



CHARTER OF SERVICES

DPCM 19 May 1995
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Social Rehabilitation Residential Structure ***"Eunos"***



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"EUNOS" sas di Fabi Silvio & C.

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PURPOSE OF THE SERVICE CHARTER

Dear Customer,

the Service Charter is a tool to protect the right to health, which allows the Citizen - User to exercise control over the functioning and quality of the services provided by health facilities.

With it, the "Eunos" Social Rehabilitation Psychiatric Residential Structure intends to provide information on the entire health structure and its characteristics, on the type of services offered, on the objectives to be achieved, on the staffing with professional figures and specific skills, on the admission / treatment / discharge procedures and how to relate to other structures.

The Service Charter arises from the collaboration and involvement of all healthcare professionals and operators, Citizens - Users and their representatives and its use constitutes the premise for the control and verification of the correspondence between objectives and results.

This Service Charter contains information that is intended to be useful so that the Citizen can make a free choice of the place of treatment, of the doctor and of the assistance and rehabilitation methods that are more corresponding to his personality, culture, work and lifestyle, and, last but not least, his state of health.

The Psychiatrist Director



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COMPANY MISSION

In compliance with regional resolution no. 424/2006, the *Eunos Company*, already authorized as a *Community of Cohabitation* pursuant to DD No. 41 / 4A / 10 D28 / 1/03, takes the name of *Residential Social Health Structure with high assistance intensity*.

The primary interest of the Social Rehabilitation Residential Structure is to guarantee all patients the best possible quality of the services provided, both through the utmost professionalism of the social and health operators, and through the technical means made available to them.

The Mission consists in creating a program of rehabilitation activities according to individualized projects, structured with the local services to which they belong, for psychiatric patients with medium-severe discomfort, with socio-relational disabilities who need a medium-long hospital stay.

The SRSR "EUNOS" directs all staff to respect the following principles:

Equality

Each user has the right to receive the most appropriate assistance and treatment, without discrimination of age, sex, race, nationality, language, religion, political opinion and social status.

Impartiality

The behavior of operators towards users must be inspired by criteria of objectivity, justice and impartiality.

Continuity

"Eunos" has the duty to ensure continuity and regularity of care.

Right of choice

Where permitted by current regulations, the user has the right to choose the person or health facility that he / she believes can best meet their needs.

Participation

The user must be guaranteed participation in the provision of the service through:

- correct, clear and complete information;
- the possibility of expressing one's own evaluation of the quality of the services provided and of forwarding complaints or suggestions for improving the service;
- collaboration with voluntary and rights protection associations.

Efficiency and effectiveness

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Each operator works to achieve the primary objective which is the health of the patient, in order to produce, with the most up-to-date knowledge, valid outcomes for health itself. Achieving this goal is not separated from safeguarding the resources that must be used in the best possible way, without waste or unnecessary costs.

Humanization

The relationship with the patient, which is expressed in the attention, in addition to the primary care needs and those of hotel comfort, to the relational and psychological needs and the active participation of the User in the rehabilitation process, as verified by the feedback of the questionnaires satisfaction;

Right to timeliness

In accessing services and responding to the User's needs, pursued through maximum efficiency in the organization of diagnostic-therapeutic activities and through the integration of the work of the various figures involved in the treatment process and in the continuity of care;

Globality

The care strategy requires an approach that considers the person in his overall vision, avoiding focusing only on the prevailing pathology. This entails the need for a multidisciplinary management that involves professionals with different specialties (psychiatrist, general practitioner, nurses, psychologists, educators, rehabilitation technicians and socio-health workers) and is based on information management mechanisms that allow sharing and the completeness of the clinical data;

Personalization

Each individual differs from the other. The personalized care strategy, made explicit through the integration of the Individual Therapeutic Plan (ITP) proposed by the psychiatric services with the Personal Therapeutic Rehabilitation Plan (PTRP) formulated by the team of the facility, allows to take into account the clinical, psychological and relational specificities, considering how wealth subjective variability;

Information for the patient and his family

It is considered necessary and fundamental for the purposes of a better awareness and involvement of the User in the process, indispensable to guarantee the therapeutic alliance, the avoidance of ambiguity and confusion phenomena and the acceleration of the recovery process;

Attention to hotel comfort

To guarantee patients a pleasant environment and the best integration within the structure;

Communication with health services and institutions

Both through contacts with the Department of Mental Health and with Social Services, and through participation in computerization projects and sharing of assessments and outcomes (eg Community Psychiatry Information System, SIPC).



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USER RIGHTS

The protection of the right to health is the primary objective of the assistance activity of the "EUNOS" Social Rehabilitation Residential Structure which presupposes, through the principles set out, the recognition and defense of the following rights of the Users:

Right to access

Each User has the right to promptly access the necessary care that his state of health requires;

Right to information

Each User has the right to receive all information on his state of health and on the health services that will be used. Furthermore, in order to guarantee the User and his family members a conscious adherence to the treatment project, they have the possibility to also contact trade associations, which carry out functions of dissemination and / or protection of rights in the field of mental health;

Right to consent and free choice

Each user has the right to the confidentiality of information of a personal nature, as well as the right to the protection of his privacy during hospitalization;

Right to privacy and confidentiality

Each user has the right to the confidentiality of information of a personal nature, as well as the right to the protection of his privacy during hospitalization;

Right to respect for quality standards

Each User has the right to access quality health services that respect, and are periodically verified, precise standards;

Right to security

The Social Rehabilitation Residential Structure ensures high safety standards, through continuous monitoring of risk factors, specific training of operators and control of health devices;

Right to avoid suffering and unnecessary pain

Each User has the right to receive personalized treatments, both diagnostic and therapeutic, suited to his personal needs;

Right to complain

Each User has the right to complain whenever he has suffered damage and has the right to receive an answer. The Structure ensures the possibility of submitting verbal or written complaints to the Management on criticizable aspects of the assistance and of receiving adequate responses.



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QUALITY STANDARD

INDICATOR

VALUE

EFFECTIVENESS OF CARE PROCESS

Explanation of the objectives of the socio-rehabilitation path and of the figures involved

Treatment Plan - Personal Rehabilitation (PTRP) standardized, reformulated every six months / annually and signed by operators and User

Administration of standardized rating scales that measure the cognitive performance (Mini Mental State Examination , MMSE), the psychopathological status (Brief Psychiatric Rating Scale, BPRS) and the overall functioning (Kennedy's V Axis)

Comparison between entry scores, during the course of the process (semi-annual evaluation) and exit scores

Administration of satisfaction questionnaires

Semi-annual evaluation of results



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RESPECT FOR DIGNITY AND COMFORT

Frequency of cleaning rooms and
toilets Daily

Frequency of cleaning of common
areas Daily

Assistance in activities related to
personal hygiene Available according to individual
needs

CORRECT INFORMATION

Clear and comprehensive
information about the rules of
daily life in the structure Presence of a written regulation,
which is illustrated and signed by
the User during the admission
phase

Clear information about the
activities of daily living Posting on a common bulletin
board, accessible to all, of days
and times for rehabilitation
activities and exit permits

Clear response times to any
complaints Within 7 working days

PROFESSIONALITY GUARANTEE

Provision of medical and
technical-nursing staff Compliance with legal
requirements

Staff selection, training and
updating Annual programming of refresher
courses

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METHOD OF ACCESS, PROCESSING, DISMISSAL

USERS

The Structure welcomes, in a private or accredited regime, guests from the ASLs inside and outside the Lazio Region with mental discomfort and / or socio-environmental adaptation problems, of both sexes, over the age of 18, able to exercise their will, with explicit consent to enter the Community.

Users must be:

1. Motivated to improve: a) one's level of autonomy (understood as the ability to procure for oneself what is needed); b) one's difficulty in structuring and maintaining relationships with the other .
2. Able to use rehabilitation processes based on individual and group psychological therapies and collective activities.

How to access

The Structure welcomes users sent by the competent Mental Health Centers or private users.

The subject is presented to the health team , through a clinical report by the caregiver, which highlights the pathology and the purpose of the hospitalization. An initial needs analysis is formulated commensurate with the possibilities offered by the Structure.

Subsequently, the meeting with the patient takes place to confirm the admissibility of the subject based on the correspondence to his own rehabilitation model and the actual availability to the path. This meeting, or more, if necessary, can take place inside the structure, through a visit to acquaintance with the place and staff (preferable modality , where possible), or outside, through the movement of a representative of the ' health team at the place of hospitalization of the person concerned (home, hospital, SPDC).

The Mental Health Center (CSM), after defining and formalizing the "Multidisciplinary Evaluation Unit (UVM)" module and the proposed User Report, sends the aforementioned forms to the Structure via fax or email, which are essential for regulating transparent management. of the waiting list, through inclusion in the Community Psychiatry Information System (SIPC). The Structure, after having entered the proposed User in the SIPC, undertakes to send, by fax or email, the certificate of insertion in the waiting list including the numerical position to the sending CSM.

If the patient agrees with the insertion, the "**Clinical treatment acceptance form** " is submitted to him in which the objectives and timing of the treatment are explained and to which the "**Internal Regulations of the Facility** " is attached , which the patient must sign for acceptance. A series of clinical tests are requested from the sending facility and an accurate pharmacological and psychopathological medical history from the competent CSM .

In the event that there is no seat availability at the time of the request, the user will be placed on the waiting list.

Treatment

➤ THE STRUCTURE

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The type of assistance offered by the Structure is of high assistance intensity (24 / 24h), 7 days a week, 365 days a year. The structure is authorized to accommodate up to 20 guests (10 accredited seats and 10 private seats).

The residential structure, a villa located in a garden park, a few km from the city center, easily accessible by public transport, is equipped with rooms, with two beds, large and bright, equipped with telephone and TV socket, bell and bedroom adjacent bathroom or in the room.

Guests have access to an outdoor area for outdoor entertainment and a lounge for recreation, relaxation and for the conduct of group activities.

A large space is dedicated to the kitchen and dining room, with an adjoining bar.

For our guests, the daily alarm clock is at 7.30 am and the meal times are as follows:

BREAKFAST: from 7.45 to 8.30;

SNACK: 10.30 am;

LUNCH: from 12.30 to 13.00;

SNACK: 16.00;















DINNER: 7.00 pm (winter), 7.30 pm (summer)

It is not allowed to have breakfast and meals after the scheduled times.

Silence is appreciated from 10.30 pm onwards.

Meals are prepared by qualified personnel and personalized diets are available when needed.

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<p>ARACHIDI E DERIVATI</p> <p>Snack confezionati, creme e condimenti in cui vi sia anche in piccole dosi</p> 	<p>CROSTACEI</p> <p>Marini e d'Acqua Dolce: gamberi, scampi, aragoste, granchi, e simili</p> 
<p>FRUTTA A GUSCIO</p> <p>Mandorle, nocciote, noci comuni, noci di acagiù, noci pecan, anacardi e pistacchi</p> 	<p>GLUTINE</p> <p>Cereali, grano, segale, orzo, avena, farro, kamut, inclusi ibridati derivati</p> 
<p>LATTE E DERIVATI</p> <p>Ogni prodotto in cui viene usato il latte: yogurt, biscotti, torte, gelato e creme varie</p> 	<p>LUPINI</p> <p>Presenti in cibi vegan sottoforma di: arrostiti, salamini, farine e similari</p> 
<p>MOLLUSCHI</p> <p>Canestrello, cannolicchio, capasanta, cozza, ostrica, patella, vongola, tellina ecc</p> 	<p>SENAPE</p> <p>Si può trovare nelle salse e nei condimenti, specie nella mostarda</p> 
<p>PESCE</p> <p>Prodotti alimentari in cui è presente il pesce, anche se in piccole percentuali</p> 	<p>SEDANO</p> <p>Sia in pezzi che all'interno di preparati per zuppe, salse e concentrati vegetali</p> 
<p>SESAMO</p> <p>Semi interi usati per il pane, farine anche se lo contengono in minima percentuale</p> 	<p>ANIDRIDE SOLFOROSA E SOLFITI</p> <p>Cibi sott'aceto, sott'olio e in salamoia, marmellate, funghi secchi, conserve ecc</p> 
<p>SOIA</p> <p>Prodotti derivati come: latte di soia, tofu, spaghetti di soia e simili</p> 	<p>UOVA E DERIVATI</p> <p>Uova e prodotti che le contengono come: maionese, emulsionanti, pasta all'uovo</p> 

Transfers for rehabilitation purposes are guaranteed by the structure's minibus.

Upon indication of the Medical Director of the Facility, patients can take advantage of hourly permits to leave the Facility.

The Structure ensures that the values and beliefs of the patient are respected and that the patient has the possibility of choosing meals and religious assistance in respect of his own faith.

➤ **FAMILY / CAREGIVER WELCOME**

The families and / or the Caregivers of our Guests play a role of fundamental importance within the socio-rehabilitation process. Therefore, the Structure promotes the meetings by giving availability to the entrances at the following times: morning (holidays only) from 10 to 12; afternoon from 15.30 to 18.30. All visitors will be welcomed at the entrance by the operator on duty and accompanied by the same to the space reserved for visits, thus guaranteeing the User privacy with their loved one. At the end of the visit, the operator will take care of accompanying the visitor back to the exit.

Should a serious biological risk occur, the prohibition of access to the Structure will be communicated via email and / or telephone call in order to protect the health of our or guests and their loved ones.



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➤ THE ACTIVITIES 'THERAPEUTIC-REHABILITATION

Medical-psychiatric area

1. Weekly psychiatric visits in order to constantly monitor the therapy;
2. Psychiatric interviews, with internal frequency, oriented in a psychotherapeutic sense;
3. Weekly support groups;
4. Prescription of medical visits, as needed and routine checks at constant frequency and specific tests based on individual needs. The checks will preferably be carried out at public or affiliated facilities. Where it is not possible and the need to perform non-contractual services is recognized, guests will be sent to private individuals, at the user's expense. The attending physician also makes use of the competent GP for the prescription of drugs and visits that fall within the scope of the NHS.

Psychiatric rehabilitation area (subject to periodic variations)

Playful-expressive

1. Playful group;
2. Cultural outings;
3. Art workshop;
4. Cineforum;
5. Reading and writing group;
6. Karaoke.

Rehabilitation

1. Theater workshop;
2. Focus group ;
3. Motivational individual interviews;
4. Kitchen workshop;
5. Psychoporeal education ;
6. Social skills training;
7. Problem Solving ;
8. Metacognition ;
9. Horticulture.

During the summer there is swimming pool activities.

During the year, the structure takes part in socializing-rehabilitative events such as creative writing contest and short film contest.

➤ THE THERAPEUTIC PROGRAM

The rehabilitation project, renewable annually and subject to periodic internal and external control, provides for an articulation that counts three essential points:



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- INSERTION : welcome / knowledge (2-6 months);
- TAKING IN CHARGE: therapeutic project;
- RESIGNATION : Sociale resignation / reintegration

Management proceeds through three main phases:

FIRST PHASE

1. Management of symptoms with adequate drug therapy
(monitoring and possible adjustment of admission therapy) ;
2. Containment of the adaptation reaction;
3. Identification of initial and intermediate objectives in the areas:
 - to. Care of oneself and one's spaces (of the person, clothing, personal effects);
 - b. Work capacity (past, present, future);
 - c. Housing situation and conditions of dependence (material and emotional);
 - d. Quality of social relationships (family, emotional, sexual, daily);
 - is. Social and recreational skills.

SECOND PHASE

1. Shared and conscious management of psychopharmacological therapy;
2. Reduction of attitudes related to psychiatric problems;
3. Recovering a sense of one's personal worth;
4. Involvement in domestic activities, according to shifts;
5. Consolidation of primary needs (greater personal autonomy) and exploration of secondary needs (expression of emotions);
6. Development of socialization;
7. Formation of a community feeling;
8. Enhancement of the centrality of relationships;
9. Recovery of a group experience;
10. Experience of a peaceful management of conflicts and crises;
11. Development of creative activity , both playful and expressive.

THIRD PHASE

1. Consolidation of the active involvement of the family and / or cohabitants, where possible;
2. Consolidation and verification of the autonomy achieved (care of oneself and one's own spaces, home, work and money management);
3. Support psycho -social tuition for a possible job placement;
4. Group external activities;
5. Group psychotherapeutic activity;
6. Group expressive rehabilitation activities;
7. Individual psychotherapeutic interviews;

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8. Harmonization of relations with the Territorial Services to which they belong to guarantee the continuity of therapeutic support.

THE METHOD OF INTERVENTION

It uses three tools, in a targeted and individualized way:

Socio-rehabilitation intervention : group and individual *socio-rehabilitation* activities , the subdivision of tasks (set-up and laundry shifts, room cleaning, etc.) and the sharing of rules (meal times and outings), compliance with commitments for the various clinical rehabilitation activities (groups, cineforum, etc ...) and the observance of the provisions in the therapeutic project regarding lifestyle changes (personal care and personal hygiene, control of risk behaviors and management some money...);

Support for individual and group . Individual therapies are managed by the clinical psychologist - psychotherapist

Pharmacological treatment : aimed at improving symptoms. The structure does not have the characteristics of a psychiatric nursing home, therefore the operation is conditioned in this sense: in addition to excluding any form of physical restraint of the staff, the pharmacological approach is aimed at managing symptoms such as to favor the social rehabilitation of the 'guest. In conditions of acute and persistent psychiatric manifestations, it is preferred, in agreement with the sending Mental Health Service, to arrange periods of hospitalization in suitable structures.

Resignation

Discharges are planned and established on the basis of a process of evaluation and sharing of the care team of the Facility and the DSM.

The Structure reserves the right to interrupt the project at any stage, giving appropriate motivation to the local representatives and family members.

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ORGANIZATION OF THE COMPANY PROCESS

Organization chart

The assistance activity is carried out by a team composed of:

- 1 Legal Representative / Professional Nurse
- 1 Psychiatrist, with the function of Medical Director;
- 1 The infermiere Professional
- 1 Psychologist Psychotherapist
- 1 Psychologist
- 2 Psychologists / Professional Educators
- 1 Psychiatric rehabilitation technician
- 1 Social Assistant
- 5 Health and Social Workers
- 1 kitchen worker

The care and rehabilitation work is integrated and multidisciplinary. The case manager organizes the work of the team according to a treatment plan and evaluation of clinical evolution (Personal Therapeutic-Rehabilitation Plan, PTRP) drawn up on the basis of the areas of weakness and the strengths of the User.

The case manager also takes care of maintaining contact with family members, periodically re-evaluating the rehabilitation plan together with the competent local services, and reporting to the User about the objectives to be achieved / achieved during the process. He also takes care of planning the discharge in time, agreeing on all the preparatory operations and preparing the appropriate material for post-hospitalization.

The person in charge of the case is identified in almost all cases in the Psychiatrist, assisted in his work by the Director in charge of the structure. In any case, decisions are taken collectively, in compliance with the opinions of the entire treating team.

Organization of assistance and health activities

The health and care needs of the User are guaranteed by the joint activity of the Psychiatrist / Health Director, who has the task of defining the diagnostic framework and the main therapeutic objectives of the User, defining the type of appropriate psychopharmacological and psychotherapeutic intervention, and the General Practitioner, who takes charge of the User by providing for all clinical and administrative needs not

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pertaining to the psychiatrist specialist. The health and assistance indications of the Health Director and the General Practitioner are received and carried out through the integrated action of the following figures:

- **Nurse**

It is present during the day, excluding holidays, with availability H24, and is available for organizational and health problems. It ensures all assistance services of a technical nature (administration of therapy, medications, detection of vital parameters), relational and educational.

- **Social Health Operators**

They are present 24 hours and are available for all assistance needs, ensure the domestic-hotel service and support the nurse in carrying out some assistance activities .

- **Clinical Psychologists - Psychotherapist**

The activity carried out by the psychologists in the service mainly consists in an evaluation of psychological problems and in the consequent targeted intervention, to be carried out using various possible tools:

- Individual and / or group evaluation meetings, test administration
- Design of rehabilitation, social, educational interventions, in collaboration with the following professional figures : Psychiatric Rehabilitation Technician, Professional Educator, Social Assistant.
- Psychoeducational interventions for crisis management and relapse prevention
- Support interviews with patients and, upon request, with their families
- Psychological support and / or individual, group, and / or, if required, family psychotherapy
- Planning of interventions outside the structure

- **Psychiatric Rehabilitation Technician**

It is the health worker who carries out, as part of a therapeutic project developed by a multidisciplinary team, rehabilitation and educational interventions on subjects with mental disabilities.

- collaborates in the assessment of the psychic disability and potential of the subject, analyzes needs and developmental needs and detects the resources of the family and socio-environmental context;
- collaborates in the identification of the educational-therapeutic and psychiatric rehabilitation objectives as well as in the formulation of the specific intervention program aimed at the recovery and development of the subject being treated;
- implements interventions aimed at the qualification / rehabilitation of subjects for self-care and interpersonal relationships of various complexity and, where possible, for a working activity;
- operates in the context of primary prevention in the area, in order to promote the development of network relations, to favor the reception and management of situations at risk and of the diseases manifested;

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- works on the families and on the social context of the subjects, in order to favor their reintegration into the community;
- collaborates in the evaluation of the results of the qualification and rehabilitation program in individual subjects, in relation to the objectives set.
- contributes to the training of support staff and directly contributes to updating their professional profile.

▪ **Social worker**

The social worker carries out the following activities:

- identification, analysis and evaluation of situations of risk, hardship and social fragility through a unitary and at the same time differentiated reading of individual, family and social needs and resources, especially in cases of complex chronicity;
- activities related to the social service help process including social evaluation, understood as an analysis of the dimensions of life and needs of the person in relation to his environment, potential and shortcomings present at the relational, family and context level;
- the definition of personalized projects / plans, the activation and monitoring of social and social assistance interventions;
- social evaluation within the multidisciplinary team and definition, for the social aspects, of individualized projects and diagnostic / rehabilitative plans; management, coordination, monitoring and verification of the assistance and support path of the user;
- analysis of the problems related to the possible need for financial support of the patient / user and his family and activation of useful interventions to facilitate access to available resources;
- collaboration in the implementation of hospital-territory continuity care paths appropriate to the needs identified, supporting adherence to care, hospital discharges, home planning and facilitating the meeting between personal and family needs and the network of local services;
- accompaniment of the person and his family in the different phases of the intervention, through an approach based on listening and relational support, in a process of dynamic and continuous help; in the face of the stress caused by serious illness, support for the patient;
- activation of interventions for the legal protection of persons lacking in whole or in part autonomy, also through the accompaniment of the person and / or family and the connection with the judicial authority; interventions on the mandate of the judicial authority for social assessments and technical opinions in relation to situations in the health and social health services;
- promotion and construction of territorial networks also through formal agreements, memoranda of understanding and the coordination of technical tables with the participation of institutional subjects (local authorities, central state bodies, schools and educational institutions, etc.) and with the various agencies volunteering and the third sector;
- study, design, implementation and evaluation of programs in the field of social services;

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- planning and implementation of the activities of the relevant structure through the collection, processing and analysis of social data and documentation concerning social work

NB healthcare personnel can provide information on sensitive and personal data only to the User, his legal guardian or to persons explicitly indicated by the User himself. The staff cannot provide telephone information on the health conditions from hospitalized Users.

Organization of administrative, educational and social activities

The administrative needs of the User (management of money / cigarettes / mobile phone, organization of external activities, social security issues), together with social reintegration projects and possible job placement, are taken care of by the Director in charge of the Structure, in collaboration with the Social Assistant and in continuity with the welfare and rehabilitation objectives identified by the health team.

The Responsible Director authorizes any extraordinary exit permits, aimed at social or work activities, on the proposal of the team and in agreement with the Medical Director.

He is also involved, together with the Social Assistant, in:

- Accept, evaluate and answer the questions posed by the User regarding the issues that concern him in everyday life, addressing him appropriately;
- Finding solutions to problems that arise or arise during hospitalization;
- Test and improve the resources available to the User both in the structure and in the territory, maintaining contact with the competent Mental Health Center, as well as with any Legal Guardian or Support Administrator and with family members;
- Entrust the User with internal tasks to the structure to facilitate the acquisition of autonomy and the gradual assumption of individual responsibilities;
- Identify, where deemed appropriate, the possibilities of job placement in the area, maintaining contact with any employers to support the User in his path;
- Participate, together with the reference team of the Mental Health Center, in the search for suitable facilities for the continuation of rehabilitation work after discharge.



CHARTER OF SERVICES

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DCA 6 October 2014 n. U00311
Edition: 2018

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EMERGENCY MANAGEMENT

The facility is equipped with explicit procedures shared by all operators for the management of clinical emergencies. These, as required by law, are set out in full in the "**Manual for the P erno ROCEDURES Structure**".

General rules of conduct in case of fire emergency

IN ALL CASES OF EMERGENCY

Keep calm, contact the staff and follow their instructions carefully.

IN THE EVENT OF FIRE OR THE PRESENCE OF SMOKE IN THE STRUCTURE

Notify personnel present immediately and follow their instructions.

IN CASE OF FIRE IN YOUR ROOM

If the patient is able to move, he must leave the room without wasting time, closing the bedroom door behind him.

If the patient is unable to move he must immediately alert the staff with the call button.

Avoid any panic conditions and follow the directives of the staff on duty.

IN CASE OF QUICK ABANDONMENT OF THE STRUCTURE

Don't waste time collecting personal items.

Do not go back to your room, but go to the nearest adequately signposted emergency exit.

Patients who are able to move will have to leave the facility independently following the signs and instructions given by the staff.

Patients unable to move will have to calmly wait for help provided by the staff that will arrive in a short time.

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PROTECTION AND VERIFICATION MECHANISMS

The SRSR EUNOS:

- always keeps the protocols updated to protect the health and safety of workers with the help of external technicians;
- guarantees the wholesomeness of food following the HACCP protocols;
- complies with the European GDPR legislation on data protection .

In order to verify the implementation of the commitments undertaken in the Service Charter, the user can make complaints on the services provided, using forms available from the Administration.

They can also fill in a questionnaire to check the satisfaction of the services and the perceived quality, which is the object of careful consideration by the Health Director for the continuous improvement of the quality of care.

The Structure periodically checks and updates the Service Charter.

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CONTACTS

Location

The SRSR *Eunos* is located in Via Napoli, 221, in Lariano, 6 km from Velletri, in the province of Rome, within the reference area of the ASL RM6. It is well connected with the town center through the local bus service (timetable in the direction).

How to reach us

For those arriving from Rome :

- *By train* : Roma Termini - Velletri; from Velletri station shuttle Cotral and then bus to Lariano.
- *By Cotral bus line (Anagnina metro station)* : reach Velletri and then continue towards Lariano.

We would be happy to come and greet you with our vehicles at the stop in the town square.

- *By car* :
 - or take the Via Appia or Via del Laghi up to Velletri, from here take the Via Ariana towards the A1 and towards Lariano.
 - or take Via Anagnina to Grottaferrata, then continue on Via TUSCOLANA (sp215) towards Artena-Valmontone-Colleferro. Once on via Ariana, turn towards Lariano, and after 800m, on the right, after a petrol station, you will find the yellow EUNOS sign.
 - Take the A24 motorway, continue on the A1, take the VALMONTONE exit. Continue on via Ariana until Km 10. After a petrol station, turn right, at the sign "Eunos".

Information

For information call from Monday to Friday from 9 to 12 and from 15 to 19.

The Medical Director receives by appointment.

