations.

In particular, the facility provides comfortable accommodation and continuously monitored quality standards, in order to offer the best possible treatment conditions to their guests. CHARISMA management is committed to constant improvement in organizational, structural, technological and service quality aspects.

In the following pages the main quality areas are presented and describe the standards that the company undertakes to guarantee. The facility serves non-self-sufficient persons and their families, particularly elderly persons over 64 years of age with severe psycho-physical impairments and persons affected by senile dementia who do not require complex healthcare services.

The “Chicco di Frumento” RSA provides residential maintenance care:

Type A - elderly persons over 64 years of age with severe psycho-physical impairment or senile dementia, who do not require complex healthcare services but need a high level of assistance and are unable to live independently. These individuals present non-acute conditions, have limited prospects for recovery of autonomy, and cannot be adequately assisted at home. Type B – persons affected by senile dementia, Alzheimer’s disease and related dementias, including those under 64 years of age, requiring long-term care in a protected environment.

The RSA provides long-term care, functional recovery, and maintenance treatments, including respite interventions for caregivers, to non-self-sufficient persons. The treatments consist of professional medical, nursing, rehabilitative, and reorientation services delivered within a protected and assistive environment. Residential care is aimed at maintaining the clinical and functional condition of residents.

The RSA is functionally integrated with the local socio-health services of the Area, including general medical care, pharmaceutical services, social services, integrated home care, and semi-residential day centers. This integration is intended to ensure continuity of care after discharge and to reduce hospital admissions for residents with the above-mentioned characteristics. The professional intervention methodology is based on planned and systematic multiprofessional, multidisciplinary, and therapeutic-rehabilitative approaches, with the active involvement of residents and their families. This ensures that residents receive, in addition to hospitality services, healthcare, social, and rehabilitative services aimed at improving quality of life. The length of stay is not predetermined. Residential long-term care and maintenance treatments are funded by the Regional Health Service for 50% of the daily rate, limited to a unit of 20 beds out of a maximum facility capacity of 30 beds.

3. ORGANIZATIONAL AND MANAGEMENT METHODS OF SERVICE DELIVERY

The mission of the RSA is to ensure residents the highest possible quality of life, respecting individuality, privacy, and personal dignity, while addressing their specific psychological,

physical, and socio-health needs. This is achieved through qualified and continuous care, in close collaboration with families and local services.

The resulting Quality Policy commits the RSA to:

- defining and regularly updating personalized individual and/or group care plans based on multiprofessional assessments, ensuring continuous monitoring of residents' socio-health conditions;
- pursuing optimal health outcomes through a multidimensional approach, maintaining or enhancing residents' residual functional abilities;
- promoting openness and collaboration with the local community and territorial associations.

Interventions are based not only on continuous improvement of services but also on transparency and professional ethics. Equally essential is the human dimension of care, which is considered fundamental to residents' satisfaction and optimal recovery and contributes to the delivery of high-quality services. Resident care is the top priority and is ensured through constant assistance provided by highly qualified personnel, guaranteeing high service standards.

Within the RSA, for each resident:

- an Individual Care Plan (PAI) is developed;
- a clinical record is compiled, containing personal data (identification details, reference staff, diagnosis, social assessment), the PAI, details of activities performed by each professional, results of assessment tools used, evaluations indicating achieved outcomes, and reasons for program closure. Any absences from the facility and their reasons are also recorded.

The organization ensures residents receive:

- hospitality services, including accommodation and meals tailored to residents' specific conditions;
- respect for dignity, personal freedom, privacy, individuality, and religious beliefs;
- continuity of social relationships and interpersonal life;
- nursing services;
- rehabilitative services;
- personal assistance and protective care services;
- preventive interventions against immobilization syndrome, minimizing time spent in bed;
- recreational, occupational, and social integration activities, including maintaining links with family and the original social environment;
- promotion of autonomy and family and social participation, also through the use of local territorial resources, including volunteer associations;

- personal care services (e.g. barber, hairdresser, laundry), available upon request and at the residents' expense;
- spiritual and religious assistance, encouraging the presence of religious ministers according to residents' faiths.

Diagnostic services (instrumental, laboratory, and imaging), pharmaceutical services, prosthetic assistance, provision of disposable medical devices, specialist consultations, and dental care, although not directly provided by the facility, are guaranteed through the Local Health Authority (ASL).

In the event of clinical deterioration requiring hospitalization for acute conditions, the territorial emergency service is activated.

In cases of hospital admission, residents retain their bed in the facility for up to a maximum of 20 days. After this period, if the resident has not been discharged, the Multidisciplinary Assessment Unit (UVM) evaluates the case to update the Individual Care Plan (PAI). For the period of absence due to hospitalization, up to a maximum of 20 days, the authorized, accredited, and contracted facility is entitled to receive 70% of the healthcare component of the fee.

4. PROFESSIONAL AND TECHNOLOGICAL RESOURCES

For each resident, the preparation of an Individual Care Plan (PAI) is guaranteed, including specific programs and implementation timelines. This also encompasses caregiver training and the comprehensive involvement of the family unit (information, training, empowerment, and reduction of emotional burden).

In accordance with the "Specific Organizational Requirements for Maintenance RSAs – Type A Residential Maintenance Care Units for Elderly Persons" (see Section 7.3.3 of Regional Regulation No. 4/2019), staffing includes the following professional roles:

- Healthcare Director
- Specialist Physician
- Registered Nurse
- Healthcare Assistant (OSS) with 24-hour coverage
- Rehabilitation Therapist
- Professional Educator or Occupational Therapist
- Psychologist
- Social Worker

The facility also ensures access, according to residents' specific needs, to any other specialist physicians employed by or contracted with the territorially competent Local Health Authority (ASL).

All professionals hold appropriate and legally required qualifications. In addition to healthcare professionals, staff responsible for hospitality services are employed, as outlined below.

The hospitality Services:

Board

The RSA prepares and serves meals through direct management and:

- a) adopts a dietary plan specifying menus, portion sizes, and food preparation and cooking techniques, validated by the Food Hygiene and Nutrition Service of the territorially competent ASL;
- b) makes use of an external professional to enable the Healthcare Director to assess residents' nutritional status and define appropriate dietary plans;
- c) ensures that staff involved in food preparation and service receive training, according to their duties, on food safety, geriatric nutrition, and personalized diets tailored to different pathologies.

The menu is displayed in the dining room and includes breakfast, morning snack, lunch, afternoon snack, and dinner. Meal times are scheduled as follows: breakfast by 9:00 a.m., morning snack at 10:30 a.m., lunch at 12:00 p.m., afternoon snack at 3:30 p.m., and dinner at 6:00 p.m.

Laundry Services

Laundry services include:

- washing of bed linen (sheets, pillowcases, etc.);
- washing and management of residents' personal clothing.

Sanitation and Cleaning

Daily and periodic work schedules are implemented, ensuring the use of products and equipment compliant with current regulations regarding sanitation and hygiene standards.

The facility is equipped with high-quality, technologically advanced healthcare equipment. All equipment complies with current regulations and is certified accordingly (CE marking, compliance with UNI and/or EN standards), and is supported by technical and safety documentation in accordance with occupational health and safety regulations (former Law

626/94, Legislative Decree 81/2008). Equipment and technologies have been selected to ensure both the well-being of residents and ergonomic support for staff in delivering care services. The facility is equipped with:

- adjustable electric articulated beds with side rails and wheels (for all residential beds);
- anti-decubitus mattresses;
- anti-decubitus cushions in a quantity not less than one quarter of total beds;
- call/alarm systems;
- electric patient lifts with various types of harnesses;
- wheelchairs;
- aerosol therapy devices;
- portable bronchial aspirators with rechargeable battery systems;
- shower chairs;
- availability of medical gases.

5. COMMUNITY AND FAMILY RESOURCES INVOLVED

The RSA operates in close collaboration with socio-health services, as well as cultural and social organizations within the local community, adopting integrated and preventive approaches aimed at avoiding any form of marginalization or social exclusion.

This approach recognizes the resident's need for support in exercising the right to social inclusion and promotes initiatives that encourage group activities and the maintenance of an active social life. In particular, the facility collaborates with community services operating in the following areas:

- social and cultural services (cultural and volunteer associations, theatre schools, parishes, and youth centers);
- healthcare services (ASL services and General Practitioners – MMG).

The RSA actively involves residents' family members in both project implementation and daily management, ensuring comprehensive care that also addresses the needs and support requirements of caregivers.

6. MONITORING AND EVALUATION TOOLS AND METHODS

Weekly multidisciplinary team meetings are held to monitor and evaluate ongoing activities and to identify and address any areas for improvement reported by staff or residents. Perceived service quality is assessed through dedicated Customer Satisfaction Surveys (ANNEX A), administered to residents and caregivers willing to participate.

7. AUTHORIZATION DETAILS

Regione Puglia - Determination Of The Manager Of The Strategies And Offer Governance Section 30 luglio 2025, n. 423.

8. CRITERIA FOR ACCESS TO SERVICES

Access to the residential maintenance care unit is granted following an assessment by the Multidimensional Assessment Unit (UVM) of the competent ASL, using the SVAMA assessment system. The UVM includes a specialist physician in geriatrics, neurology, or rehabilitation, in accordance with the 2011 rehabilitation guidelines. The length of stay is not predetermined.

Residential maintenance and long-term care treatments are funded by the Regional Health Service for 50% of the daily rate.

Access to the residential maintenance care unit occurs:

1. Following prior authorization issued by the UVM of the patient's District Social and Health Service (DSS), after preparation of the Individual Care Plan (PAI), upon prescription/proposal by:

- the General Practitioner (MMG);
- the physician of the acute hospital unit discharging the patient;
- the physician of Rehabilitation Units (codes 28, 75, 56) or Long-Term Care Units (code 60);

2. Through transfer from post-acute facilities, community hospitals, or other territorial facilities with different levels of care, subject to prior authorization by the UVM of the patient's DSS, upon proposal by the MMG;

3. Following improvement of the patient's clinical condition, through transfer from an extensive residential care unit (Type A or B) within the same accredited and contracted RSA, subject to prior authorization by the UVM of the patient's DSS, upon proposal by the facility itself.

Access is permitted when long-term care needs persist and the patient's clinical condition is stabilized. The facility communicates patient admission within five working days to the relevant ASL Social and Health Area and, for monitoring purposes, to the ASL of the patient's residence. The latter informs the District Social and Health Service of residence. The appropriateness of care remains subject to verification by the territorially competent UVARP authority regarding admissions and/or extensions. The duration of residential maintenance treatment is determined based on the resident's condition as outlined in the PAI prepared by the UVM and may be extended. In the absence of an approved extension, and if care needs

persist, the patient will be transferred to a more appropriate care setting, preferably home-based, following a new UVM assessment.

Requests for extension must be authorized in advance by the UVM of the relevant DSS. The facility must submit the extension request at least 30 working days before expiration to the UVM, the relevant ASL Social and Health Area, and, for monitoring purposes, the ASL of the patient's residence. The UVM evaluates the request and communicates approval or rejection to the facility and relevant ASL bodies. If no response is issued within 30 working days, the extension is deemed tacitly approved. Verification of care appropriateness by UVARP remains applicable, without prejudice to the tacitly granted extension period.

9. SERVICE DELIVERY AND OPERATION

The founding principle upon which the RSA is established and managed is that residents should feel they are protagonists not only of their own lives but also of the community in which they live. Residents are encouraged to express their preferences freely, engage with other residents and staff, and participate in decisions regarding activities and the organization of the facility, with the aim of making it more responsive and appropriate to individual needs. This approach is made possible through essential values such as listening, sharing, and continuous dialogue. By fostering attentive listening and a welcoming attitude toward residents and their real needs, staff ensure appropriate care in a comfortable and safe environment. Services are delivered with respect for the uniqueness of each individual and are tailored to both individual and group needs, with the objective of restoring and maintaining residents' physical and psychological well-being.

The emotional dimension is placed at the core of health and is recognized as a key promoter of physical well-being. The primary objective is therefore to activate each resident's potential, skills, and innate abilities. Importance is given to starting from those aspects of the person that remain active and are perceived by the elderly as strengths, rather than focusing exclusively on deficits or decline. This approach minimizes the risk of residents identifying themselves solely as dependent or "ill" individuals and instead offers them the opportunity to perceive themselves as persons who still have something to express, to do, and to contribute. Regarding the processing of personal data, the service complies fully with current legislation on privacy and information management, ensuring the utmost confidentiality. The archive records personal data, the type of service provided, and the applicable procedures. Upon the provision of sensitive data, each individual gives informed consent for data processing in accordance with Article 13 of Legislative Decree No. 196 of 30 June 2003. Staff ensure that the processing of personal and sensitive data, provided with free and informed consent, takes place in full compliance with Legislative Decree No. 196/2003 and subsequent amendments, and that such data are protected from any unlawful use.

In the collection, storage, and use of data contained in clinical records, staff comply with contractual and legal provisions on confidentiality, as well as with the aforementioned legislation. The service is provided under equal conditions to all individuals, without discrimination based on gender, race, religion, political opinions, or social, cultural, or

economic status. CHÀRISMA is committed to safeguarding human dignity and actively works to prevent any form of prejudice against it.

10. FEES

Without prejudice to the provisions set out in Section 8 of this document, fees are established in accordance with Regional Government Resolution (DGR) No. 1512/2020 issued by the Apulia Region.

11. QUALITY STANDARDS AND COMPLIANCE WITH ESSENTIAL LEVELS OF CARE

The facility is committed to ensuring high quality standards through verification and control procedures. A continuous development and improvement program is implemented through ongoing updating and enhancement of services, as well as continuous research and supervision activities.

Quality Standards

With respect to residents:

- welcoming and reception
- confidentiality
- attentiveness
- flexibility
- professional competence
- right to information and participation
- personalized interventions

With respect to staff:

- professional competence
- continuity
- flexibility
- training and professional development
- workplace safety and hygiene
- initiative and responsibility

- transparency

With respect to the facility:

- adequacy
- reliable suppliers

12. COMPLAINT AND COMPENSATION PROCEDURES

Service users may submit observations, proposals, objections, or complaints regarding acts, behaviors, or situations that directly or indirectly limit or deny access to requested services by completing a dedicated form (ANNEX B) provided by staff. Complaints may be submitted by residents, family members, or legal representatives. Complaints may be delivered in person to the operational or administrative offices of CHÀRISMA, or alternatively sent by registered mail, email, or fax. Upon receipt, complaints are forwarded to the Service Manager, who oversees the entire complaint-handling process. Following an initial assessment, the Service Manager, in collaboration with the multidisciplinary team, evaluates the validity of the complaint. If the complaint is deemed unfounded or outside the Service's competence, the Manager provides a reasoned response to the complainant within ten days.

If the complaint is considered justified, the resident is informed of the actions to be taken to resolve the issue. A formal response is provided within ten days of receipt. In cases involving compensation, it should be noted that all CHÀRISMA staff are covered by insurance.

13. PUBLIC DISCLOSURE OF SERVICE CHARTER

Information on services is provided through:

- distribution of informational brochures;
- transmission of the Service Charter to all relevant services;
- publication on the website www.charismaonlus.it (dedicated section);
- informational posters.

14. LOCATION AND CONTACT INFORMATION

Operational Office: Via Framarino, 2 – Giovinazzo (BA) – Tel. +39 080 3942293

Administrative Office: Rondò Vittime del Femminicidio, 7 – Molfetta (BA) – Tel. +39 080 8500084

Email: charismaonlus@gmail.com

PEC: charismaonlus@legalmail.it

15. RIGHTS AND DUTIES OF RESIDENTS- INTERNAL REGULATIONS

Residents' Rights

Residents have the right to:

- receive care with attention and respect, safeguarding human dignity and ethical-religious beliefs;
- be identified by their full name;
- receive complete information regarding their health status;
- have all health-related and personal data kept confidential and disclosed only to individuals expressly authorized by the resident;
- express opinions on service quality and report any issues, contributing to service improvement, and receive feedback on such reports.

Residents' Duties

Residents are required to:

- cooperate with physicians and care staff by providing accurate information on health status, previous hospitalizations, and treatments;
- inform staff in advance of any intention to interrupt their stay;
- comply with entry and exit schedules and meal times established by the Management;
- notify Management of any temporary absences and sign the relevant register upon departure and return;
- respect staff work and comply with rules regarding the appropriate use of facilities, equipment, and furnishings;
- refrain from behavior that may disturb or inconvenience other residents;
- comply with the smoking ban;
- compensate the Management for any damage caused to the facility or equipment due to intentional or negligent conduct, excluding normal wear and tear.

16. HOURS OF OPERATION

Office Hours

The administrative office is open Monday to Friday from 9:00 a.m. to 1:00 p.m.

Residents' family members may meet with the Facility Coordinator preferably by appointment. Periodic meetings with families are scheduled to prevent or resolve potential issues.

Visiting Hours

Residents may receive visits from family and friends from 10:30 a.m. to 11:30 a.m. and from 6:30 p.m. to 8:00 p.m. These time limits ensure that visits do not interfere with staff activities or disturb residents' rest and well-being.

17. TYPICAL DAILY SCHEDULE

Daily life in the RSA is structured around a range of activities and personalized care moments, addressing the individual rather than focusing solely on medical aspects. Individualized care planning serves as the guiding reference for all staff, who aim to give therapeutic and rehabilitative value to each intervention rather than merely providing supervision.

A typical day follows this schedule:

- 08:00 – Breakfast, therapy, personal hygiene
- 09:00–10:00 – Activities
- 10:00–10:30 – Morning snack
- 10:30–11:30 – Activities and assistance (dressings, assisted bathing, rehabilitative treatment)
- 11:30–13:00 – Lunch, therapy
- 13:00–16:00 – Personal hygiene, rest, afternoon snack
- 16:00–17:00 – Recreational and social activities
- 17:30–18:30 – Dinner, therapy

18. TYPICAL MENU

MONDAY

Lunch

- Pasta with pesto
- Pasta in broth
- Vegetables omelet
- Stewed fish
- Sauteed fennels
- Salad

- Smashed potatoes
- Seasonal fruit
- Cooked fruit

Dinner

- Vegetable soup with rice
- Pasta with vegetable broth
- Emmenthal
- Crescenza cheese
- Coppa salami
- Zucchini
- Smashed potatoes
- Seasonal fruit
- Cooked fruit

TUESDAY

Lunch

- Saffron risotto
- Pasta in vegetable broth
- Oven-baked turkey breast
- Parsley carrots
- Tomatoes
- Mashed potatoes
- Cooked fruit

Dinner

- Vegetable puree soup
- Pasta in vegetable soup
- Processed cheese triangles
- Taleggio cheese
- Vegetable flan
- Green beans
- Mashed potatoes
- Seasonal fruit
- Cooked fruit

WEDNESDAY

Lunch

- Pasta with fish ragu

- Pasta in vegetable soup
- Veal with tuna sauce
- Sauteed cabbage with oil
- Salad
- Mashed potatoes
- Seasonal fruit
- Cooked fruit

Dinner

- Legume soup
- Pasta with oil and parmigiano
- Ricotta cheese
- Fontina cheese
- Boiled eggs
- Beetroot
- Boiled carrots
- Mashed potatoes
- Seasonal fruit
- Cooked fruit

THURSDAY

Lunch

- Gnocchi with tomatoes sauce
- Pasta with vegetables broth
- Lemon scaloppini
- Green beans with oil
- Mixed salad
- Mashed potatoes
- Seasonal fruit
- Cooked fruit
- Dessert

Dinner

- Carrot and potato cream soup
- Pasta in vegetable soup
- Bresaola with olive oil, lemon and Grana cheese
- Tomatoes
- Sauteed cabbage with olive oil
- Mashed potatoes
- Seasonal fruit

- Cooked fruit

FRIDAY

Lunch

- Pasta with zucchini
- Pasta in vegetable sauce
- Breaded fish cutlet
- Roast potatoes
- Salad with tomatoes
- Mashed potatoes
- Seasonal fruit
- Cooked fruit

Dinner

- Rice and celery in broth
- Pasta in vegetable broth
- Ricotta meatballs
- Mozzarella cheese
- Peas with olive oil
- Boiled ribs
- Mashed potatoes
- Seasonal fruit
- Cooked fruit

SATURDAY

Lunch

- Pasta with bolognese sauce
- Pasta in vegetable broth
- Pork loin with vegetables
- Creamed spinach
- Mixed salad
- Mashed potatoes
- Seasonal fruit
- Cooked fruit

Dinner

- Rice with stracciatella cheese

- Pasta with vegetable broth
- Fontina cheese
- Prosciutto crudo
- Mozzarella cheese
- Fennel
- Mashed potatoes
- Seasonal fruit
- Cooked fruit

SUNDAY

Lunch

- Baked pasta
- Pasta with vegetable broth
- Boiled beef
- Green beans with olive oil and parsley
- Salad
- Mashed potatoes
- Seasonal fruit
- Cooked fruit

Dinner

- Tagliolini pasta with olive oil and Grana cheese
- Pasta with vegetable broth
- Steamed hake
- Vegetable omelet
- Zucchini with olive oil
- Mashed potatoes
- Seasonal fruit
- Cooked fruit

ANNEX A

Customer satisfaction survey form

Dear Customer, with the aim of continuously improving our services and in order to learn your opinion about our Service, we kindly ask you to dedicate a few minutes of your time to answering the following questions. Thank you for your cooperation.

1. How did you hear about the facility?

- Word of mouth Mass media Website Passing by / Walk-in

2. Specifically, which services did you contact / use at the facility?

3. How would you rate the availability and courtesy of the staff?

- Excellent Adequate Poor

4. How do you evaluate the information and advice provided by the staff?

- Excellent Adequate Poor

5. Do you find the environments of our Service welcoming?

- Yes No — Why? _____

Personal Data

First and Last Name: _____ Date of Birth: _____ Place of Residence: _____ Province: _____ Address: _____

In accordance with Article 13 of Legislative Decree No. 196/2003, personal data will be processed primarily using electronic and IT tools and stored on electronic or paper media, in compliance with minimum security measures. Data may be used for internal statistical purposes only and will not be disclosed to third parties.

Date: _____

Signature for acceptance: _____

ANNEX B

COMPLAINT FORM

To the Service Manager

PERSONAL DETAILS

Last name _____

Name _____

Date of Birth _____

Place of Birth _____

Address _____

City _____

Telephone Number _____

Area of Intervention _____

SERVICE/ ACTIVITY PROVIDED:

COMPLAINT

DATA

SIGNATURE