ORGANIZATION DOCUMENT AND GENERAL SERVICES CHARTER

Città Solidale
Cooperativa Sociale
Latiano (BR)

INDEX

PRESENTATION

We hereby want to ensure the transparency of our Organization.

This paper allows you to know our Organization, the services provided, the objectives, the control methods adopted to guarantee the best quality of assistance and community life.

The Organization Document and General Service Charter must not be considered an information brochure, but a transparency tool to protect the right of the guests of the structure, to have an optimal social, cultural and physical life, obviously related to their age, their state of health and specific needs; with a view to achieving the best possible quality of life.

The Organization Document and General Service Charter is a pact/contract between our Organization and the Guest, to give an ideal response to every need and, at the same time, wants to be a stimulus for an improvement in quality and quantity of the services offered.

This document can also be understood as the Charter of Guests' Rights. From this statement derives the possibility for the guest and his family to exercise control over the services provided and to help improve them through suggestions or any complaints that will be carefully considered for the benefit of the quality of our work.

A copy of the Organizational Document and General Service Charter will be made available to any person interested in using the services, in order to access them with greater awareness.

Aware of the penal sanctions, in the case of untruthful declarations, of formation or use of false documents, referred to in Article 76 of Presidential Decree 445/2000, the undersigned Roberto Longo, born in Latiano on 06.11.1962, as Legal Representative of the Città Solidale Social Cooperative, declares that the above is true. Pursuant to law 196/03 and GDPR 2016/679 we also declare that the personal data collected will be processed, even with IT tools, exclusively within the context of the procedure for which this document is rendered.

President

Dr. Roberto Longo

GUIDELINES FOR THE PREPARATION AND DISTRIBUTION OF THE ORGANIZATION DOCUMENT AND SERVICE CHARTER

Italian Decree Law No. 163 of 12 May 1995, converted into Law No. 273 of 11 July 1995, provides for the adoption, by all public service providers, including those operating under a concession regime or through an agreement, of own "service charters". The RR no. 32010 of the Puglia Region provides for an organization document "in which the general internal organization is explained, for each unit and functional articulation".

The Organization Document and General Service Charter has not been written once and for all. It is subject to periodic verification, to update the information contained and to progressively improve the standards of the quality levels of the service.

Verification of the promised standards is annual.

To carry out its activity, the Cooperative makes use of the Quality system in accordance with the UNI EN ISO 9001:2015 standard.

The formalization of the Document operates within the regulations of the Cooperative and is therefore the responsibility of the management body. Furthermore, the process of involving operators, guests and family members in defining the commitments covered by the Charter should not be underestimated.

The Organization Document and General Service Charter is subject to controlled distribution, it is the responsibility of the Cooperative to always provide an updated copy to interested parties.

Particular care is taken in disseminating the Document both to personnel, who must be aware of its contents, and to citizens and all the public institutions concerned, present in the area, trade union organizations and voluntary and citizen protection bodies.

PREMISE

Città Solidale is a social cooperative, formally established in 2000, but has its roots in the 80s, when in Latiano, in the province of Brindisi, a group of over 70 young people decided to embark on this adventure, founding the parent cooperative, " Social integration and work", with a clear objective: to raise public awareness of the rights of people with mental and physical disabilities, fighting against all forms of discrimination and helping them, not only with assistance services, but, above all, with therapeutic and rehabilitation aimed at full social and occupational integration. Since then, many initiatives and numerous projects have been launched, always aimed at research and innovation, so as to constitute a model,

Città Solidale is a Social Cooperative which, pursuant to Article 1 of Law 381/91, pursues the general interest of the community through the provision of services of quality, aimed at guaranteeing psycho-physical health and social and occupational reintegration for people with psychic and mental disorders, assistance and a dignified life for the elderly and assisted elderly.

The daily commitment for the best possible quality of life for these people, for the protection of their rights, inclusion and the fight against the stigma of the external environment, are carried forward with admirable enthusiasm and abnegation by social and health workers.

Città Solidale, established in 2000, has consolidated its experience and today manages the following facilities:

- Residential Psychiatric Assistance Community (CRAP) "Villa del Sole"
- Psychiatric Assistance Residential Community (CRAP) "Villa Carlo Alberto Dalla Chiesa"
- “Casa Lilla” Psychiatric Accommodation Community
- "Giovanni Falcone" Home for Life with low assistance intensity
- "Franco Basaglia" Home for Life with medium assistance intensity
- “Myosotis” Healthcare Residence for disabled people (RSA disabled)
- "Myosotis" socio-educational and rehabilitation day center
- “Rosa Aluisio” Healthcare Residence for the elderly (RSA elderly)

MISSION

The "Città Solidale" Social Cooperative has the following fundamental principles:

- the diffusion of the social economy, ie founded on justice and solidarity, for the satisfaction of the needs of the person;
- the democratic and participatory management of the members, also in the economic sphere, through the planning of the objectives and the verification of the results;
- equal status among members: all members have the same rights and duties and work to achieve the same goals. They have the function of controlling company life and are witnesses of the company's vitality;
- territoriality, in the sense that it is an enterprise of its own territory, which favors its development by promoting the centrality of the person, the relationship, solidarity, knowledge and loyalty, the inclusion of fragile people;
- specialization, through the study and in-depth study of the problems covered by the work, the refinement of methodologies and the updating of operational tools;
- management transparency, through the active participation of all members in the life of the organization and the external publicity of the social results produced;
- the social optimization of resources, aimed at the development of the organization, the good of the community and effectiveness;
- the efficiency of the services provided to the people in charge;
- the development of the principle of subsidiarity, which promotes citizens' self-organisation.

Inspired by its mission, the Cooperative has defined fundamental principles to be pursued in the provision of its services, on which relations with its users are based.

The reference values are:

- the centrality of the person and his specific needs;
- intellectual honesty, transparency, attention to others, especially if in difficulty, indispensable conditions for the work of rehabilitation, assistance and care;
- self-responsibility, equality, equity, without any discrimination regarding differences of gender, race, religion and political vision;
- solidarity, aimed at the promotion, help and inclusion of marginalized people;

- the ethics of action and social responsibility, as a daily commitment to the psycho-physical well-being of the person in charge;
- the attitude and behavior of the staff guided by criteria of impartiality and objectivity;
- participation in the social and cultural growth of the city;
- the involvement of guests and their families in the planning and verification of the treatment path;
- continuity of care for guests and information on the choices and proposed therapeutic treatments;
- the network of values stated in the Statute, in the Regulations, in the Social Contract;
- effectiveness and efficiency, assessed through the level of satisfaction of the guest and family members;
- social entrepreneurship, understood as an economic action, aimed at the production of social revenues, the well-being of the individual and of the surrounding community.

PURPOSE

- Realize, in practice, the principles of dignity and equality of People with persistent and complex disorders, on a par with all other citizens, guaranteeing them the exercise of their individual and citizenship rights;
- Provide senior citizens in need with high quality care and assistance, loving relationships and comfortable lives;
- To ensure that People in need keep family and social relationships and cultural interests alive;
- Fight stigma in the various forms in which it is expressed and the exclusion of people with difficulties;
- To help people with mental disabilities recover the skills and abilities lost due to the disorder or never possessed, to allow them full social functioning and, when desired, in the world of work, ensuring the personalization of "recovery-oriented" assistance , in relation to everyone's needs, in the context of a methodology in which rehabilitation is an essential component of the treatment path.

METHOD OF ADMISSION AND RESIGNATION

Method of admission

The methods of access vary according to the intervention requested.

Inclusion in the Community takes place on the proposal of the CSM/DSM/DSS to which the patient belongs, or through a provision by the Judicial Authority or by direct (private) access, subject to acceptance by the Local Health Authority.

Generally, inclusion in the Community is arranged for a suitable period of time.

At the time of entry, users must have personal documents (identity card, tax code, any pension booklet) and health documents (health card, ticket exemption).

Once taking charge at the facility, the user signs a therapeutic contract through which he is informed of the content of the Therapeutic Program (PTR/PAI) and of the Internal Regulations, and receives a copy of the Service Charter.

Method of resignation

The reason for the resignation will be duly justified and reported by the team and approved by the Community Coordinator.

The user will be discharged: by his will and authorized by the sending CSM/DSM/DSS or by the Judicial Authority for reasons of end of sentence or transfer to another Structure (REMS, Prison).

The resignation by the team may be determined by the following reasons:

- Lack of respect towards community staff and/or other users; the manifestation of physical violence or intimidation; any theft to other users.
- Introducing, distributing or inducing other users to consume any type of narcotic, psychotropic or alcoholic substance within or outside the community.
- Refusal to carry out laboratory checks to search for drugs or alcohol when the therapeutic team deems it appropriate.
- Possession of any type of weapon.
- Not complying with the payments and expenses agreed at the time of admission.

RIGHTS AND DUTIES OF GUESTS

Direct participation in the fulfillment of certain duties is the basis for making full use of one's rights. Complying with a duty also means adhering to the therapeutic process and promoting its success.

Rights

- Respect for everyone's confidentiality and privacy and its protection is guaranteed in implementation of the provisions of the law (Legislative Decree 196/2003 and European Regulation GDPR 679/2016).
- Be assisted and cared for with care and attention, with respect for human dignity and without prejudice to race, nationality, faith, political affiliation, sexual preferences and judicial background or social background.
- Obtain information relating to the services provided, access methods and related skills, as well as complete and understandable information regarding the diagnosis, the proposed therapy and the related prognosis, and the possible side effects and risks resulting from the treatment, from the time of entry to resignation.
- Express an effectively informed consent before being subjected to therapies and interventions, if it is forbidden, those who exercise guardianship will be able to do it in its place.
- Be the protagonist in defining one's own rehabilitation path and know the methodology of the assistance-rehabilitation path.
- Be correctly informed on the internal regulation in force, on the sanctions and on any of their modifications.
- Obtain that the data relating to one's illness and any other circumstance remain confidential and can be corrected or deleted.
- Have available accommodation that complies with current regulations on prevention and safety.
- Being able to communicate with family and friends, except during times when this is prohibited as reflected in the documentation of the treatment plan.

- Propose complaints and suggestions which must be promptly examined and be promptly informed of the outcome of the same.
- Stop participating in the Program at the time he deems appropriate, under his own responsibility and by signing the voluntary resignation document.
- Be oriented, at the end of the therapeutic program, on possible social supports with a view to continuity of care.

Duties

- Respect the rules, schedules, activities, and everything contemplated in the treatment program.
- Regularly take pharmacological therapy, and undergo laboratory checks and instrumental investigations, as well as specific checks for the search for psychotropic or alcoholic substances when the therapeutic team deems it appropriate.
- Do not introduce, consume and/or induce others to consume any type of narcotic substance, alcohol or non-prescription medication, both inside and outside the community. Violation of this rule leads to criminal consequences.
- Treat the staff of the facility, other users and family members with respect, as any manifestation of physical violence or intimidation is prohibited, as is the theft of any other person's property. If this obligation is not respected, the team will be forced to report these events to the competent authorities. Furthermore, vulgar and offensive language, insults and blasphemies will not be accepted.
- In consideration of being part of a community, it is advisable to avoid any behavior that could create situations of disturbance or discomfort for the other guests.
- Respect the day and night rest of the other guests.
- Take care of community equipment. Anyone who damages community goods will have to compensate for the damage.
- Comply with the payments and expenses agreed at the time of admission. Each user will have to make use of a cash fund for personal expenses. The community cannot undertake to advance any amount for personal expenses.

- Ask the therapeutic team for consent for visits or outings.
- Respect the access limit to all rooms for the exclusive use of the therapeutic team.
- Respect the organization and schedules established in the structure in all circumstances, both by the guest and by the family members.
- Family members, friends and other figures must adhere to the hours of access to the Community.
- Submit incoming correspondence to the control of operators, in order to avoid the introduction of drugs and objects that could interfere with the rehabilitation process.
- Carry out personal hygiene on a daily basis, respecting the hygienic-sanitary standards and also collaborating in the cleaning of the structure.
- Do not negatively influence or instigate other users to leave the treatment program.
- Do not own any type of weapon of any size.
- Comply with the ban on smoking in enclosed spaces, making use of the designated areas.
- Accept the possible transfer to another community structure for therapeutic reasons.
- Communicate the decision of voluntary discharge to the therapeutic team by signing the appropriate document.
- The staff, as far as they are concerned, is invited to enforce the rules set out for the smooth running of the route and the well-being of the guest.

GUEST SATISFACTION

In providing services and services, the Cooperative guarantees compliance with the fundamental principles set out in the Directive of the Council of Ministers of 01/27/94 and in the Regulation of the rights and duties of the sick guest (DPCM 05/19/95).

The team guarantees the quality of the services and is attentive to the protection of the guest's rights. All documentation relating to guests' data and their rehabilitation therapy is managed in accordance with current legislation. The medical records are stored in closed files in special offices and in archives, access to which is restricted to staff.

Guests, their family members, representatives of protection and voluntary associations and anyone with an interest, can provide suggestions and/or lodge a complaint, following a disservice, act or behavior, which has denied or limited the usability of the services.

The Management is interested in knowing the opinion of guests and their families on the services and services provided. Their indications are very useful for understanding what the problems are and identifying the most appropriate solutions to improve the effectiveness, efficiency and quality of the services offered. Guests have the opportunity to express any complaints, suggestions and proposals using the appropriate form present in the structure.

The satisfaction of the quality of the service and of the care received can be communicated by the guests, by completing a specific questionnaire which will be periodically evaluated by the Organization in order to make any improvements.

Suggestions and complaints can be communicated through various methods (Contacts on page 16), furthermore in the Administrative Offices and Local Units there is a special box for suggestions and complaints.

The Chairman and the Board of Directors are also available to receive reports and complaints presented orally. After having considered and analyzed the complaint, the interested party will be made aware of the outcome of his complaint within the shortest possible period of time and, in any case, within the times established by law.

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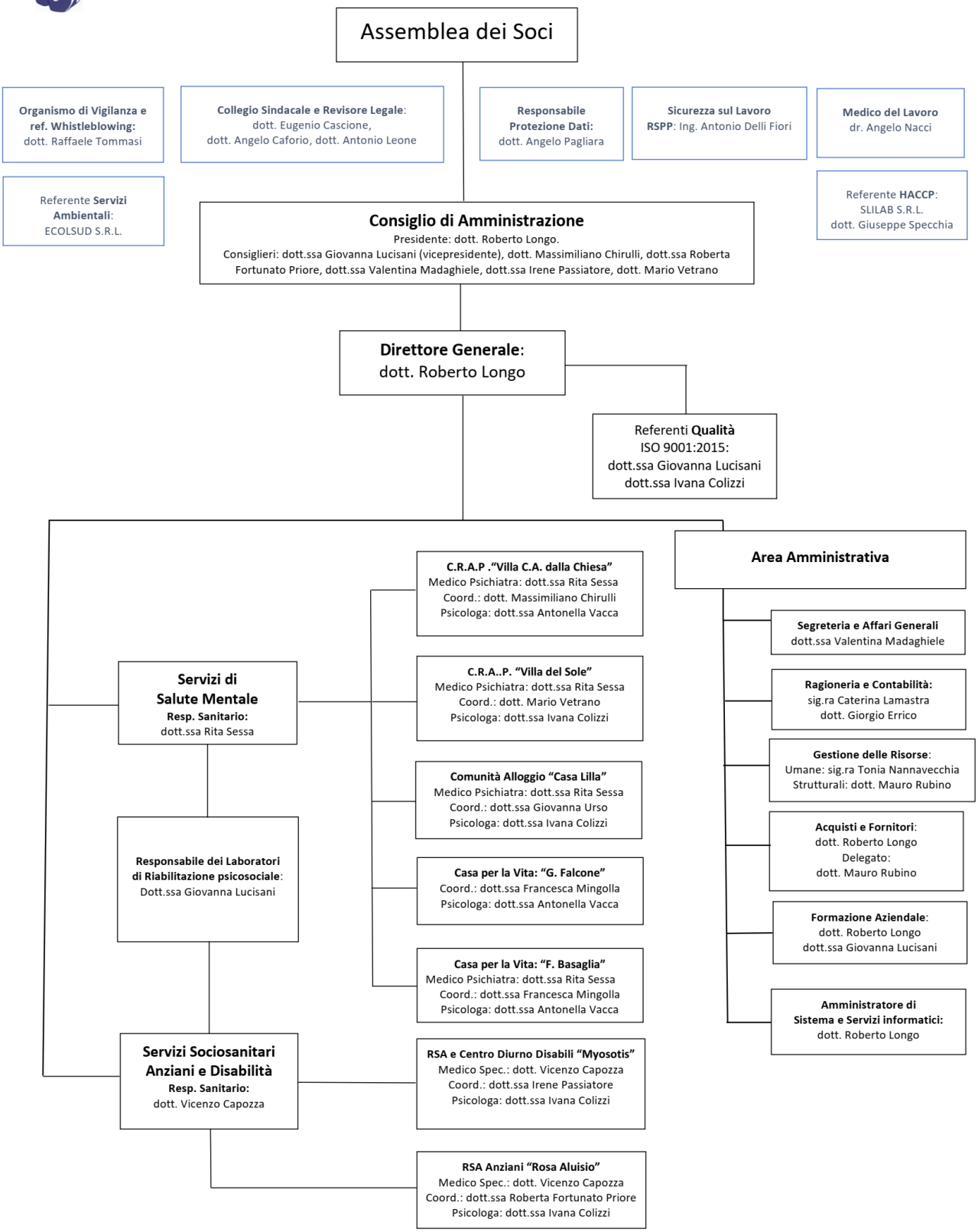
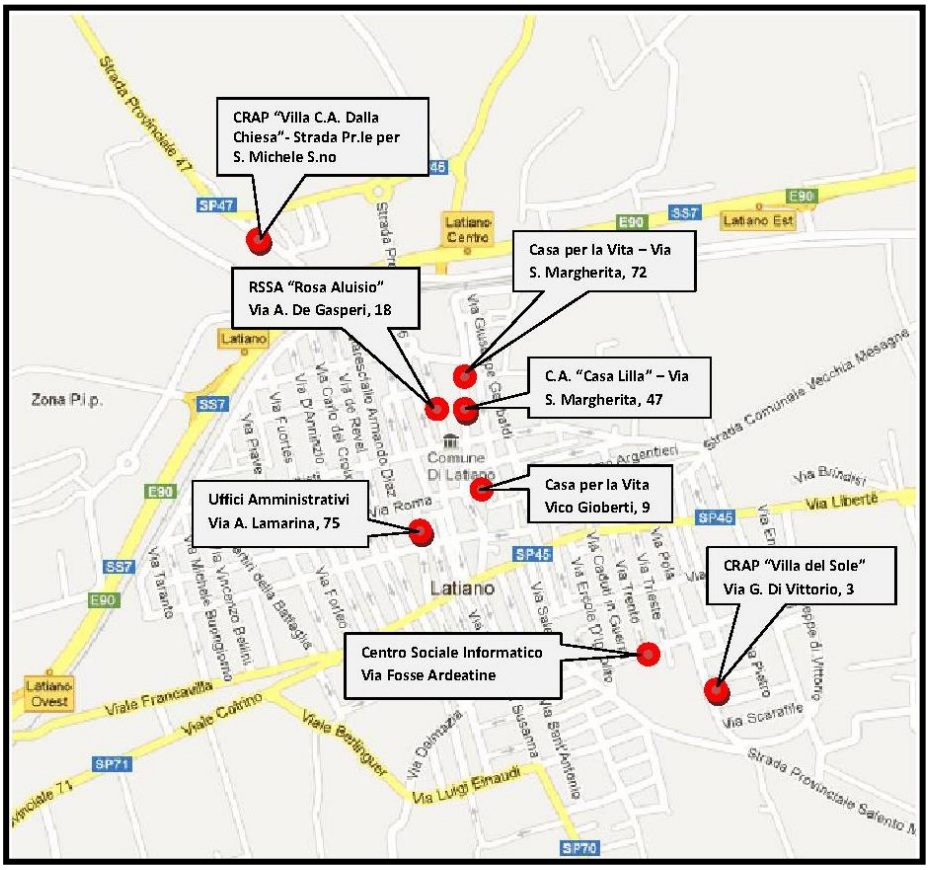
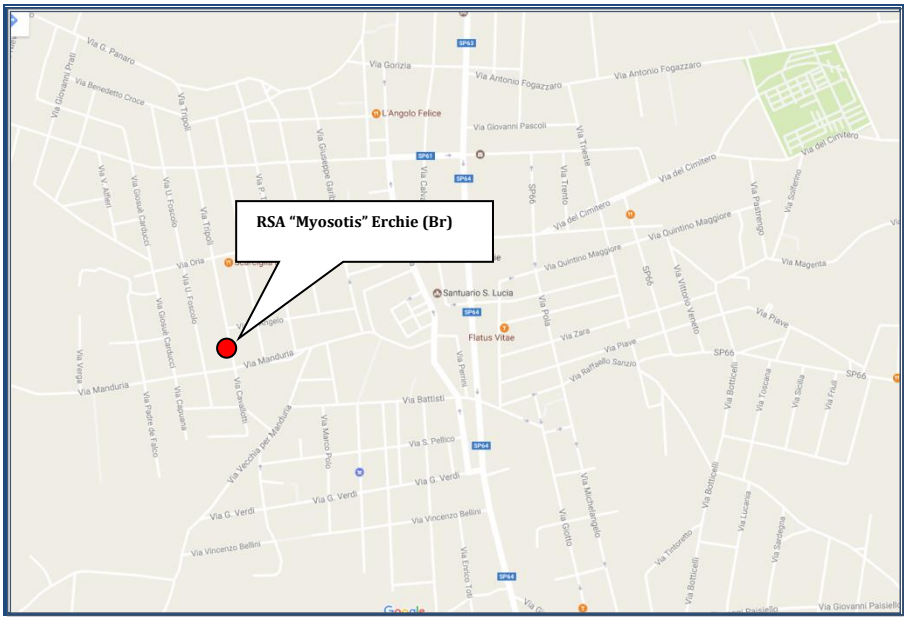
ORGANIGRAMMA DELLA COOPERATIVA SOCIALE "CITTÀ SOLIDALE"



OPERATING OFFICES



Topographic map of Latiano



Topographic map of Erchie

CONTACTS

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PUBLIC ACCESS:
Monday Wednesday Friday:
from 8.30 to 13.30

The office provides information, collects reports and coordinates all the activities of Città Solidale.

SCIENTIFIC TECHNICAL COMMITTEE

FOR THERAPEUTIC AND PSYCHOSOCIAL REHABILITATION

- Dr. Roberto Longo: President
- Dr. Rita Sessa: Psychiatrist
- Dr. Antonella Vacca: Psychologist
- Dr. Ivana Colizzi: Psychologist
- Dr. Giovanna Lucisani: Coordinator of the Psychosocial Rehabilitation Laboratories
- Dr. Mario Vetrano: Head of CRAP Coordination "Villa del Sole"
- Dr. Giovanna Urso: Head of Coordination of the "Casa Lilla" Accommodation Community
- Dr. Massimiliano Chirulli: Head of CRAP Coordination "Villa CA Dalla Chiesa"
- Dr. Francesca Mingolla: Head of Coordination Home for Life "F. Basaglia" and "G. Falcone"
- Dr. Irene Passiatore: Head of Coordination of RSA disabled people and Day Center "Myosotis"
- Dr. Roberta Fortunato Priore: Head of Coordination RSA elderly "Rosa Aluisio"

Area of study and research in the field of therapeutic and psychosocial rehabilitation

The Technical-Scientific Committee of the Cooperative, which supervises the area of psychosocial rehabilitation and social-health assistance, accepts all the indications deriving from the research, translating them into service practices to adapt treatment paths to scientific evidence.

It is an articulated and complex process that requires constant evaluation and careful analysis of the context.

Education, training and maintenance of skills are fundamental requisites for the effectiveness of daily work, therefore training updating (for the acquisition of credits and/or CME) through internal courses is strongly requested and subject to periodic monitoring or external.

The Committee questions and discusses the effectiveness and efficiency of the processes, updating itself through the National and International Guidelines, the Recommendations and the Good Practices, based on Evidence Based techniques.

Over time, structured tools for evaluating and measuring patients' clinical and psychosocial problems and the outcome of residential and non-residential treatments have been tested, with particular reference to psychopathology, personal and social functioning, quality of life, rights and to job potential, which document the effectiveness of treatments, the evolution of the disease and possible recovery.

PERFORMANCES AND SERVICES

Performances and services are modulated throughout the day on the basis of guests' needs and requirements.

The multidisciplinary team, through work shifts, provides:

- Medical assistance: basic and specialized. Users are invited to choose a general practitioner in the Municipality where the Community is located. The team, on the basis of the Therapeutic Plan, takes care of loading the medicines at the affiliated pharmacy and supports the user in booking and accompaniment to specialist visits.
- Nursing assistance: therapy administration, sampling, routine checks, various investigations.
- Psychiatric and psychological assistance, aimed at carrying out individual interviews, interviews with families, team meetings, meetings with users, internal checks of the objectives and with the referring Mental Health Centers or Social Health Districts.
- Social care: at the time of taking charge, a reference operator is identified among the educators of the Community to whom the user can turn for any problem and to define the appropriate solutions.
- Educational activities aimed at achieving autonomy and consolidating the skills acquired.
- Rehabilitative activities for the acquisition or maintenance of cognitive, affective-relational, social, recreational, sporting, cultural, artistic and educational abilities, participation in discussion assemblies, social-work reintegration activities.
- Meals and personalized diet (breakfast, snack, lunch, snack and dinner), as per the nutritional plan indicated by the ASL. The operators on shift, who have the certification of health suitability (HACCP), take care of the preparation based on the daily menu, elaborated by the nutritionist biologist. In case of need (intolerances, allergies, metabolic dysfunctions) and upon medical prescription, the diet is personalized.
- Linen available in adequate quantity, sanitized at an industrial laundry.
- Annual holidays by the sea and/or in the mountains, trips and guided excursions.
- Religious assistance: the community takes this human dimension into due consideration, referring to the religious communities of the area and to voluntary groups.
- Relations with families and the territory: community staff take care of relations with family members and guarantee the social integration of users by promoting collaboration with voluntary associations. The possibility for family members to communicate with staff about

their relative's health conditions is guaranteed by interviews to be requested on pre-established days and times on a weekly basis.

- Individual and group psychotherapeutic interventions, also aimed at psychopathological aspects that require specific interventions, such as the management of impulsivity and dysfunctional behaviors often linked to serious personality disorders.
- Rehabilitation of users who are offenders, subject to safety measures, who need long-term rehabilitation-intensive therapeutic interventions due to the persistence of serious psychopathological conditions. In this case, the Rehabilitation Team works by interfacing with the Judicial Authority, the UEPE, as well as lawyers and possibly support administrators.
- Collaboration with the police and the judicial authorities.
- The Cooperative intends to encourage the involvement of family members in the management of clinical activities, considering their central role, in the research and maintenance of their psychophysical well-being. Specific family treatment pathways are prepared by the structure's team.
- For the acquisition of the health documentation held by the Community, the guest and/or any other person having the right, requests the Head of the Community and the Medical Director who will provide the requested information within 30 days.

SANITARY HYGIENE RULES

The Cooperative is in possession of the requisites established by the regulations in force regarding town planning, construction, fire prevention, hygiene and safety, pursuant to article 9, paragraph 1, letter c), of law n. 328 of 2000.

Legislative Decree 81/2008 and subsequent amendments mm. and ii. brings together in a single text the existing rules on safety and health in the workplace, in particular the legislative decree of 9 April 2008, n. 81 implements article 1 of the law of 3 August 2007, n. 123, concerning the protection of health and safety in the workplace.

The Organization manages food safety through the "HACCP management system" according to the REG. CE n.852/2004, implementing a «process control» system which identifies the possibility of risks occurring during food handling and the relative corrective actions.

Furthermore, the Cooperative periodically trains its staff on hygiene standards and on the prevention of food contamination according to the guidelines of EC regulation n.852/2004.

THE LABORATORY NETWORK

REFERENT: Dr. GIOVANNA LUCISANI

The laboratories have precise rehabilitation objectives to be monitored and achieved, within a project drawn up by the operators of the rehabilitation team which takes into account the objectives of the individual PTR of each user.

The laboratories are open to guests and external volunteers. They provide for the presence of teachers and educators in a number proportional to that of those attending. The responsibility of the laboratories is entrusted to Operators who are experts both in the specific discipline covered by the Setting and in the management of psychosocial rehabilitation methodologies. The activity is planned in advance, including the supply of materials. The operating hours must be respected and the active participation of those attending is always encouraged.

The Rehabilitation Laboratories, active both inside and outside the community according to a weekly calendar, are:

1. Health education

2. Home education
3. Cooking and pastry
4. Vegetable garden and gardening
5. Sports exerciser
6. Physiotherapy
7. Rights and legality
8. Artistic
9. Tailoring
10. Paper recycling
11. Skills (Social Skill Training)
12. Emotions
13. Clown therapy
14. Theater
15. Music therapy
16. Singing and rhythm
17. Dance
18. soccer
19. Multimedia orientation
20. Knowledge orientation
21. Psychoeducation
22. Autonomies
23. Cognitive rehabilitation.

The laboratories are divided according to the macro-areas of the International Classification of Functioning, Disability and Health (ICF).

The following laboratories are included in the Personal Autonomy area:

- **Health Education** it takes place daily within the Community, it guides the correct management of the person, of health and hygiene, and is obligatory, being preparatory to self-sufficiency. The actions are designed on an individual level and are entrusted to specialized operators who conduct the experience and monitor the changes. The methodology used is that of learning by doing.
- **Home Education** it takes place daily and is mandatory. Guide to the correct management of the house, being preparatory to self-sufficiency and instrumental to the activities of daily life. The

activities are designed individually and are entrusted to expert operators who lead the experience and monitor the changes. The methodology used is that of doing together.

- **Cooking and Pastry** is structured with the aim of designing recipes based on the principles of food education, hygiene and product knowledge. Users who attend it have the opportunity to cultivate personal interests, learn new professional skills and competences, increase their self-esteem and sense of perceived self-efficacy, gain confidence in their learning ability and develop creativity.
- **Gardening and Vegetable Garden** stimulates the sense of responsibility and socialization. Through contact with the earth, you experience a unique and simple way of taking care of greenery. Growing a crop triggers a sense of pride and satisfaction in the person, develops a sense of responsibility, stimulates cognitive and social skills. Beautifying a garden also helps to stimulate creativity and imagination, thus strengthening confidence and self-esteem and enhancing relationships with others. Manual activity outdoors gives you the opportunity to experience gestures and operations firsthand and observe what happens. Guests are encouraged to use their senses to get in touch with nature and develop different skills, such as exploration, observation and manipulation.
- **Sports exerciser:** during the workshop the users carry out light physical exercises, warm-up, stretching, simple games with the ball and with some equipment. In addition to fighting the bad habit of sedentary lifestyle, users have the opportunity to acquire a healthy lifestyle. It is an established fact that motor activities produce beneficial effects on both the mental and physical spheres of individuals. Physical activity, by intervening on physical and psychosocial conditions, improves the daily life of patients. In general, motor activities optimize the individual's physical conditions, having a preventive function in the onset of certain diseases.
- **Soccer** is an excellent tool for social inclusion and for consolidating a sense of group, capable of tackling even the most die-hard prejudices and crumbling them with the power of passion and team spirit. It also aims to develop a healthy sense of competition, as well as reflection on successes and failures. Users participate in the various soccer tournaments organized by both DSM and ANPIS Puglia, moving around the Apulian territory to play the various matches.
- **Physiotherapy** allows to recover residual motor potential, intentionality and rationality of movement, psycho-physical well-being and autonomy through individualized treatments, functional skills through the manipulation of specific damaged body areas. The setting is

reserved above all for people who are no longer able to carry out gymnastic-sporting activities or who need to treat specific body pathologies.

- **Rights and Legality** is aimed at providing working tools to intervene on complex concepts such as education in legality and civil coexistence, respect for rules and laws, duties, rights and responsible behaviors. The topics addressed range from the Italian Constitution to Italian and European laws, to Human Rights, of children, of the disabled, to road and environmental education.
- **Psychoeducation** provides useful indications for achieving a healthy lifestyle through information meetings and the definition of personal life goals. Topics such as food education, smoking management and its consequences, money management are addressed.
- The Laboratory of Autonomies guides the maintenance and recovery of skills, the correct management of the person, of health and hygiene, taking into consideration the minimum skills for self-sufficiency in the instrumental activities of daily life. The laboratory conductor facilitates the user in carrying out the task by dividing the activities into small actions. This laboratory is particularly suitable for people with severe disabilities.
- **Cognitive rehabilitation** aims to improve and/or restore impaired cognitive functions using a wide range of strategies. Cognitive deficits are a negative predictive factor of the subject's psychosocial, work and quality of life functioning, as well as a factor limiting the success of rehabilitation interventions. Most cognitive remediation techniques take into account the functions that most correlate with the patient's disabilities: executive functions, memory, and attention. Changing cognitive performance is a primary goal of cognitive remediation techniques, however the primary goal is to improve the user's overall functioning and quality of life.
- **Community Assembly:** every month the users of the Community, with the guidance of an educator who acts as conductor and moderator, gather to discuss the most disparate topics: from issues of collective interest concerning community life, the menu, the diet, the rules of together, the organization of social evenings and outings, free outings, etc. By listening and speaking, the user confronts himself with others, learns to examine issues, to question himself, regaining full autonomy, exercising active citizenship.

The following laboratories are active for the Pragmatic skills area:

- **Artistic** it takes place using non-verbal means of expression and communication. The main purpose is to promote the recovery and development of the user's creative nucleus on a

psychosocial, cognitive and emotional level, and of his communication and relationship skills. Different materials are used as a communication tool to tell and express oneself, others and the context. The laboratory manager creates a safe space and guides the participants in the use of materials and techniques.

- **Sar history** has not only an artistic goal, but also a working one. Products such as bags, dresses, doilies, placemats, scarves, etc. are made, satisfying the requests and passions of each user.
- **Paper recycling** aims to raise awareness and educate guests on the problem of waste, energy saving, waste reduction, recycling and reuse of the same and, above all, knowledge of the advantages of paper recycling.

The following Laboratories are active for the Relationality area:

- Social Skills Training (SST) or Laboratory of Social Skills is a well-known Evidence Based technique that can be exercised within an interpersonal relationship, dual or preferably in a group, between operators and users, in an atmosphere of open collaboration and mutual trust. Through a set of psychoeducational techniques, individuals are systematically helped to develop more effective skills for interacting with others. Scientific research states with certainty that all social behaviors can be learned and therefore modified thanks to experience and training. These techniques are based on a number of social learning principles such as modeling, reinforcement, shaping, automation and generalization.
- The laboratory of emotions has as its fundamental objective the acquisition of the ability of "emotional regulation". The path involves the recognition of different emotions, self-control and the management of one's moods and the behaviors connected to them. The workshop offers the opportunity to express healthier emotional behaviors and helps to discover alternative ways of thinking and feeling, to deal with specific emotional experiences, relationship issues and personal problems, in a context in which to learn to use one's skills to solve problems. The challenge is to educate about emotions because, only by preparing users to correctly manage their emotional world, will they be able to take advantage of that inner baggage necessary to live to the fullest and to relate to others in a balanced and serene way. Mindfulness has been known for some time for its empirical effectiveness with respect to the approach concerning anxiety disorders, depressive disorders, pathologies related to socio-relational difficulties, pathological impulsivity and emotional distress in general.

- **Theater.** The manager, actor and director, leads the work on physical movement, observation and concentration, posture, perception of one's body and one's body in the stage space, individual and common rhythm, relationship with partners, rules of diction, articulation, techniques of breathing, improvisation, acting and choice of styles, interpretation techniques, character building, psychotechnics and text work. His ultimate goal is to create a show.
- **Clown therapy** it is conducted by a sociologist specialized in clown therapy. Users, in particular, do not benefit directly from the clowning arts, but have become experts in them by acquiring the main skills to become clowns themselves. Guests become therapists of others, exaggerating and exacerbating life's ills with the various sketches, in order to help face unpleasant situations with the right dose of irony.
- **Song and Rhythmic** takes place using the sound/musical element as a privileged mediator on an expressive and relational level. The activities include moments of shared listening to songs brought by users alternating with proposals offered by the manager, and moments of free improvisation. A music professor guides the group in the objective of finding the rhythmic balance of the body which moves constantly in space and time. Above all, the use of rhythmic instruments will contribute to this goal and will help make up for lost time, coordinate the body in space, regulate the rhythmic pulsation of the heart and breath.
- **Dance** uses a methodology based on small moments of exploration of one's own body. Practical group activities, creative proposals and playful learning paths are privileged. The main objectives of this laboratory are: to stimulate the free expression of movement, to facilitate a space for socialization and to create a channel for emotional regulation. The workshop ends each year with a series of performances.
- **Music therapy** develops a connection between the graphic, chromatic, bodily, plastic, musical, linguistic expression that involves the whole educational-therapeutic project, both in expression and in fruition. The Globality of Languages (GdL) is a training discipline in communication and expression with the aim of research, education, animation, rehabilitation, therapy, conceived by Stefania Guerra Lisi.
- **Spatial orientation** provides for travel through a schedule of Sunday or midweek trips and walks inside and outside the reference area. Its objective is to allow participants to acquire the skills useful for their spatial autonomy, understood as knowledge of the territory in which they live and as the ability to orient themselves within it and reach the places of interest. Boat trips and Easter Monday in the countryside and the sea, participation in fairs, exhibitions, conferences

and events of all kinds. The memory will then be tested regarding the places in which each guest has lived and lives, and which tools he is able to use to track down the people dear to him.

The following Laboratories are active for the Training – Work area:

- **Knowledge Orientation** offers activities for the recovery and deepening of the reading-writing process, grammar, notions of mathematics, geography and knowledge of historical and cultural events. The laboratory takes place through verbal lessons, explanations, and practical exercises to verify the acquisition of the contents. A fundamental objective is to direct users to work orientation, starting from the creation of a curriculum to the knowledge of the useful branches (Employment Centre), to the use of the Internet to present themselves and look for work.
- **Orientation to Multimedia** follows a specific program, commensurate with both prerequisites and personal interests. Its purpose is the acquisition of the use of information technology, useful tools for full personal autonomy. The topics are based on the use of the computer and include: the use of e-mail and the web, the use of software, the more in-depth study of dedicated software.

In the field of rehabilitation practices, work placement is a fundamental element for the integrated treatment of the patient in the community and for his social inclusion. For the person with mental health problems, work takes on particular meanings: it allows and favors a better structuring of personal identity and a better life in relationships, the acquisition and exercise of specific skills and abilities, the production of an income, the reacquisition of a social role, the active and participatory reintegration into one's own context of belonging by reaffirming the right of citizenship, the contrast to any form of prejudice aimed at marginalization and exclusion. Therefore, job placement is fully part of the individual therapeutic plan,

The Rehabilitative and Assistance **STRUCTURES**

Città Solidale
Cooperativa Sociale

PSYCHIATRIC ASSISTANCE RESIDENTIAL COMMUNITY

"VILLA DEL SOLE"

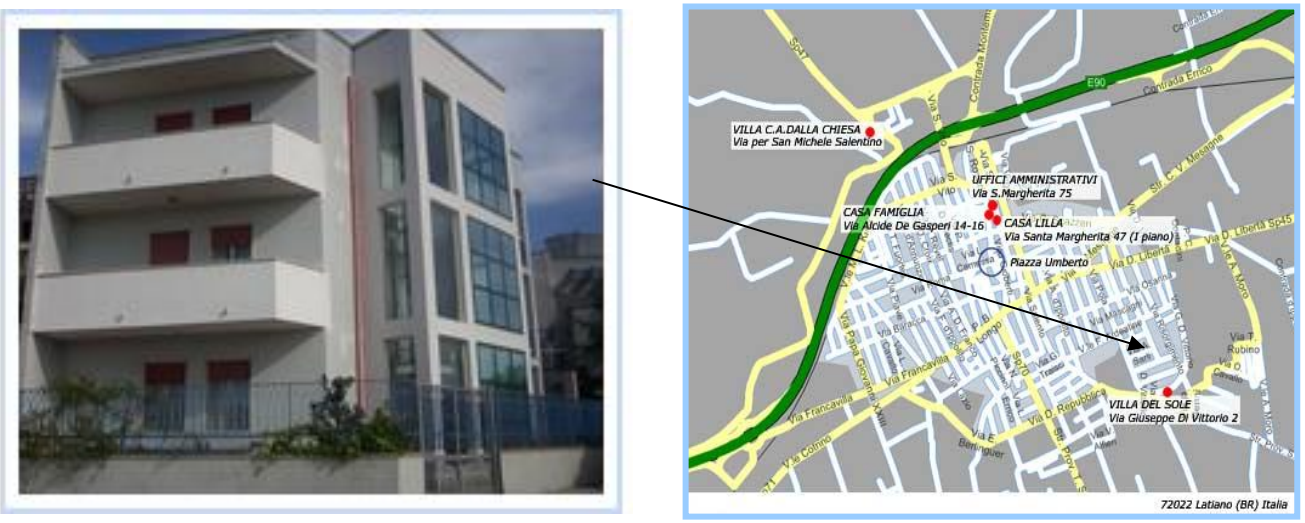
Structure

The Psychiatric Assistance Rehabilitation Community (CRAP) is located in Latiano (BR) in via Giuseppe Di Vittorio n.3. The coordinator is Dr. Mario Vetrano, Expert Healthcare Professional Collaborator; the Medical Director is Dr. Rita Sessa, Psychiatrist; the Psychologist is Dr. Ivana Colizzi, Psychotherapist.

Reference numbers: Community 0831 – 721329, Company mobile phone 3936733062.

Email: villadelsole.latiano@gmail.com ; vds@cittasolidale.net

Institutionally accredited by the National Health System with DD of the APS Service of the Puglia Region n.310 dated 09.12.2013, previously authorized for operation by the Municipality of Latiano with DD n 1654 dated 31.12.2004.
It has UNI EN ISO 9001:2015 Quality Certification.



Simplified floor plan

It is built on four floors, without architectural barriers, surrounded by balconies and a garden and with spaces that lend themselves to the performance of ludic-recreational activities. It is located in the Pigna di Latiano area, near the swimming pool and the park, which facilitates socialization and integration.

Double bedrooms	7

Room for operators	1
Guest toilets	6
Toilets for operators	1
Toilets for the disabled	2
Premises for psychosocial activities	1
Venue for meetings	1
Dining room	1
Kitchen	1
TV room	1
Tavern	1
Laundry	1

Furniture and equipment

The community, for the appropriate satisfaction of the guests' needs, is furnished and equipped with all the comforts and characteristics of a civilian home. All rooms are bright, well-furnished and made welcoming with personal decorative elements. The furnishings and the entire structure are subject to careful maintenance in order to always guarantee the correct functioning of the Community.

Who is it for?

The CRAP is a residential therapeutic rehabilitation structure for acute and sub-acute cases (RR n°3 of 2005), with assistance coverage for 24 hours a day, it welcomes 14 subjects with high relational difficulties or compromised basic autonomy, who need interventions with high therapeutic qualification.

Purpose

Community management, at a multiprofessional and multidimensional level, has the objective of modulating the rehabilitation planning on the single individual with mental illness so that he can reach the best possible level of functioning on a mental, physical, social and emotional level. It promotes psychosocial skills in the relational sphere, social integration and reintegration, when possible, into the world of work according to the exit from the assistance/therapeutic/rehabilitative circuit.

The rehabilitation team

The work is organized according to the multidisciplinary team model, each component participates in the formulation of treatment plans and evaluates their progress during periodic meetings at least every 15 days.

- The Medical Director, in the figure of a psychiatrist, ensures 12 hours a week of medical-psychiatric activity, organized as per the monthly calendar posted on the community bulletin board. Supervises the operators and the team in the rehabilitation of patients, collaborates with GPs and specialists, and draws up the treatment plan, based on the evaluations overall of their mental and physical health.

- The Psychologist ensures 12 hours a week of psychological activity, organized as per the monthly calendar posted on the community bulletin board. Maintains relations with the Health Services of mental health and collaborates with them and with the operators in drawing up individual rehabilitation projects.

- The Coordination Manager, in the figure of an expert professional collaborator, carries out his work during the day and on weekdays, from Monday to Saturday for a total of 36 hours a week, with a presence in the structure of at least 6 hours a day. It takes care of the organization of the Community and of the operators, manages the structural and individual assets, supervises the quality of the services rendered, supervises the management of the guests' therapeutic rehabilitation projects.

- The Professional Healthcare Collaborators (Social Assistants, Psychiatric Rehabilitation Therapists, Professional Healthcare Educators and Nurses) in number of 9, ensure their presence for the entire 24-hour period, on the basis of monthly shifts, which include daytime hours and night hours from Monday to Sunday, including holidays for a total of 36 hours per week. They observe and record individual and group behaviors, carry out continuous interviews with users for the implementation of rehabilitation interventions.

- The 5 Social-Healthcare Operators (OSS) ensure their presence for the entire 24-hour span, always on the basis of shifts drawn up on a monthly basis, which include day and night hours from Monday to Sunday, including holidays for total hours 36 hours per week. They carry out domestic, assistance and sanitation services aimed at maintaining the functional autonomy of the guests.

The morning shift usually starts at 8:00 and ends at 14:00. The afternoon shift starts at 2.00pm and ends at 9.00pm; while the night shift starts at 21:00 and ends at 8:00 the following day.
The times can also be different, with the variation of one or two hours, on the starting or ending time of the work activity, based on community needs and above all, on the basis of the guest's therapeutic

rehabilitation project. However, the times are always scheduled on the shift schedule drawn up by the coordinator each month.

Each day shift must guarantee the presence of a minimum of n. 3 between social health workers and professional health collaborators. During the night, the presence of n. 1/2 between social health workers and professional health collaborators.

Community life

Community life is generally articulated, unless otherwise indicated for therapeutic purposes and for the needs of planning activities, according to the following methods:

6.30 Wakes up

07.00 – 07.45 Breakfast

Pharmacotherapy

8.30 – 9.30 Care and cleaning of individual living space and common areas

9.30 Snack

"Meet up" (daily meeting of the group guests with operators on shift)

10.00 – 12.00 Rehabilitation workshops (follow a weekly calendar)

12.30 Lunch and tidying up of the dining room

13.30 Pharmacotherapy

14.00 Afternoon rest

16.00 Snack

16.30 – 18.30 Rehabilitation laboratories, activities and/or outings

19.00 Dinner and rearrangement of the room

Pharmacotherapy

20.00 Free time (TV, board games, etc.)

22.00 Night rest

Rehabilitation

The multidisciplinary team provides assistance 24/7.

Each guest has an Individual Rehabilitation Therapeutic Plan (PTRI) which is drawn up by the Mental Health Center (CSM). On the basis of this tool, the community team sets the medium and long-term objectives to be achieved, in agreement with the guest. If the referral takes place directly by the Judicial

Authority, starting from the prescriptions dictated, the Team shares the case with the CSM of origin, seeking the right balance between rehabilitation and control with a view to treating and rehabilitating the patient.

The guest, after an initial period of adaptation, will have to follow the proposed therapeutic rehabilitation program, attending the laboratories foreseen by his PTRI and taking part in the activities organized by the team (collective outings for therapeutic purposes, individual and group interviews, internal assemblies); he will also have to regularly take pharmacological therapy and show good therapeutic compliance.

Community Rules

Each guest has his own private space, which he can personalize, and enjoys common areas in which to feel welcome and at ease.

All guests are required to take care of themselves and their clothing: the staff will highlight any insufficiencies and will intervene to support the reduced capacities.

The cleanliness and order of the structure is guaranteed by the staff on duty; the guest is actively involved in carrying out daily activities to maintain and improve their level of independence.

In order not to disturb the other guests, everyone is required to avoid noise, not to shout and to moderate the volume of the radio and television. In particular, it is necessary to respect the quiet during moments of rest.

The structure is open and allows you to go out at any time, however the outings are limited by participation in the rehabilitation activities of the community and/or by any therapeutic prescriptions made by the Judicial Authority, the Mental Health Center, the Community team. Generally, it is possible to go out from 10.00 to 12.30, from 16.30 to 19.00, informing the operators in advance in advance. Any exceptions will be dealt with by the community team. It is not recommended to go out to guests, who are not cared for in hygiene and in the appearance of their person.

The community is equipped with a fixed line that allows you to receive and make phone calls, subject to agreement with the staff of the facility. Guests who have a personal telephone will be able to use it at set times in agreement with the community team.

All guests can receive visits from relatives and friends. However, it is necessary that these visits do not hinder rehabilitation and work activities and take place in respect of the privacy of the other guests. For this reason, it is advisable that they are programmed and that the reception in some environments is mediated by the operator who will check their accessibility beforehand.

Generally, visits are possible from 10.00 to 12.00, and from 16.00 to 18.00. in some cases, the times and modalities of the visit are regulated by the rehabilitation therapeutic project and must be agreed with the community team.

PSYCHIATRIC ASSISTANCE RESIDENTIAL COMMUNITY

"VILLA CARLO ALBERTO DALLA CHIESA"

Structure

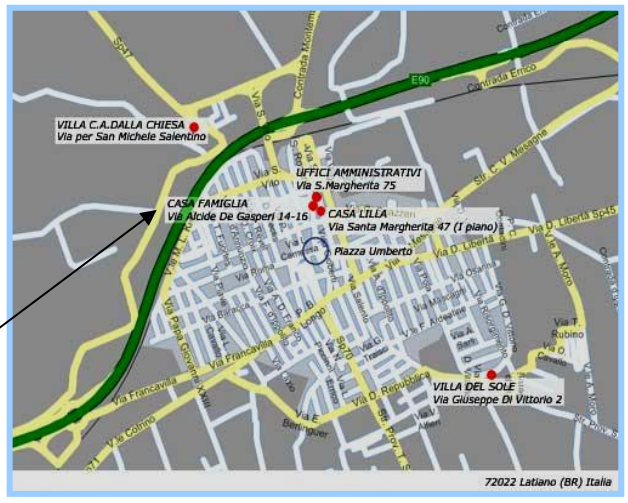
The Psychiatric Assistance Rehabilitation Community (CRAP) is located in Latiano (BR), provincial road for San Michele Salentino. The coordinator is Dr. Massimiliano Chirulli, Expert Healthcare Professional Collaborator; the Medical Director is Dr. Rita Sessa, Psychiatrist; the Psychologist is Dr. Antonella Vacca Psychotherapist.

Reference numbers: Community 0831 – 721001, Company mobile phone 3937456170.

Email: vdc@cittasolidale.net

Institutionally accredited by the National Health System with DD of the APS Service of the Puglia Regionn.276 of 12.10.2015, previously authorized for operation by the Municipality of Latiano with DD n. 1656 dated 31.12.2004.

It has UNI EN ISO 9001:2015 Quality Certification.



Simplified floor plan

It is a villa surrounded by greenery, located on the ground floor, without architectural barriers and with spaces that lend themselves to the performance of ludic-recreational activities.

Double bedrooms	7
Room for operators	1
Guest toilets	6
Toilets for operators	1
Toilets for the disabled	2
Premises for psychosocial activities	1
Venue for meetings	1
TV room	1
Dining room	1
Kitchen	1

Furniture and equipment

The community, for the appropriate satisfaction of the guests' needs, is furnished and equipped with all the comforts and characteristics of a civilian home. All rooms are bright, well-furnished and made welcoming with personal decorative elements. The furnishings and the entire structure are subject to careful maintenance in order to always guarantee the correct functioning of the Community.

Who is it for?

The CRAP is a residential therapeutic rehabilitation structure for acute and sub-acute cases (RR n°3 of 2005), with assistance coverage for 24 hours a day, it welcomes 14 subjects with high relational difficulties or compromised basic autonomy, who need interventions with high therapeutic qualification.

Purpose

Community management, at a multiprofessional and multidimensional level, has the objective of modulating the rehabilitation planning on the single individual with mental illness so that he can reach the best possible level of functioning on a mental, physical, social and emotional level. It promotes psychosocial skills in the relational sphere, social integration and reintegration, when possible, into the world of work according to the exit from the assistance/therapeutic/rehabilitative circuit.

The rehabilitation team

The work is organized according to the multidisciplinary team model, each component participates in the formulation of treatment plans and evaluates their progress during periodic meetings at least every 15 days.

- The Medical Director, in the figure of a psychiatrist, ensures 12 hours a week of medical-psychiatric activity, organized as per the monthly calendar posted on the community bulletin board. Supervises the operators and the team in the rehabilitation of patients, collaborates with GPs and specialists, and draws up the treatment plan, based on the evaluations overall of their mental and physical health.

- The Psychologist ensures 12 hours a week of psychological activity, organized as per the monthly calendar posted on the community bulletin board. Maintains relations with the Health Services of mental health and collaborates with them and with the operators in drawing up individual rehabilitation projects.

- The Coordination Manager, in the figure of an expert professional collaborator, carries out his work during the day and on weekdays, from Monday to Saturday for a total of 36 hours a week, with a presence in the structure of at least 6 hours a day. It takes care of the organization of the Community and of the operators, manages the structural and individual assets, supervises the quality of the services rendered, supervises the management of the guests' therapeutic rehabilitation projects.

- The Professional Healthcare Collaborators (Social Assistants, Psychiatric Rehabilitation Therapists, Professional Healthcare Educators and Nurses) in number of 9, ensure their presence for the entire 24-hour period, on the basis of monthly shifts, which include daytime hours and night hours from Monday to Sunday, including holidays for a total of 36 hours per week. They observe and record individual and group behaviors, carry out continuous interviews with users for the implementation of rehabilitation interventions.

- The 5 Social-Healthcare Operators (OSS) ensure their presence for the entire 24-hour span, always on the basis of shifts drawn up on a monthly basis, which include day and night hours from Monday to Sunday, including holidays for total hours 36 hours per week. They carry out domestic, assistance and sanitation services aimed at maintaining the functional autonomy of the guests.

The morning shift usually starts at 8:00 and ends at 14:00. The afternoon shift starts at 2.00pm and ends at 9.00pm; while the night shift starts at 21:00 and ends at 8:00 the following day.
The times can also be different, with the variation of one or two hours, on the starting or ending time

of the work activity, based on community needs and above all, on the basis of the guest's therapeutic rehabilitation project. However, the times are always scheduled on the shift schedule drawn up by the coordinator each month.

Each day shift must guarantee the presence of a minimum of n. 3 between social health workers and professional health collaborators. During the night, the presence of n. 1/2 between social health workers and professional health collaborators.

Community life

Community life takes place both indoors and outdoors. Generally, except for different therapeutic arrangements and for the needs of planning activities, community life is organized in the following ways:

6.30 Wakes up

07.00 – 07.45 Breakfast

Pharmacotherapy

8.30 – 9.30 Care and cleaning of individual living space and common areas

9.30 Snack

"Meet up" (daily meeting of the guest group with operators on shift)

10.00 – 12.00 Rehabilitation workshops (follow a weekly calendar)

12.30 Lunch and tidying up of the dining room

13.30 Pharmacotherapy

14.00 Afternoon rest

16.00 Snack

16.30 – 18.30 Rehabilitation laboratories, activities and/or outings

19.00 Dinner and rearrangement of the room

Pharmacotherapy

20.00 Free time (TV, board games, etc.)

22.00 Night rest

Rehabilitation

The multidisciplinary team provides assistance 24/7.

Each guest has an Individual Rehabilitation Therapeutic Plan (PTRI) which is drawn up by the Mental Health Center (CSM). On the basis of this tool, the community team sets the medium and long-term

objectives to be achieved, in agreement with the guest. If the referral takes place directly by the Judicial Authority, starting from the prescriptions dictated, the Team shares the case with the CSM of origin, seeking the right balance between rehabilitation and control with a view to treating and rehabilitating the patient.

The guest, after an initial period of adaptation, will have to follow the proposed therapeutic rehabilitation program, attending the laboratories foreseen by his PTRI and taking part in the activities organized by the team (collective outings for therapeutic purposes, individual and group interviews, internal assemblies); he will also have to regularly take pharmacological therapy and show good therapeutic compliance.

Community Rules

Each guest has his own private space, which he can personalize, and enjoys common areas in which to feel welcome and at ease.

All guests are required to take care of themselves and their clothing: the staff will highlight any insufficiencies and will intervene to support the reduced capacities.

The cleanliness and order of the structure is guaranteed by the staff on duty; the guest is actively involved in carrying out daily activities to maintain and improve their level of independence.

In order not to disturb the other guests, everyone is required to avoid noise, not to shout and to moderate the volume of the radio and television. In particular, it is necessary to respect the quiet during moments of rest.

The structure is open and allows you to go out at any time, however the outings are limited by participation in the rehabilitation activities of the community and/or by any therapeutic prescriptions made by the Judicial Authority, the Mental Health Center, the Community team. Generally, it is possible to go out from 10.00 to 12.30, from 16.30 to 19.00, informing the operators in advance in advance. Any exceptions will be dealt with by the community team. It is not recommended to go out to guests, who are not cared for in hygiene and in the appearance of their person.

The community is equipped with a fixed line that allows you to receive and make phone calls, subject to agreement with the staff of the facility. Guests who have a personal telephone will be able to use it at set times in agreement with the community team.

All guests can receive visits from relatives and friends. However, it is necessary that these visits do not hinder rehabilitation and work activities and take place in respect of the privacy of the other guests. For this reason it is advisable that they are programmed and that the reception in some environments

is mediated by the operator who will check their accessibility beforehand.

Generally, visits are possible from 10.00 to 12.00, and from 16.00 to 18.00. in some cases, the times and modalities of the visit are regulated by the rehabilitation therapeutic project and must be agreed with the community team.

PSYCHIATRIC ACCOMMODATION COMMUNITY

"LILLA HOUSE"

Structure

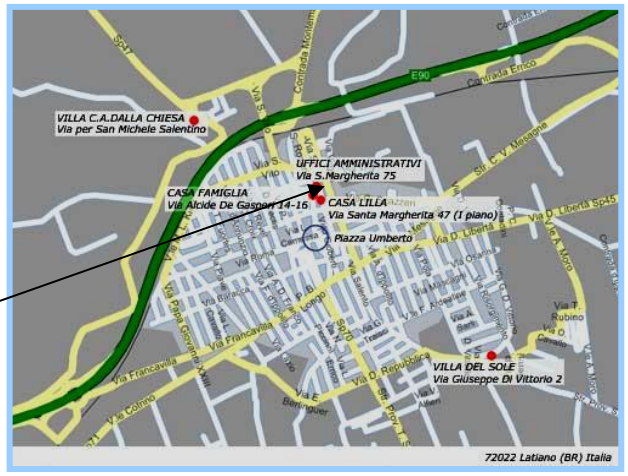
The Psychiatric Accommodation Community is located in Latiano (BR) in via Santa Margherita, 47 First Floor. The Head of Coordination is Dr. Giovanna Urso, Expert Healthcare Professional Collaborator; the Medical Director is Dr. Rita Sessa, Psychiatrist; the Psychologist is Dr. Ivana Colizzi, Psychotherapist.

Reference numbers: Community 0831 – 727070, Company mobile phone 3937419229.

Email: casalilla@cittasolidale.net

Institutionally accredited by the National Health System with DD of the APS Service of the Puglia Region n.293 of 11.25.2013, previously authorized for operation by the Municipality of Latiano with DD n. 1655 dated 31.12.2004.

It has UNI EN ISO 9001:2015 Quality Certification.



Simplified floor plan

It is a stately home located in the historic centre, next to the birthplace of the illustrious fellow citizen Beato Bartolo Longo, founder of the new Pompeii. It is located in front of the oldest building in Latiano: Solise tower and a few steps from the ancient Dominican convent.

The house is located on two floors and is barrier-free.

The absolute centrality of the structure favors the autonomy and socialization of the residents.

Double bedroom with bathroom	4
Toilets for the disabled	1
Dining room	1
Kitchen	1
TV room	1
Venue for meetings	1
Laundry	1

Furniture and equipment

The community, for the appropriate satisfaction of the guests' needs, is furnished and equipped with all the comforts and characteristics of a civilian home. All rooms are bright, well-furnished and made welcoming with personal decorative elements. The furnishings and the entire structure are subject to careful maintenance in order to always guarantee the correct functioning of the Community.

Who is it for?

The Accommodation Community, i.e. a social-rehabilitative residential facility with a high assistance intensity, with assistance coverage for 12 hours a day, from 8.00 to 20.00, welcomes 8 relatively autonomous users with sufficiently acquired psychosocial skills.

Purpose

Community management, at a multiprofessional and multidimensional level, has the objective of modulating the rehabilitation planning on the single individual with mental illness so that he can reach the best possible level of functioning on a mental, physical, social and emotional level. It promotes psychosocial skills in the relational sphere, social integration and reintegration, when possible, into the world of work according to the exit from the assistance/therapeutic/rehabilitative circuit.

The rehabilitation team

The work is organized according to the multidisciplinary team model, each component participates in the formulation of treatment plans and evaluates their progress during periodic meetings at least every 15 days.

- The Medical Director, in the figure of a psychiatrist, ensures 6 hours of medical-psychiatric activity per week, organized as per the monthly calendar posted on the community bulletin board. Supervises the operators and the team in the rehabilitation of patients, collaborates with GPs and specialists, and draws up the treatment plan, based on the evaluations overall of their mental and physical health.

- The Psychologist ensures 6 hours a week of psychological activity, organized as per the monthly calendar posted on the community bulletin board. Maintains relations with the Health Services of mental health and collaborates with them and with the operators in drawing up individual rehabilitation projects.

- The Coordination Manager, in the figure of an expert professional collaborator, carries out his work during the day and on weekdays, from Monday to Saturday for a total of 36 hours a week, with a presence in the structure of at least 6 hours a day. It takes care of the organization of the Community and of the operators, manages the structural and individual assets, supervises the quality of the services rendered, supervises the management of the guests' therapeutic rehabilitation projects.

- The Professional Health Collaborators (Social Assistants, Psychiatric Rehabilitation Therapists, Professional Health Educators and Nurses) in number of 2, ensure their presence for the span of 12 hours, on the basis of shifts drawn up monthly, which include daytime hours from Monday to Sunday, including holidays for a total of 36 hours per week. They observe and record individual and group behaviors, carry out continuous interviews with users for the implementation of rehabilitation interventions.

- The Social-Healthcare Operators (OSS) in number of 2, ensure their presence for the span of 12 hours, always on the basis of shifts drawn up monthly, which include daytime hours from Monday to Sunday, including holidays for a total of 36 hours weekly hours. They carry out domestic, assistance and sanitation services aimed at maintaining the functional autonomy of the guests.

The morning shift usually starts at 8:00 and ends at 14:00. The afternoon shift starts at 2.00pm and ends at 8.00pm.
In exceptional cases, the times may vary by one hour, on the starting or ending time of the work activity, based on community needs and above all, on the basis of the guest's therapeutic rehabilitation project. However, the times are always scheduled on the shift schedule drawn up by the coordinator each month.

Community life

Community life takes place both indoors and outdoors. Generally, except for different therapeutic arrangements and for the needs of planning activities, community life is organized in the following ways:

07.00 Wakes up

07.30 Breakfast

8.30 – 9.30 Pharmacotherapy

Care and cleaning of individual living space and common areas

9.30 Snack

"Meet up" (daily meeting of the guest group with operators on shift)

10.00 – 12.00 Rehabilitation workshops (follow a weekly calendar)

12.30 Lunch and tidying up of the dining room

13.30 Pharmacotherapy

14.00 Afternoon rest

16.00 Snack

16.30 – 18.30 Rehabilitation laboratories, activities and/or outings

19.00 Dinner and rearrangement of the room

Pharmacotherapy

20.00 Free time

Night rest

Rehabilitation

The multidisciplinary team provides assistance H 12.

Each guest has an Individual Rehabilitation Therapeutic Plan (PTRI) which is drawn up by the Mental Health Center (CSM). On the basis of this tool, the community team sets the medium and long-term objectives to be achieved, in agreement with the guest. If the referral takes place directly by the Judicial Authority, starting from the prescriptions dictated, the Team shares the case with the CSM of origin, seeking the right balance between rehabilitation and control with a view to treating and rehabilitating the patient.

The guest, after an initial period of adaptation, will have to follow the proposed therapeutic rehabilitation program, attending the laboratories foreseen by his PTRI and taking part in the activities organized by the team (collective outings for therapeutic purposes, individual and group interviews,

internal assemblies); he will also have to regularly take pharmacological therapy and show good therapeutic compliance.

Community Rules

Each guest has his own private space, which he can personalize, and enjoys common areas in which to feel welcome and at ease.

All guests are required to take care of themselves and their clothing: the staff will highlight any insufficiencies and will intervene to support the reduced capacities.

The cleanliness and order of the structure is guaranteed by the staff on duty; the guest is actively involved in carrying out daily activities to maintain and improve their level of independence.

In order not to disturb the other guests, everyone is required to avoid noise, not to shout and to moderate the volume of the radio and television. In particular, it is necessary to respect the quiet during moments of rest.

The structure is open and allows you to go out at any time, however the outings are limited by participation in the rehabilitation activities of the community and/or by any therapeutic prescriptions made by the Judicial Authority, the Mental Health Center, the Community team. Generally, it is possible to go out from 10.00 to 12.30, from 16.30 to 18.30, informing the operators in advance in advance. Any exceptions will be dealt with by the community team. It is not recommended to go out to guests, who are not cared for in hygiene and in the appearance of their person.

The community is equipped with a fixed line that allows you to receive and make phone calls, subject to agreement with the staff of the facility. Guests have a personal telephone which they can use at set times in agreement with the community team or possibly, if necessary, in the evening.

All guests can receive visits from relatives and friends. However, it is necessary that these visits do not hinder rehabilitation and work activities and take place in respect of the privacy of the other guests. For this reason, it is advisable that they are programmed and that the reception in some environments is mediated by the operator who will check their accessibility beforehand.

Generally, visits are possible from 10.00 to 12.00, and from 16.00 to 18.00. in some cases, the times and modalities of the visit are regulated by the rehabilitation therapeutic project and must be agreed with the community team.

HOUSE FOR LIFE "GIOVANNI FALCONE"

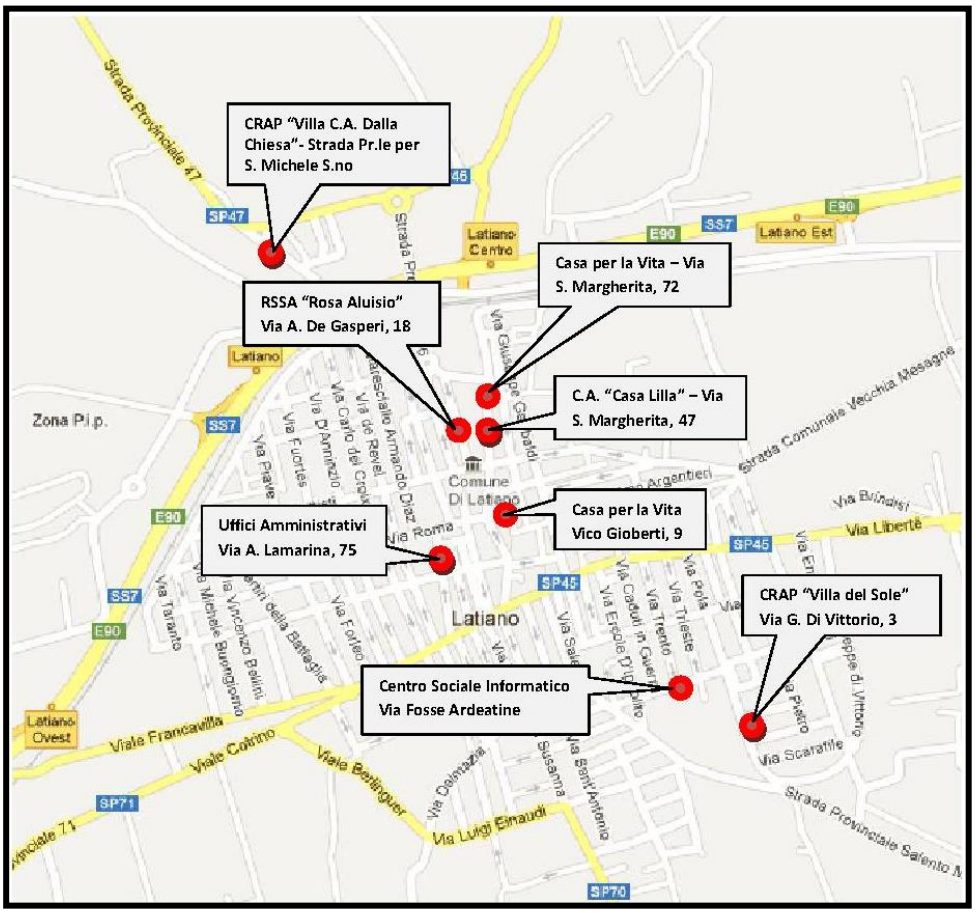
Structure

The "Giovanni Falcone" Home for Life is located in Latiano (BR) in via Santa Margherita, n. 72 2nd F. The Head of Coordination is Dr. Francesca Mingolla, Social Worker.

Reference numbers: Community 0831 – 727744, Company mobile phone 3457512473.

Email: cpv@cittasolidale.net

Authorized for operation by the Municipality of Latiano with DD of Social Services n. 582 of 07.29.2010, registered in the Regional Register n. 0631 of 21.09.2010.
It has UNI EN ISO 9001:2015 Quality Certification.



Simplified floor plan

The House for Life is located in a residential building, made up of two housing modules. It is located in the historic center, on the second floor, without architectural barriers, surrounded by balconies and with spaces that lend themselves to the performance of ludic-recreational activities.

Double bedrooms	2
Single bedrooms	2
Room for operators	1
Toilets for guests and the disabled	2
Toilets for operators	1
Premises for psychosocial activities	1
Dining room	1
Kitchen	2
TV room	1

Furniture and equipment

The community, for the appropriate satisfaction of the guests' needs, is furnished and equipped with all the comforts and characteristics of a civilian home. All rooms are bright, well-furnished and made welcoming with personal decorative elements. The furnishings and the entire structure are subject to careful maintenance in order to always guarantee the correct functioning of the Community.

Who is it for?

The house for life is a low-intensity health care residential facility with 24-hour care coverage. It welcomes, temporarily or permanently, people with psychosocial problems and stabilized psychiatric patients and/or who need support in maintaining their level of autonomy and in the path of social and/or occupational integration or reintegration.

Purpose

Its objective is to consolidate and maintain the level of autonomy achieved, skills and abilities by supporting the person in the process of social and/or work reintegration.

The rehabilitation team

Each member of the team participates in the formulation of treatment plans and evaluates their progress during periodic meetings at least every 15 days.

- The Coordination Manager, in the figure of a social worker, carries out his work during the day and on weekdays, from Monday to Saturday for a total of 13 hours a week, with a presence in the structure of at least 2 hours a day. It takes care of the organization of the Community and of the operators, manages the structural and individual assets, supervises the quality of the services rendered, supervises the management of the guests' therapeutic rehabilitation projects.

- The Social Worker and the Professional Educator ensure their presence for the span of 12 hours, on the basis of shifts drawn up on a monthly basis, which include daytime hours from Monday to Sunday, including holidays. They observe and record individual and group behaviors, carry out continuous interviews with users for the implementation of rehabilitation interventions and group laboratory activities.

- Social-Healthcare Operators (OSS) ensure their presence for the entire 24-hour span, always on the basis of shifts drawn up monthly, which include day and night hours from Monday to Sunday, including holidays for a total of 36 hours per week. They carry out domestic, assistance and sanitation services aimed at maintaining the functional autonomy of the guests.

The morning shift usually starts at 8:00 and ends at 14:00. The afternoon shift starts at 2.00pm and ends at 9.00pm; while the night shift starts at 21:00 and ends at 8:00 the following day.

The times can also be different, with the variation of one or two hours, on the starting or ending time of the work activity, based on community needs and above all, on the basis of the guest's therapeutic rehabilitation project. However, the times are always scheduled on the shift schedule drawn up by the coordinator each month.

During the night, the presence of n. 1 social health worker.

Community life

Community life takes place both indoors and outdoors. Generally, except for different therapeutic arrangements and for the needs of planning activities, community life is organized in the following ways:

7.00 Wakes up

07.30 – 07.45 Breakfast

Pharmacotherapy

8.30 – 9.30 Care and cleaning of individual living space and common areas

9.30 Snack

10.00 – 12.00 Rehabilitation workshops (follow a weekly calendar)

12.30 Lunch and tidying up of the dining room

13.30 Pharmacotherapy

14.00 Afternoon rest

16.00 Snack

16.30 – 18.30 Rehabilitation laboratories, activities and/or outings

19.00 Dinner and rearrangement of the room

Pharmacotherapy

20.00 Free time (TV, board games, etc.)

22.00 Night rest

Rehabilitation

The multidisciplinary team provides assistance 24/7.

Each guest has an Individual Care Plan (PAI) which is drawn up by the Multidimensional Assessment Unit (UVM). On the basis of this tool, the community team sets the medium and long-term objectives to be achieved, in agreement with the guest. The guest, after an initial adaptation period, will have to follow the rehabilitation program proposed to him, attending the laboratories foreseen by his PAI and taking part in the activities organized by the team (collective outings for therapeutic purposes, individual and group interviews, internal assemblies) ; he will also have to regularly take pharmacological therapy and show good therapeutic compliance.

The projects are implemented within the rehabilitation laboratories with the help of operators.

Community Rules

Each guest has his own private space, which he can personalize, and enjoys common areas in which to feel welcome and at ease.

All guests are required to take care of themselves and their clothing: the staff will highlight any

insufficiencies and will intervene to support the reduced capacities.

The cleanliness and order of the structure is guaranteed by the staff on duty; the guest is actively involved in carrying out daily activities to maintain and improve their level of independence.

In order not to disturb the other guests, everyone is required to avoid noise, not to shout and to moderate the volume of the radio and television. In particular, it is necessary to respect the quiet during moments of rest.

The facility is open and allows you to go out at any time, however outings are limited by participation in the community's rehabilitation activities and/or by any therapeutic prescriptions from the community team. Generally, it is possible to go out from 10.00 to 12.30, from 16.30 to 18.30, informing the operators in advance in advance. Any exceptions will be dealt with by the community team. It is not recommended to go out to guests, who are not cared for in hygiene and in the appearance of their person.

The community is equipped with a fixed line that allows you to receive and make phone calls, subject to agreement with the staff of the facility. Guests who have a personal telephone will be able to use it at set times in agreement with the community team.

All guests can receive visits from relatives and friends. However, it is necessary that these visits do not hinder rehabilitation and work activities and take place in respect of the privacy of the other guests. For this reason, it is advisable that they are programmed and that the reception in some environments is mediated by the operator who will check their accessibility beforehand.

Generally, visits are possible from 10.00 to 12.00, and from 16.00 to 18.00. in some cases, the times and modalities of the visit are regulated by the rehabilitation therapeutic project and must be agreed with the community team.

HOUSE FOR LIFE "FRANCO BASAGLIA"

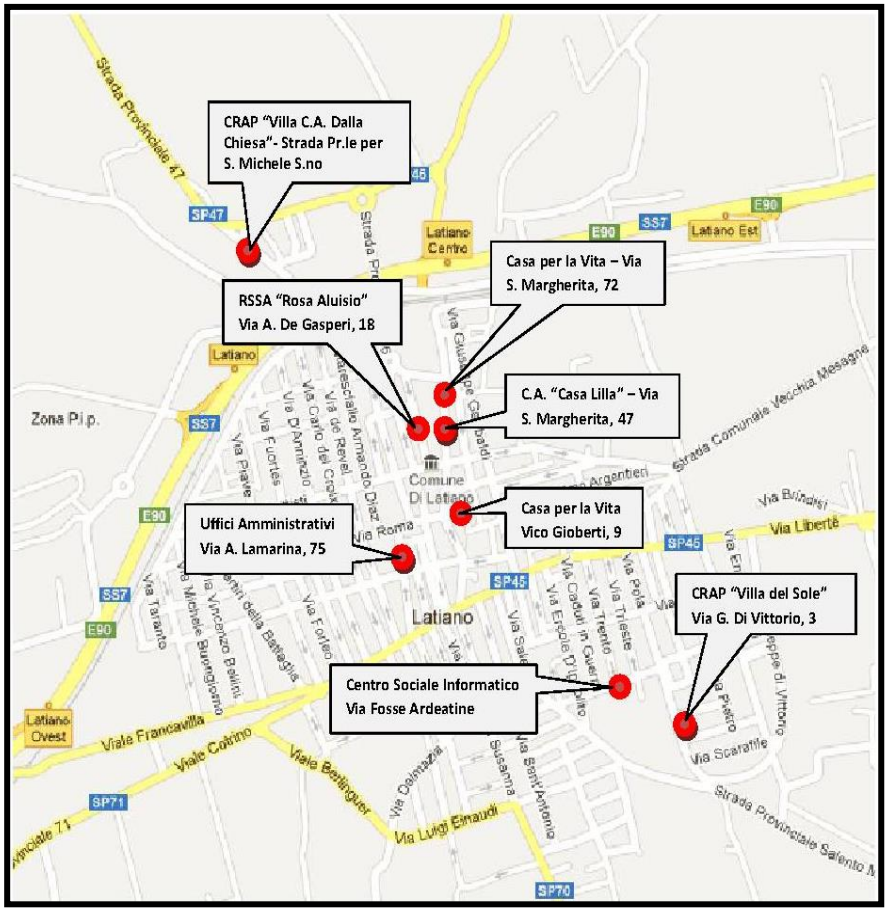
Structure

The "Franco Basaglia" House for Life is located in Latiano (BR) in vico Gioberti, n. 9. The Head of Coordination is Dr. Francesca Mingolla, Social Worker. the Medical Director is Dr. Rita Sessa, Psychiatrist; the Psychologist is Dr. Antonella Vacca, Psychotherapist.

Reference numbers: Community 0831 – 727744, Company mobile phone 3457512473.

Email: cpv@cittasolidale.net

Authorized for operation by the Municipality of Latiano with DD of Social Services n. 779 of 09.19.2012, registered in the Regional Register n. 1499 of 12.28.2012.
It has UNI EN ISO 9001:2015 Quality Certification.



Simplified floor plan

The Casa per la Vita is located in a civilian house. It is located in the historic center, on the ground floor, without architectural barriers, surrounded by balconies and with spaces that lend themselves to the performance of recreational activities.

Double bedrooms	3
Single bedrooms	1
Toilets for guests and the disabled	2
Toilets for operators	1
Dining room	1
Kitchen	1
TV room	1

Furniture and equipment

The community, for the appropriate satisfaction of the guests' needs, is furnished and equipped with all the comforts and characteristics of a civilian home. All rooms are bright, well-furnished and made welcoming with personal decorative elements. The furnishings and the entire structure are subject to careful maintenance in order to always guarantee the correct functioning of the Community.

Who is it for?

The house for life is a medium-intensity health care residential facility with 24-hour care coverage. It welcomes, temporarily or permanently, people with psychosocial problems and stabilized psychiatric patients and/or who need support in maintaining their level of autonomy and in the path of social and/or occupational integration or reintegration.

Purpose

Its objective is to consolidate and maintain the level of autonomy achieved, skills and abilities by supporting the person in the process of social and/or work reintegration.

The rehabilitation team

Each member of the team participates in the formulation of treatment plans and evaluates their progress during periodic meetings at least every 15 days.

- The Coordination Manager, in the figure of a social worker, carries out his work during the day and on weekdays, from Monday to Saturday for a total of 19 hours a week, with a presence in the structure of at least 3 hours a day. It takes care of the organization of the Community and of the operators, manages the structural and individual assets, supervises the quality of the services rendered, supervises the management of the guests' therapeutic rehabilitation projects.

- The Social Worker and the Professional Educators ensure their presence for the span of 12 hours, on the basis of shifts drawn up on a monthly basis, which include daytime hours from Monday to Sunday, including holidays. They observe and record individual and group behaviors, carry out continuous interviews with users for the implementation of rehabilitation interventions and group laboratory activities.

- Social-Healthcare Operators (OSS) ensure their presence for the entire 24-hour span, always on the basis of shifts drawn up monthly, which include day and night hours from Monday to Sunday, including holidays for a total of 36 hours per week. They carry out domestic, assistance and sanitation services aimed at maintaining the functional autonomy of the guests.

The morning shift usually starts at 8:00 and ends at 14:00. The afternoon shift starts at 2.00pm and ends at 9.00pm; while the night shift starts at 21:00 and ends at 8:00 the following day.
The times can also be different, with the variation of one or two hours, on the starting or ending time of the work activity, based on community needs and above all, on the basis of the guest's therapeutic rehabilitation project. However, the times are always scheduled on the shift schedule drawn up by the coordinator each month.
During the night, the presence of n. 1 social health worker.

Community life

Community life takes place both indoors and outdoors. Generally, except for different therapeutic arrangements and for the needs of planning activities, community life is organized in the following ways:

7.00 Wakes up

07.30 – 07.45 Breakfast

Pharmacotherapy

8.30 – 9.30 Care and cleaning of individual living space and common areas

9.30 Snack

10.00 – 12.00 Rehabilitation workshops (follow a weekly calendar)

12.30 Lunch and tidying up of the dining room

13.30 Pharmacotherapy

14.00 Afternoon rest

16.00 Snack

16.30 – 18.30 Rehabilitation laboratories, activities and/or outings

19.00 Dinner and rearrangement of the room

Pharmacotherapy

20.00 Free time (TV, board games, etc.)

22.00 Night rest

Rehabilitation

The multidisciplinary team provides assistance 24/7.

Each guest has an Individual Care Plan (PAI) which is drawn up by the Multidimensional Assessment Unit (UVM). On the basis of this tool, the community team sets the medium and long-term objectives to be achieved, in agreement with the guest. The guest, after an initial adaptation period, will have to follow the rehabilitation program proposed to him, attending the laboratories foreseen by his PAI and taking part in the activities organized by the team (collective outings for therapeutic purposes, individual and group interviews, internal assemblies); he will also have to regularly take pharmacological therapy and show good therapeutic compliance.

The projects are implemented within the rehabilitation laboratories with the help of operators.

Community Rules

Each guest has his own private space, which he can personalize, and enjoys common areas in which to feel welcome and at ease.

All guests are required to take care of themselves and their clothing: the staff will highlight any insufficiencies and will intervene to support the reduced capacities.

The cleanliness and order of the structure is guaranteed by the staff on duty; the guest is actively involved in carrying out daily activities to maintain and improve their level of independence.

In order not to disturb the other guests, everyone is required to avoid noise, not to shout and to moderate the volume of the radio and television. In particular, it is necessary to respect the quiet during moments of rest.

The facility is open and allows you to go out at any time, however outings are limited by participation in the community's rehabilitation activities and/or by any therapeutic prescriptions from the community team. Generally, it is possible to go out from 10.00 to 12.30, from 16.30 to 18.30, informing the operators in advance in advance. Any exceptions will be dealt with by the community team. It is not recommended to go out to guests, who are not cared for in hygiene and in the appearance of their person.

The community is equipped with a fixed line that allows you to receive and make phone calls, subject to agreement with the staff of the facility. Guests who have a personal telephone will be able to use it at set times in agreement with the community team.

All guests can receive visits from relatives and friends. However, it is necessary that these visits do not hinder rehabilitation and work activities and take place in respect of the privacy of the other guests. For this reason, it is advisable that they are programmed and that the reception in some environments is mediated by the operator who will check their accessibility beforehand.

Generally, visits are possible from 10.00 to 12.00, and from 16.00 to 18.00. in some cases, the times and modalities of the visit are regulated by the rehabilitation therapeutic project and must be agreed with the community team.

HEALTH CARE RESIDENCE FOR THE ELDERLY (RSA)

"ROSA ALUISIO"

Structure

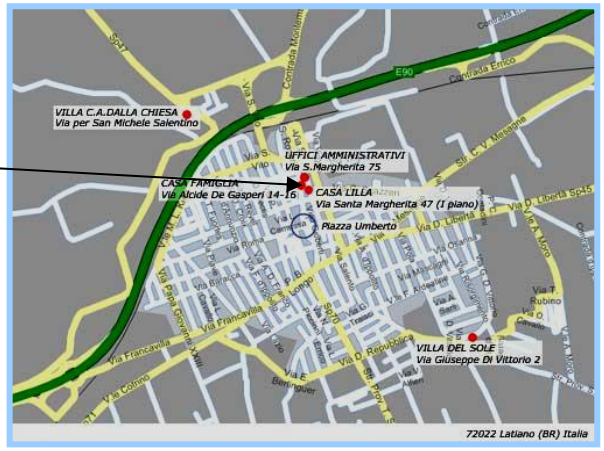
The maintenance nursing home for the elderly (RSA) is located in Latiano (BR) in via De Gasperi, n° 14-16, extension via S. Margherita n. 47 PT

The Head of Coordination is Dr. Roberta Fortunato Priore, Expert Healthcare Professional Collaborator; the Medical Director is Dr. Rita Sessa, Psychiatrist; the Psychologist is Dr. Ivana Colizzi, Psychotherapist.

Reference numbers: Community 0831 – 721016, Company mobile phone 3384343311.

Email: rssa@cittasolidale.net

Enrolled in the Regional Register no. 0595 dated 22.05.2012, authorized for operation by the Municipality of Latiano with DD no. 506 dated 08.31.2017. The RSA for the maintenance of elderly people type A "Rosa Aluisio" has obtained accreditation with Management Act no. 00303 of 10.23.2023, and is contracted with the ASL of Brindisi prot. n. 20885 of 02.29.2024.
It has UNI EN ISO 9001:2015 Quality Certification.



Simplified floor plan

The structure is built on two floors, without architectural barriers, surrounded by balconies, windows and a garden, which overlook a central street of the city. It is located in the historic center, in front of the Town Hall, a few steps from the Post Office and the central square. It is made up of three modules, the first includes n. 10p/l, the second 8p/l, the third 6p/l.

The absolute centrality of the structure favors the autonomy and socialization of the residents.

Double bedrooms with bathrooms	12
Operator station with services	1
Operators room with services	2
Toilet facilities for visitors and/or the disabled	3
Outpatient clinic with services	1
Dining room	3
Kitchen	2
TV room	2
Pedagogical-educational activity room	1
Gym (changing room and services)	1
Changing rooms for men / women with services	2
Linen storage	1
Morgue	1
Indoor garden	1

Furniture and equipment

The residence is furnished and equipped with all the comforts and features of a private home. All rooms are bright, well-furnished and made welcoming with personal decorative elements. The furnishings and the entire structure are subject to careful maintenance in order to always guarantee the correct functioning of the Community. The residence is equipped with a heating and air conditioning system. There are electric beds and lifts, anti-decubitus mattresses and pillows, call/alarm systems, wheelchairs and other medical equipment.

Who is it for?

To elderly people, over the age of 64, with serious psychophysical deficits, as well as people with senile dementia, who do not need complex health services, but who require a high degree of assistance to the person with assistance and socio-rehabilitative interventions with a high socio-medical integration, who are unable to lead an independent life and whose pathologies, not in the acute phase, who cannot

be assisted at home. Exceptionally for people with senile dementia, Alzheimer's disease and related dementias, hospitalization can take place without the prerequisite of age.

Purpose

The Residence aims to guarantee long-term care, recovery and functional maintenance treatments, programmed medical, nursing, psychological, personal and social assistance, providing qualified social-health services, socio-educational, rehabilitative, recreational and cultural interventions.
It promotes the maintenance and strengthening of the residual capacity for independent living, stimulating interests and social relationships, guaranteeing the quality of life of the elderly or disabled.

The rehabilitation team

The work is organized according to the multidisciplinary team model, each component participates in the formulation of treatment plans and evaluates their progress during periodic meetings at least every 15 days.
- The Health Manager, in the figure of a specialist doctor, supervises the observance of the hygienic-sanitary rules, the correct application of the methodologies in use, the management of the drugs, the registration of the medical records, collaborates with the GPs and specialists, supervises the operators and the Equipe in the rehabilitation of patients.

- The rehabilitation specialist doctor collaborates with the team for the correct execution and compliance with the PAI.

- The Psychologist collaborates with the team and with the operators in drafting individual assistance/rehabilitation projects.

- The Social Assistant takes care of the social secretariat and takes care of relations with the families.

- The Head of Coordination, in the figure of a professional nurse, ensures his daily presence. It takes care of the organization of the Community and of the operators, manages the structural and individual assets, supervises the quality of the services rendered.

- Professional Educators observe and record individual and group behaviors, carrying out occupational, recreational and integration activities with the environment and with the family of origin.

- Nurses carry out the numerous health services that the elderly need, administering drug therapy, accompanying them to external specialist visits, interacting with doctors and constantly informing the health manager.

- The rehabilitation therapist deals with the physiotherapy area of the elderly, preserving their bodily functions.

- Social-Healthcare Operators (OSS) carry out domestic, assistance and hygienic-sanitary services aimed at maintaining the functional autonomy of the guests.

- Cook and assistant cook.

The morning shift usually starts at 6:00 and ends at 14:00. The afternoon shift starts at 2.00pm and ends at 10.00pm; while the night shift starts at 22:00 and ends at 6:00 the following day.
The times can also be different, with the variation of one or two hours, on the starting or ending time of the work activity, based on community needs and above all, on the basis of the guest's therapeutic rehabilitation project. However, the times are always scheduled on the shift schedule drawn up by the coordinator each month.
Each day shift must guarantee the presence of a minimum of n. 3 health and social workers and 1 nurse. During the night, the presence of at least 2 social and health workers and 1 nurse will be scheduled.

Community life

Community life generally, except for different therapeutic arrangements and for the needs of planning activities, is organized in the following ways:

6.00 Wakes up

07.00 Breakfast

Pharmacotherapy

8.30 – 9.30 Care and cleaning of individual living space and common areas

9.30 Snack

10.00 – 12.00 Rehabilitation workshops, outings and visits

12.30 Lunch and tidying up of the dining room

13.30 Pharmacotherapy

14.00 Afternoon rest

16.00 Snack

16.30 – 18.00 Rehabilitation laboratories, activities and/or outings

18.30 Dinner and rearrangement of the room

Pharmacotherapy

20.00 Night rest

Community Rules

The family and the person concerned must contact the family doctor and/or the Social Service of the municipality of residence, who certify the state of non-self-sufficiency and the impossibility of staying at home. Following this, the competent Social-Health District activates the UVM for taking charge and drafting the PAI, through the use of the SVAMA.

At the time of taking charge, this Charter of Services and the Regulations of Services are provided.

Each guest has an Individual Care Plan (PAI), on the basis of this tool the community team sets the medium and long-term objectives to be achieved, in agreement with the guest. After an initial period of adaptation, he will have to follow the therapeutic program proposed to him, taking part in the activities organized by the team; he will also have to regularly take the drug therapy and show good therapeutic compliance.

Each guest has his own private space, which he can personalize, and enjoys common areas in which to feel welcome and at ease.

All guests are required to take care of themselves and their clothing: the staff will highlight any

insufficiencies and will intervene to support the reduced capacities.

The cleanliness and order of the structure is guaranteed by the staff on duty; the guest is actively involved in carrying out daily activities to maintain and improve their level of independence.

In order not to disturb the other guests, everyone is required to avoid noise, not to shout and to moderate the volume of the radio and television. In particular, it is necessary to respect the quiet during moments of rest.

The structure is open, generally it is possible to go out from 10.00 to 12.30, from 16.30 to 18.30, accompanied by the operators on duty.

The community is equipped with a fixed line that allows you to receive and make phone calls, subject to agreement with the staff of the facility. Guests who have a personal telephone will be able to use it at set times in agreement with the community team.

All guests can receive visits from relatives and friends. However, it is necessary that these visits do not hinder the activities and take place in respect of the privacy of the other guests. For this reason it is appropriate that they are programmed and that the reception in some environments is mediated by the operator who will check their accessibility in advance.

Visits are only possible from 10.00 to 12.00, and from 16.00 to 18.00, any exceptions must be agreed with the community team.

HEALTHCARE RESIDENCE FOR THE DISABLED (RSA) "MYOSOTIS"

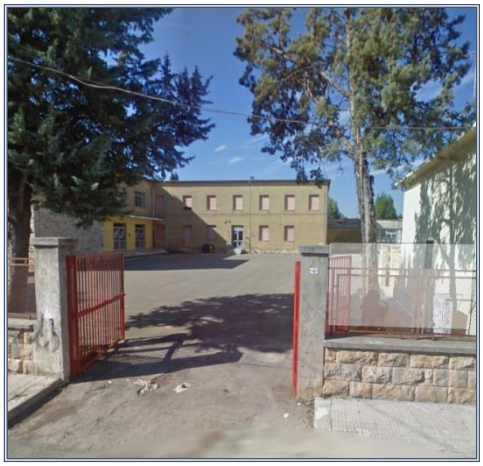
Structure

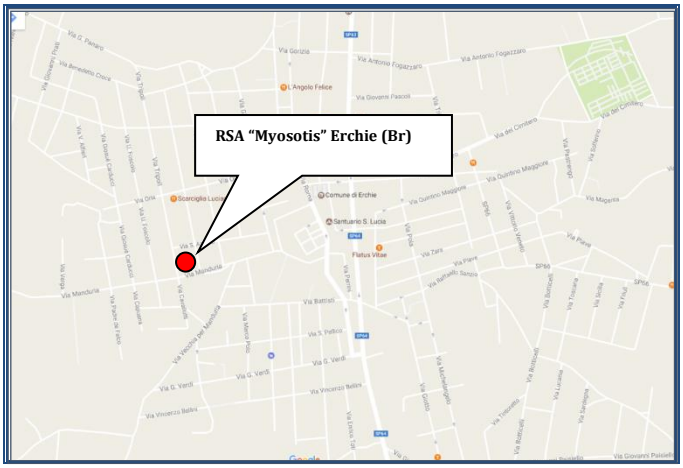
The maintenance nursing home for the disabled (RSA), type B, is located in Erchie (BR), via Tatulli 1. The Head of Coordination is Dr. Irene Passiatore, Professional Educator; the Health Manager is Dr. Rita Sessa.

Reference numbers: Community 0831 – 767599, Company mobile phone 3483964644.

Email: myosotis@cittasolidale.net

Enrolled in the Regional Register n.1094 of 11.24.2014, authorized for operation by the Municipality of Erchie with DD n 246 of the 07/24/2014.
It has UNI EN ISO 9001:2015 Quality Certification.





Simplified floor plan

The Social and Healthcare Residence for the Disabled RR 5/2019 (formerly the Socio-Rehabilitative Community according to art.57 RR 4/2007) is located adjacent to schools, social and sports centers and covers an area of 500 square meters, on the ground floor and on the first floor, without architectural barriers.

Double bedrooms with bathrooms	6
Single bedroom with bathroom	1
Operators room with services	1
Toilet facilities for visitors and/or the disabled	3

Dining room	1
Kitchen	1
TV room	1
Pedagogical-educational activity room	1
Laundry	1
Archive	1
Indoor garden	1

Furniture and equipment

The residence, for the appropriate satisfaction of guests' needs, is furnished and equipped with all comforts. All rooms are bright, well-furnished and made welcoming with personal decorative elements. The furniture and the entire structure are subject to careful maintenance in order to always guarantee correct functioning.

Who is it for?

The Residence welcomes people with physical, mental or sensory disabilities, stabilized, aged between 18 and 64, who do not need complex health services, but who require a high degree of assistance to the person with socio-rehabilitative interventions for recovery and maintenance of residual functional abilities.

Purpose

The hospitalization is aimed at the clinical-functional maintenance of the guests with the aim of completing the recovery of the skills, abilities and knowledge destroyed by the disease and, therefore, of reintegration into society.

The rehabilitation team

The work is organized according to the multidisciplinary team model, each component participates in the formulation of treatment plans and evaluates their progress during periodic meetings at least every 15 days.

- The Health Manager, in the figure of a specialist doctor, supervises the observance of the hygienic-sanitary rules, the correct application of the methodologies in use, the management of the drugs, the registration of the medical records, collaborates with the GPs and specialists, supervises the operators and the Equipe in the rehabilitation of patients.

- The Head of Coordination, in the figure of a professional educator, carries out his work during the day and on weekdays, from Monday to Saturday for a total of 36 hours a week, with a presence in the structure of at least 6 hours a day. It takes care of the organization of the Community and of the operators, manages the structural and individual assets, supervises the quality of the services rendered, supervises the management of the guests' therapeutic rehabilitation projects.

- The Social Assistant takes care of the social secretariat and takes care of relations with the families.

- The Professional Educator observes and records individual and group behaviors, implementing occupational, recreational and integration activities with the environment and with the family of origin.

- The Nurse performs numerous health services, administering drug therapy, accompanying them to external specialist visits, interacting with the doctors and constantly informing the health manager.

- The Physiotherapist takes care of the physiotherapy area preserving the person's bodily functions.

- Social-Healthcare Operators (OSS) carry out domestic, assistance and hygienic-sanitary services aimed at maintaining the functional autonomy of the guests.

- Cook.

The morning shift usually starts at 8:00 and ends at 14:00. The afternoon shift starts at 2.00pm and ends at 9.00pm; while the night shift starts at 21:00 and ends at 8:00 the following day.
The times can also be different, with the variation of one or two hours, on the starting or ending time of the work activity, based on community needs and above all, on the basis of the guest's therapeutic rehabilitation project. However, the times are always scheduled on the shift schedule drawn up by the coordinator each month.
Each day shift must guarantee the presence of a minimum of n. 2 operators. During the night, the presence of n. 1 operator.

Community life

Community life takes place both indoors and outdoors. Generally, except for different therapeutic arrangements and for the needs of planning activities, community life is organized in the following ways:

6.30 Wakes up

07.00 Breakfast

Pharmacotherapy

8.30 – 9.30 Care and cleaning of individual living space and common areas

9.30 Snack

10.00 – 12.00 Rehabilitation workshops (follow a weekly calendar)

12.30 Lunch and tidying up of the dining room

13.30 Pharmacotherapy

14.00 Afternoon rest

16.00 Snack

16.30 – 18.30 Rehabilitation laboratories, activities and/or outings

19.00 Dinner and rearrangement of the room

Pharmacotherapy

20.00 Free time (TV, board games, etc.)

22.00 Night rest

Rehabilitation

The multidisciplinary team provides assistance 24/7.

Each guest has an Individual Care Plan (PAI), on the basis of this tool the community team sets the medium and long-term objectives to be achieved, in agreement with the guest.

The guest, after an initial adaptation period, will have to follow the rehabilitation program proposed to him, attending the laboratories foreseen by his PAI and taking part in the activities organized by the team (collective outings for therapeutic purposes, individual and group interviews, internal assemblies) ; he will also have to regularly take pharmacological therapy and show good therapeutic compliance.

Community Rules

The family and the person concerned must contact the family doctor and the social service of the municipality of residence, who certify their state of health (SVAMDi). Following this, the Social and Health District and the Municipality or the competent territorial area adopt any assignment measures.

Each guest has his own private space, which he can personalize, and enjoys common areas in which to feel welcome and at ease. All guests are required to take care of themselves and their clothing: the staff will highlight any insufficiencies and will intervene to support the reduced capacities.

The cleanliness and order of the structure is guaranteed by the staff on duty; the guest is actively involved in carrying out daily activities to maintain and improve their level of independence.

In order not to disturb the other guests, everyone is required to avoid noise, not to shout and to moderate the volume of the radio and television. In particular, it is necessary to respect the quiet during moments of rest.

The facility is open and allows you to go out at any time, however outings are limited by participation in the community's rehabilitation activities and/or by any therapeutic prescriptions from the community team. Generally, it is possible to go out from 10.00 to 12.30, from 16.30 to 18.30, supported by the operators on shift. Any exceptions will be dealt with by the community team. It is not recommended to go out to guests, who are not cared for in hygiene and in the appearance of their person.

The community is equipped with a fixed line that allows you to receive and make phone calls, subject to agreement with the staff of the facility. Guests who have a personal telephone will be able to use it at set times in agreement with the community team.

All guests can receive visits from relatives and friends. However, it is necessary that these visits do not hinder rehabilitation and work activities and take place in respect of the privacy of the other guests. For this reason, it is advisable that they are programmed and that the reception in some environments is mediated by the operator who will check their accessibility beforehand.

Generally, visits are possible from 10.00 to 12.00, and from 16.00 to 18.00. in some cases, the times and modalities of the visit are regulated by the rehabilitation therapeutic project and must be agreed with the community team.

SOCIAL-EDUCATIONAL AND REHABILITATION DAY CENTER FOR THE DISABLED "MYOSOTIS"

Structure

The Day Center is located in the Healthcare Residence for the disabled in Erchie (BR), via Tatulli 1. The Head of Coordination is Dr. Irene Passiatore, Professional Educator; the Medical Director is Dr. Rita Sessa.

Reference numbers: Community 0831 – 767599, Company mobile phone 3483964644.

Email: myosotis@cittasolidale.net

Enrolled in the Regional Register no. 161 of 26.02.2018, authorized for operation by the Municipality of Erchie with DD n 21 of 16.01.2018. The Disabled Day Center has obtained accreditation with Management Act no. 00120 of 03.26.2024 and is contracted with the ASL of Brindisi prot. n. 36267 of 04.16.2024.

It has UNI EN ISO 9001:2015 Quality Certification.

Simplified floor plan

The Residence is located adjacent to educational institutions, social and sports centers and covers an area of about 200 square meters, on the ground floor, without architectural barriers.

Bedrooms for the daytime	1
Toilet facilities for visitors and/or the disabled	3
Dining room	1
Kitchen	1
Pedagogical-educational activity room	1
Gym	1
Laundry	1
Archive	1
Indoor garden	1

Furniture and equipment

The Centre, for the appropriate satisfaction of guests' needs, is furnished and equipped with all the comforts and features of a civilian home. All rooms are bright, well-furnished and made welcoming

with personal decorative elements. The furniture and the entire structure are subject to careful maintenance in order to always guarantee correct functioning.

Who is it for?

The Day Center welcomes people with physical, mental and sensory disabilities, stabilized, with significant impairment of functional autonomy, who need rehabilitation services of a social-health nature.

Purpose

It has the objective of maintaining the residual functional abilities and levels of autonomy of the person, supporting the family.

It adopts individual rehabilitation planning, thanks to the performance of numerous protected animation and socialization workshops, expressive, psycho-motor and ludic activities, cultural and training activities, rehabilitation and social-health services.

The rehabilitation team

The work is organized according to the multidisciplinary team model, each component participates in the formulation of treatment plans and evaluates their progress during periodic meetings at least every 15 days.

- The Health Manager supervises the operators and the Equipe in the rehabilitation of the patients, collaborates with the GPs and specialists, and draws up the Therapeutic Plan, based on the evaluations overall of their mental and physical health.

- The rehabilitation specialist doctor collaborates with the team for the correct execution and compliance with the PAI.

- The Head of Coordination, in the figure of a professional educator, takes care of the organization of the center and of the operators, manages the structural and individual assets, supervises the quality of the services rendered, supervises the management of the guests' therapeutic projects.

- The Psychologist collaborates with the team and with the operators in drafting individual assistance/rehabilitation projects.

- The Social Assistant takes care of the social secretariat and takes care of relations with the families.

- The Professional Educator observes and records individual and group behaviors, implementing occupational, recreational and integration activities with the environment and with the family of origin.

- The Physiotherapist takes care of the physiotherapy area preserving the person's bodily functions.

- The Social-Healthcare Operator (OSS) performs domestic, assistance and hygienic-sanitary services aimed at maintaining functional autonomy.

Center life

The Center plans the activities, diversifying them according to the needs of those attending, eight hours a day, 5 days a week. The activities, open to the territory, are organized by activating the resources of the local community.

The life of the Center takes place both inside and outside. Generally, except for different therapeutic arrangements and for the needs of planning activities, community life is organized in the following ways:

9.00 Activity start

9.30 Snack

10.00 – 12.00 Rehabilitation workshops (follow a weekly calendar)

12.30 Lunch

13.30 Pharmacotherapy

14.00 Relaxation and/or individual activities

15.30 Snack

16.00 – 17.00 Rehabilitation workshops, activities and/or outings

17.00 Return home

Rehabilitation

Each guest has an Individual Care Plan (PAI), on the basis of this tool the team sets the medium and long-term objectives to be achieved, in agreement with the same. The guest will have to follow the rehabilitation program proposed to him, attending the laboratories foreseen by his PAI and taking part in the activities organized by the team (collective outings for therapeutic purposes, individual and family interviews, internal assemblies); he will also have to regularly take pharmacological therapy and show good therapeutic compliance.

Community Rules

The family and the person concerned must contact the family doctor and the social services of the municipality of residence, who certify the state of non-self-sufficiency and the impossibility of staying at home. Following this, the Social and Health District and the Municipality or the competent territorial area adopt any provisions for the assignment and taking charge of the hospitalization fee.

Each guest has his own private space at his disposal and uses common areas in which to feel welcome and at ease.

The guest is required to take care of himself and his clothing: the staff will highlight any insufficiencies and will intervene to support the reduced capacities.

The cleanliness and order of the structure is guaranteed by the staff on duty; the guest is actively involved in carrying out daily activities to maintain and improve their level of independence.

In order not to disturb the other guests, everyone is required to avoid noise, not to shout and to moderate the volume of the radio and television.

The structure is open and allows you to leave at any time, with the operators on shift, however the exits are limited by participation in the rehabilitation activities and/or by any therapeutic prescriptions of the Center team. It is not recommended to go out to guests, who are not cared for in hygiene and in the appearance of their person.

The community is equipped with a fixed line that allows you to receive and make phone calls, subject to agreement with the staff of the facility. Guests who have a personal telephone will be able to use it at set times in agreement with the community team.

RATES

The reference tariffs for residential and semi-residential services provided by the structures of Città Solidale, relating to health and social health assistance in favor of non self-sufficient, disabled, people with mental disorders, are determined by the Regional Council and periodically submitted for review. At the draft date of this Document, the fees are quantified, also in their breakdown, as summarized in the following table:

RATES TABLE					**SHARING FEES**			
ASSISTANCE SETTING	**REGULATION**	**STRUCTURE TYPE**	**PLACES**	**RATE in euros per user/per day**	**Share to be paid by the SSR in euros**		**Fee to be paid by USER/MUNICIPALITY in euros**	
MENTAL HEALTH	RR 3/2005 RR 7/2002	INTENSIVE CRAP	14PL	202.38	100%			
		ACCOMMODATION COMMUNITY	8 PL	136.45	100%			
DISABLED	RR 5/2019	RSA SERIOUS	6 PL	108.37	70%		30%	32.51
		RSA LESS SERIOUS	7 PL	84.79	40%		60%	50.87
		DAY-TIME CENTRE	3 p.	77.35	70%		30%	23.21
NOT SELF-SUFFICIENT	RR 4/2019	RSA ELDERLY MAINTENANCE	24 PL	100.33	50%	50.17	50%	50.17
MENTAL HEALTH / DISABLED	RR 4/2007	HOME FOR MEDIUM INTENSITY LIFE	7 PL	109.47	70%	76.63	30%	32.84
		HOUSE FOR LOW INTENSITY LIFE	6 PL	69.31	40%	27.72	60%	41.58

MANAGEMENT CONTROL

MANAGEMENT AND COORDINATION SYSTEMS

Residential services are specific services that provide forms of organized coexistence and which are called upon to combine, in everyday life, dimensions of subjectivity, community and organization.

Residential services must therefore give continuity to the management of health problems whether they are linked to acute, chronic and non-self-sufficiency, but at the same time also ensure continuity, for each of the Guests, forms of relationship with their own history, with their own wealth of experience and of identity with family and relational ties and affections.

Therefore, health and care skills and professionalism must be combined with the ability to pay attention to the organizational dimensions of the service, i.e. with the quality of the work processes and the methods of interaction and recognition of those who work there, those who enter contact, of those who rely on it and of those who entrust it.

Therefore, it is essential that the organization invests in building the "object of work" in order to be able to represent the service to be created or what are the references that must be kept in the relationship with the Guests and their families, the values and the scientific hypotheses that guide it.

Indeed, their "internal", mental and emotional representations, their sensitivities and values are central to the operators' actions.

If the object of the work is not sufficiently defined, represented and related to work processes within which individuals can "see" themselves, it is easy that the work contributions of each tend towards fragmented logics and objectives, with the risk that they conflict, that the references mainly become those of the tasks themselves. In the absence of a visible and shared work object, internalized, implicit and often unaware cultural models also tend to emerge. Thus, each profession will follow its own codes and references with the establishment of a more "institutionalizing" and "mechanistic" work logic anchored to respect for one's job description.

Organization of this type inevitably tends to reduce Guests and their families to the object of assistance interventions and actions which are perhaps even qualified but failing to recognize their subjectivity. In this scheme, the daily micro-conflicts between operators and Guests and their families also increase.

THE COORDINATION RESOURCE

Coordination is a vital organizational function for the functioning of every organization, but it is also a specific attribution assigned to some roles.

The coordination function, in relation to the complexity, culture and management philosophy of the cooperative, is carried out by different professional figures, with diversified contents.

There are roles of "central" coordination, others more "decentralized" at the level of the nucleus of care, in certain situations "collaborations" are introduced to the coordination and in still others nucleus or shift "references" are envisaged.

Coordination figures are required to exercise different functions, both of a general nature, to ensure the coordination of the structures, and micro-organizational: planning and at the same time daily management of unforeseen events, control over the general aspects of the performance of the service , but also specific and daily operational behaviors of operators, management of relations with families in the initial stages of entry into the structure, but also daily intervention on micro-conflicts between operators or with families.

Ensure the general context of the work

One of their tasks is certainly that of ensuring the general context of work, i.e. the maintenance and connection of the general conditions that frame the work of the operators and the daily functioning: this task is very important in organizations with many variables at stake such as our facilities. More specifically, it is an investment in the harmonization of the times of the various internal services, in the guarantee of supplies, in the general stability of work planning, in guaranteeing compliance with rehabilitation and assistance standards, in maintaining staff coverage in relation to absences, permits, holidays or unforeseen needs in the care of Guests.

Support the work of operators

Among the coordinators' functions is the support and control of the operators, an important and not simple task. Precisely for this reason it is useful to schematically analyze some ways of exercising this function.

In this context, control is associated with support in the sense that control does not mean something external and normative but something that interacts with work processes to keep them in relation to work object orientations and expected results. These are:

- Control and support through direct supervision

- Control and support through procedures
- Control and support through the definition and care of the premises

Control and support through direct supervision

It takes place by intervening directly in relation to the operators and their operations, correcting, integrating and supporting. This modality is usually used in simple organizations with close contexts of operational relationships, at core or service level or when one is faced with complex tasks in which proximity of looks, particular technical skills, greater professional resources are required compared to the set of problems dealt with or where a fragility of the operators' skills is perceived.

It is a method that in large group situations risks becoming expensive if it is used to deal with recurring problems, ends up wasting organizational resources and it does not necessarily allow for the sedimentation of organizational learning which then determines a lesser need for it.

Control and support through procedures

It is carried out by building procedures, checklists, reference notes, signature sheets that have the aim of facilitating work, avoiding oversights, forgetting documents, not checking certain junctions in the execution of tasks. They encourage attention to issues that would otherwise require being left aside (for example steps to be taken towards the Guest, towards family members and others). We speak here of procedures built by the coordinator, for his coordination situation, sometimes through the involvement of working groups.

They are therefore procedures of a different degree than the more general organizational ones such as, for example, linked to institutional quality certification (accreditation) or to more general organizational indications and regulations.

The procedures, if on the one hand they guide and support working behavior, avoiding oversights and allowing to trace who has carried out or omitted certain operations, involve the potential risk of distancing oneself from the personal needs expressed by Guests and can remove responsibility with respect to investments more subjective and personalized.

As far as possible, if the construction of the procedures takes place with the involvement of the operators, it helps them to feel involved in determining the working methods.

Control and support through premises

It is exercised by promoting the recognition and sharing of technical and cultural "criteria" and "references" that can support more oriented, responsible and professional behavior on the part of collaborators. In this way, the control operation tends to pass from something that is "external", as when it is exercised through direct supervision or the definition of procedures, to something more internal, which also belongs to him because his direct and proactive sharing.

In this situation the operators are stimulated to a greater cognitive and emotional investment to recognize their competence and professional knowledge and trust and self-control are fostered. Its exercise and development is based on relational investments with the operators whose theme is the recognition and re-elaboration of aspects of the work, errors, problems, accidents, new tasks to face.

It requires time investments and defined spaces for discussion, but it produces returns in terms of operator awareness and actions more oriented towards values and objectives, favoring greater job satisfaction. It is particularly important to develop this method in situations where operators are asked to evaluate the various variables in play in order to introduce flexible and personalized working behaviors, oriented towards guiding criteria and not predefined rules and standard behaviors.

The connection and synergies between the roles and areas of the structure are guaranteed by some professional and operational integration bodies represented by:

- *steering Committee* in which the Director, the Head of the Rehabilitation Laboratories, the Health Manager and the Coordinator of the structure participate, has the purpose of guaranteeing a unitary and unidirectional approach and management of the activities and resources with respect to the results to be pursued as a service and to the processes to be run across. Its purpose is to analyze, evaluate and deal with the problems and organizational and managerial changes necessary for assistance that is always in line with the demand and with the efficiency needs of the structure; it meets once every 2 months and/or when necessary.

- *Core meetings* attended by the Coordinator of the activities, the Medical Director and/or the specialist doctor (psychiatrist), the rehabilitation/welfare operators (OSS and professional healthcare collaborators), the Physiotherapist, the professional educator, the social worker, the psychologist, and has the purpose of creating a rehabilitation/assistance and operational

model of the service based on the qualitative development of the activities and operators, strongly integrated on its different professional components, systematically and organically regulated on the basis of the assistance results and efficiency produced. Its purpose is to analyze, evaluate and deal with problems and changes in Guests' needs. It meets once a week.

- *Delivery day meetings*: the personnel in service at the facility participate in the health activity.

The General Management of the Solidarity City Cooperative is responsible for identifying the necessary resources, also considering training needs, management, execution and checks of work activities and internal audits.
The General Management of the Città Solidale Cooperative has made available the necessary resources to implement and improve the company processes in order to achieve the objectives of continuous improvement and satisfaction of the interested parties.

HUMAN RESOURCES

The General Management, within the context of its current and development objectives, has identified the skills necessary for the achievement of the pre-established results.
In particular:

- entry requirements, selection procedures and ongoing training have been defined;
- responsibilities and authorities for operational activities are defined;
- the individual and group objectives were identified, evaluating the results;
- the necessary training for this activity has been arranged;
- the effectiveness of the training was evaluated.

The General Management considers continuous training an essential tool for the professional growth of its employees and collaborators and for the constant improvement of the quality of the services provided. The criteria and methods for identifying employee education and training needs have been defined. All training activities are duly recorded.

In consideration of the relevance it may have on performance, the General Management pays particular attention to:

- effective horizontal and vertical communication;
- assignment of clear and well-defined tasks;
- staff involvement in all activities;
- management and maintenance of infrastructures and vehicles;
- definition and information of employees on the safety and use of personal protective equipment;
- use of information technology to facilitate production activities;
- involvement of all personnel so that they are aware of the relevance of their activities.

ECONOMIC RESOURCES

The objective of the General Management is to optimize and constantly improve the financial management of the Solidarity City Cooperative, so that:

- the company can deliver the established levels of quality and efficiency;
- development and growth are financed with operating results.

Financial resources are managed through:

- annual definition of budgets;
- management control;
- periodic verification of budget forecasts and final data.

The balance sheets used in accounting are as follows:

- economic accounting;
- analytical accounting;
- budget management accounting (forecast budget).

The explanatory note is prepared annually, attached to the final economic balance, in which are indicated:

- the criteria applied in the evaluation of the balance sheet items,
- changes in the asset and liability items of the balance sheet;
- composition and detailed description of the balance sheet items,
- possible observations on improvement actions and future objectives.

Particular attention is paid to the control of the activities, in order to avoid or correct any dysfunction that could cause unnecessary and avoidable costs.

QUALITY AND TRAINING MANAGER

The Quality and Training manager is part of the Staff position in the Management and exercises his functions - according to the Director's guidelines - at the service of all the structures. To this end, he oversees the aspects described below.

Quality:

It supports the Director in the definition and implementation of the company quality system development policies and plans, in the care and verification of the requirements for the accreditation of services, in the continuous action of verification and improvement of the quality levels achieved.

To this end, it coordinates the definition of the annual plan of development objectives of the quality system and the constant updating of the Service Charter.

It supports - in line with the Director's guidelines - the professionals involved, in the definition and verification of the Structure and Core Plans, according to a logic of continuous improvement, and in the drafting and updating of guidelines, protocols and operating procedures envisaged by the quality system and current accreditation requirements.

It takes care of and ensures the definition and implementation of tools and paths for verifying the satisfaction of Guests and their families, in order to promote a constant action of evaluation and improvement of services and quality of life in the structures.

Ensures or takes care of the production and collection of the documentation required by the quality and accreditation system at the various levels; takes care of the correct and efficient organization of the relative documentation and archiving system, making use of the available technologies and liaising with the functions in charge of the corporate information system.

Training:

Oversees, with the contribution of the Director, the process of gathering and analyzing training needs at the various levels of the organization.

It develops - starting from the analysis of needs and in dialogue with the responsible functions - the annual training plan and proposes it to the superior position (Director in charge) for validation.

It ensures the implementation of the planned training initiatives, their monitoring and their evaluation, both in relation to the learning outcomes and the satisfaction of the participants and the repercussions on the company environment.
It takes care of the documentation and certifications relating to the training activities carried out and to what concerns the achievement of training credits.
It promotes - with the collaboration of the responsible functions - moments of reflection and actions to improve the quality of the training activity in relation to the personnel development needs, related to the assistance, care and socialization needs of the Guests.

ADMINISTRATIVE SECRETARY

Position title: administrative
Depend on: General Director

Carries out duties relating to the Accounting - Finance - Purchasing - Reception - Secretarial Service.

Accounting
It takes care of the correct and punctual observance of accounting rules and tax laws.
He is responsible for the regular and correct issue of payment orders and collection orders, for the issuance of invoices and other debit notes, for the settlement of expenses and salaries, for the compilation and presentation in collaboration with the Accountant and/or Consultant of the work within the terms of the law for tax returns, VAT returns and contribution returns.
Responsible for accounting entries such as customer and supplier VAT registers, day book, cash book.
It is also responsible for the periodic control of the active accounting items not yet collected and for the timely reporting to the Management of any defaults; proposes the issue of payment reminders, formal notices, debit notes, payment orders.
It carries out preliminary activities through the preparation of measures concerning the accounting management of the Entity.
Participates in periodic meetings with the General Manager, the Accountant and the Auditor to collectively examine the various accounting management issues.

Finance and Purchasing

He is responsible for the finance service and the management of finance expenses. Within these powers, he is entitled to:

purchase of consumables according to the supply contracts stipulated by the Management;

the control of the regular execution of the supply contracts;

the acknowledgment of invoices;

general control over the quality and quantity of goods and regular storage;

necessary petty and urgent expenses;

the care of special collections and the custody of Guests' funds;

the drafting and updating of the Entity's inventories;

the care of ordinary maintenance of movable and immovable property, as well as technological systems;

He collaborates with the Management also formulating proposals and measures in order to improve the economic management and the other services he supervises.

Collaborates with other professional figures in order to ensure adequate coordination in interventions on behalf of the user.

Participates in periodic meetings with the Director and the other Responsible Collaborators to jointly examine the various issues related to the management of the cooperative.

Reception and Secretariat

He deals with the management of the administrative and bureaucratic procedures of the Guests of the various structures.

Create an interface between the cooperative and the outside, which is able to represent it in all those moments in which it enters into contact with the public, both by telephone and in person with courtesy and professionalism

It creates a point of reference in the passage of information within the cooperative, a node of information flows.

The tasks are:

- manage the switchboard;
- provide information on acceptance procedures in residential and semi-residential structures.

- hours of presence and reception of the responsible personnel (director, coordinator of the rehabilitation laboratories).
- RSA service hours
- manage suppliers by signaling their arrival to the appropriate person;
- receive incoming mail and take care of its division and distribution to recipients;
- manage the delivery of messages to and from operators;
- keep the Guest attendance register, reporting temporary absences;
- emails and photocopies;
- key custody.

The General Management takes care of finding and organizing the resources and means necessary to achieve the quality objectives.
The Directorate-General, given the regional regulations, defines the personnel requirements:
in numerical terms;
by functional location;
by qualification;
in relation to the volumes and types of activities.

ORGANIZATIONAL MODEL Legislative Decree 231/2001

On 26.04.2022 the Board of Directors adopted the organization, management and control model pursuant to Legislative Decree 8 June 2001 n. 231 and the Code of Ethics. The participants in the life of the cooperative, whether internal or external, have a clear reference in the adopted code of ethics, which prescribes the rules of conduct to be followed and sets out the relevant ethical principles also for the purpose of preventing the crimes referred to in Legislative Decree 8 June 2001 no. 231.

Through the model, the Città Solidale cooperative ultimately intends to affirm and disseminate a business culture based on:

- To legality, transparency, ethics, correctness and respect for the rules, reaffirming that, in accordance with the rigorous principles adopted by it, no illicit behavior can be considered permitted, even if committed in the interest or to the benefit of the company;
- Controlling every stage of the decision-making and operational processes of the company's business, in full awareness of the risks deriving from the possible commission of crimes.

These aims take the form of a coherent system of principles and organizational, management and control procedures which give life to the model prepared and adopted by the cooperative. The model performs a fundamental preventive function in relation to the possible commission of certain types of crime, as a result of which the administrative liability of the entity arises. The behavior of all the participants in the life of the cooperative, in their respective roles and in carrying out the tasks assigned, must compulsorily comply with it.

The board of directors in the same meeting of 26 April 2022 in which it adopted the Organization, management and control model pursuant to Legislative Decree 8 June 2001 n. 231, has also appointed the Supervisory Body in the person of Dr. Raffaele Tommasi.

The adoption of the 231 organizational model was widely communicated to the stakeholders and, subsequently, various training meetings were held with all the workers to illustrate the contents of the model, the advantages and its practical application.

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PRIVACY

Compliance with current legislation on the protection of personal data is guaranteed, as required by Legislative Decree 196/2003 and amendments introduced by Legislative Decree n. 101 of 10 August 2018 and by European Regulation 679/2016. The Cooperative implements all the necessary precautions to protect the confidentiality of the data of all guests; on these data the Cooperative performs a series of mandatory treatments for the pursuit of its institutional purposes. Sensitive data may be transmitted to other subjects exclusively for the performance of their respective institutional functions, if required by specific legal provisions. It is also possible that they are transmitted to other subjects even if it is not required by law. In any case, data processing is regulated by contracts for the appointment of Data Processors as required by European Regulation 679/2016. The Cooperative also guarantees the interested parties compliance with articles 15 to 22 of the European Regulation which provide for the right of access to the personal data held, the right to rectification, the right to be forgotten (when the treatment is not mandatory by law) , the right to limitation of treatment, the right to portability, the right to object and the right to object to automated decision-making. The data controller is Città Solidale Società Cooperativa Sociale. Via Lamarina, 75 – Latiano (BR). The Data Protection Officer is Dr. Angelo Pagliara (DPO). The Cooperative also guarantees the interested parties compliance with articles 15 to 22 of the European Regulation which provide for the right of access to the personal data held, the right to rectification, the right to be forgotten (when the treatment is not mandatory by law) , the right to limitation of treatment, the right to portability, the right to object and the right to object to automated decision-making. The data controller is Città Solidale Società Cooperativa Sociale. Via Lamarina, 75 – Latiano (BR). The Data Protection Officer is Dr. Angelo Pagliara (DPO). The Cooperative also guarantees the interested parties compliance with articles 15 to 22 of the European Regulation which provide for the right of access to the personal data held, the right to rectification, the right to be forgotten (when the treatment is not mandatory by law) , the right to limitation of treatment, the right to portability, the right to object and the right to object to automated decision-making. The data controller is Città Solidale Società Cooperativa Sociale. Via Lamarina, 75 – Latiano (BR). The Data Protection Officer is Dr. Angelo Pagliara (DPO). the right to be forgotten (when the processing is not mandatory by law), the right to limitation of processing, the right to portability, the right to object and the right to object to automated decision-making. The data controller is Città Solidale Società Cooperativa Sociale. Via Lamarina, 75 – Latiano (BR). The Data Protection Officer is Dr. Angelo Pagliara (DPO). the right to be forgotten (when the processing is not mandatory by law), the right to limitation of processing, the right to portability, the right to object and the right to object to

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