

<p>Social Welfare Agency “The Savior” REHABILITATION CENTER “ST. MARY OF THE PRATO” Via Roma, 50 Campagnano di Roma (RM)</p>	<p>Service Charter of the Center Annex 3 to the MQ</p>	<p>Rev. 10 Date 03/25/2026</p>	<p>Page 1 Of 26</p>
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SERVICE CHARTER

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OUR QUALITY POLICY

PATIENT SERVICE CHARTER

The Service Charter was drafted in accordance with the Prime Ministerial Decree of 19 May 1995, related guidelines and subsequent indications from the Lazio Region Health Department, and the AIOF guidelines on drafting the Service Charter, and with the input and active collaboration of the Health Directorate and the company area managers.

Based on the national legal system, it protects health as a fundamental right of the individual and a public interest (Articles 3 and 32 of the Constitution). The Center implements a health promotion policy that involves patients, caregivers, and staff. The fundamental guiding principles that guide the organization are those set forth in the Prime Ministerial Decree of January 27, 1994:

- a. **Equality and Impartiality:** the right to be assisted and treated in the best possible material and environmental conditions, without distinction of gender, race, language, religion, political opinion, personal or social status, in order to avoid any depersonalization resulting from hospitalization and treatment. All staff at the "Santa Maria del Prato" Rehabilitation Center adhere to these principles. If necessary, the Center provides an interpreter on call.
- b. **Continuity:** The Rehabilitation Center guarantees the continuity of healthcare, assistance, and support services in accordance with the individualized comprehensive plan, thus not permitting any unjustified suspension or modification of established services. The Center is committed to developing organizational and management solutions to limit any disruptions that may occur to users in the event of temporary and extraordinary suspension or limitation of service.
- c. **Freedom of choice** of the operator and the rehabilitation site, considering the patient's participation and informed consent to be essential for the initiation, implementation, and successful outcome of healthcare treatment. Freedom of choice of treatment.
- d. **Participation:** user participation in the rehabilitation project is always guaranteed, both to protect the right to proper service provision and to encourage collaboration between individuals and the organization.
- e. **Efficiency and Effectiveness:** The service is delivered to ensure efficiency and effectiveness. The Rehabilitation Center adopts appropriate measures to achieve these objectives.
- f. **Humanization and Confidentiality:** in carrying out medical treatment, we fully respect personal privacy. The fundamental value that informs our comprehensive treatment is the dignity of the individual. All high-quality services and procedures are provided with respect for privacy and a focus on comfort. All data relating to the individual and their illness are summarized in a medical record.
- g. **Reliability:** A fundamental prerequisite for gaining user trust is the guarantee of staff training and professionalism. The Rehabilitation Center employs competent and trained

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staff and ensures their skills are continuously updated. It also ensures the adoption of suitable equipment and therapeutic resources to ensure that the services provided meet the needs expressed by users.

h. Right to adequate and comprehensible **information** on:

- the diagnosis, the planned rehabilitation project and the expected benefits
- the characteristics of the Rehabilitation Center and its internal organization
- Safety in the practice of medicine, the performance of treatments and the care of patients
- the right to know the identity and professional qualifications of the staff working in the Rehabilitation Centre
- the right to file a complaint for any poor service (form available at the secretariat) and receive feedback within 20 days of delivery of the same
- the right to express your opinion on your stay at the “Santa Maria del Prato” Rehabilitation Centre by completing a Knowledge Questionnaire.

Our Center currently offers a range of services related to networking with other local facilities and services to improve patient quality of life. Similarly, activities are implemented to encourage patient and family involvement.

Here is a list for better explanation and understanding:

- Organizing events to connect patients with the outside world, through exhibitions of work done in the occupational therapy workshops, active participation in local trade shows and fairs, involving organizers from local governments and citizens, and through the distribution of posters (also displayed at the Center's entrance and on the website) and institutional invitations via email.
- On the occasion of World Disability Day (3 December each year), the Centre organizes an exhibition of calendars created by the Centre's users, with seminars on their creation and distribution, in highly frequented public areas (MACRO Museum, Christmas Village Caffaina bookshop in Viterbo).
- On the occasion of Hand Hygiene Day (which falls on May 5th), activities related to the subject are organized for both staff and patients and visitors.
- On the occasion of the Day dedicated to acts of violence against healthcare workers (which occurs on March 12), written and video communications are being organised to promote the actions and behaviours to be adopted to avoid conflict situations that often lead to aggression.
- Organizing theatrical events at local theaters, with the involvement of local authorities and residents, featuring the Center's students who attend the theater program throughout the year.
- Organization of the "Giardino in Festa" project aimed at educating patients about environmental awareness and protection through caring for it and guiding them on a path to wellness through contact with nature itself, increasing their quality of life through living in a residential environment.

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- Organizing musical events at local theaters, with the involvement of local authorities and residents, featuring the Center's students who attend music classes throughout the year.
- Liturgical animation activities by the choir of the Santa Maria del Prato Rehabilitation Center.
- The facility provides a network of services with external healthcare and institutional facilities, such as pharmacies, general practitioners, ASL RMF clinics and outpatient clinics for specialist visits, disability programs, prosthetics, the Tivoli Court (Court of the Tivoli Guardianship Judge), municipal social services, and the Carabinieri (Italian Carabinieri) police. An agreement has been signed with the municipal swimming pool that includes a series of lessons aimed at developing aquatic skills. Attendance is structured so that the user is present once a week. Individualized assistance is provided by a certified instructor who works within the municipal swimming pool.
- A group of six users was formed within the Center, selected based on their cognitive and physical abilities. Accompanied by two rehabilitation therapists and provided with a medical certificate, they regularly participated in the aquatic activity course. The Center Director conducted regular briefings to monitor and monitor the therapists' performance, both regarding the activities they performed and the patient's perceived response. The Center Director also held three meetings—an initial, a midterm, and a final one—with the aquatic activity coordinator to ensure the smooth functioning and successful completion of the activity. The final feedback was that the service provided to the users improved their movement skills, along with their social and relational skills and self-esteem. The course concluded with a recognition of the skills acquired by the user, with awards presented by the course instructors, who honored the "athletes" with a medal and a personalized gift.

The Center is committed to organizing a series of trips within the Lazio Region, lasting approximately six hours, during which the sites of greatest interest are explored, sometimes with the assistance of a designated tour guide. Therefore, during team meetings, the Center Director, together with the occupational therapists, selects a program based on the client's characteristics (cognitive, behavioral, and social). The lists of participating clients, updated from time to time with the rehabilitation therapists, ensure that this activity is available to as many patients as possible.

The users are then picked up from the Center by the Center's own minibus and, in groups of six, accompanied by two rehabilitation technicians, are taken to their destination where the tour guide, if appointed, awaits them for the guided tours, or they themselves study and plan the routes to take.

During our residential experience, a need arose, determined by the need for assistance that inevitably had to be extramural, especially in the case of hospitalizations or in the absence of patients' family members, unable for various reasons to visit their relatives.

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Therefore, in light of this need, the social services department, together with the office services and the Center Director, has established a group of people who are naturally available and adequately aware of the type of client. These people have been trained by the Center Director and the Social Worker to have a thorough understanding of the characteristics of patients with mental illnesses, including the full range of behavioral expressions, so they can address the various requests for assistance in the absence of a family member.

Therefore, each person was required to obtain liability insurance, and contact was established between the operator and the requesting family member. This type of assistance, exclusively out-of-home care, is requested by the user's family member, guardian, or spouse, who will take care of the financial arrangements. Out-of-home care includes hospital care, accompaniment to specialist appointments the patient must undergo that are not covered by the Center, and accompaniment for walks outside the Center if the family member in question cannot guarantee their presence even occasionally, or if they wish to treat their loved one to some exclusive recreational time (for example, elderly parents who wish to take their daughter out every two weeks or once a week).

Naturally, patient management and event organization issues arise at every opportunity; therefore, the Center has always offered and continues to offer collaboration and resolution to emerging problems, thus creating a continuous support network that ensures users receive comprehensive service quality, both organizationally and humanely.

Improving service and protecting citizens

To further improve the quality of the service provided, a questionnaire is being distributed to listen to and measure patient satisfaction. This activity provides the Center with food for thought for thought in evaluating the quality of the services/products provided and in potentially revising them based on the feedback they provide. The results of these surveys are intended to highlight strengths, which can be addressed through maintenance strategies, and weaknesses, which can be addressed through improvement measures. The Center also ensures the protection of its customers in the event of any poor service, offering the opportunity to file a complaint. Complaints, in written or verbal form, can be submitted to the reception desk, where a specific form is available:

- undertakes to receive any type of observation or proposal
- forwards the complaint forms to the Health Management and the Quality Management System Manager, who is also the Center Director, in order to verify the validity of any poor service and initiate any corrective actions.

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PRESENTATION OF THE REHABILITATION CENTER

The Santa Maria del Prato Center is an out-of-hospital rehabilitation center (pursuant to Article 26 of Law 833/78) providing assistance to the disabled, accredited by the Lazio Region. Its mission is to assist adults in achieving and maintaining the highest possible level of physical, social, and emotional independence following a loss of function caused by trauma or physical and/or mental illness, through comprehensive patient care.

The objectives are to:

- Ensure continuity of care throughout each individual rehabilitation project;
- Ensure uniform access to services;
- Ensure the constant presence of a Social Worker available to patients for their needs and requirements.
- Provide patients with an intervention methodology that comprehensively takes into account the needs and expectations of the patient and their family members, their impairments, disabilities, and residual and recoverable abilities;
- Ensure organizational quality by identifying standard procedures for the provision of services;
- Staff training and updating;
- Ensure the safety of users and operators by adapting the structure to Legislative Decree 81/2008 and subsequent amendments;
- Activate and optimize, within their scope of competence, consultancy and collaboration activities with local social and healthcare institutions (hospitals, social and healthcare districts, general practitioners, etc.);
- Ensure availability of information and training for patients and families.
- Facilitate user access by placing signage at the entrance, in restrooms, and outside. Furthermore, the removal of architectural barriers, provided by ground-floor reception areas, elevators, and handrails, facilitates user movement throughout the Center.
- The facility facilitates orientation for foreign users through an information desk located at the entrance to the center, open from 7:30 a.m. to 6:30 p.m. Interpreters are available upon request for French, English, and German.
- To ensure the comfort of the people who frequent and live there, the Center is equipped with pleasant and organized environments as described below:
 - PARENTS' ROOM: Equipped with every comfort, it is used to accommodate relatives during meetings with other family members staying at the Center. The room has been designed with the needs of the host family in mind, with comfortable tables and chairs, a choice of colors, furnishings, and curtains, paintings, and lamps to create a warm and homely atmosphere, taking into account the patient's medical condition. A vending machine for hot drinks and snacks has also been installed here, along with a bar area, to further enhance the experience.
 - CENTER ACCESS COURTYARD: furnished with tables and chairs to allow for comfortable moments and socializing in the open air.

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- COURTYARD ADJACENT TO THE CHURCH: set on a panoramic terrace surrounded by the park and flowers, equipped with a gazebo, tables, chairs and benches, it represents the place of welcome and entertainment for patients, staff, family members and caregivers, guests and visitors.
- PARK: The Center features a large park with centuries-old trees and a garden that is maintained daily. There are tables and chairs, and inside, a symbolic red bench has been placed to represent the inviolability of women.

ORGANIZATION OF THE CENTER

A - The typology of rehabilitation services

The center is organized to provide residential treatments based on the needs of the pathology

B - Facility opening hours

The center operates all year round without interruption.

The office hours are continuously from 7.30 am to 6.30 pm from Monday to Saturday.

Even on Sundays, upon request by family members, it is possible to speak with the Center Director and/or the Medical Director.

OFFICE OPENING HOURS

Monday to Saturday from 7.30 am to 6.30 pm.

CONTACT DETAILS

Tel. 06 9041267 – Fax 06 90151059.

Email: ass_s_m_prato@libero.it.

PATIENT VISITING HOURS

Every day from 2.30pm to 5.45pm.

Wednesdays, Saturdays, Sundays and public holidays also from 10:00 to 11:45.

TIMES FOR PHONE CALLS TO PATIENTS

Every day from 3:00 PM to 5:00 PM, via voice or video call using the phone number on the tablet dedicated to each unit. Phone numbers are provided upon admission.

C - Users

User access to the services provided is established by the Lazio Region and defined within a procedure adopted by the Center.

D - Access methods

Anyone who believes they need admission to the Rehabilitation Center (family members, social services, mental health centers, disabled adults, etc.) can contact the appropriate office by telephone to book an initial appointment. They must provide their personal details and the reason for their request. Within fifteen days, the patient will be called for a visit to determine their eligibility and, therefore, their compliance with the admission criteria pursuant to Article 26, and will agree on the timeframe and procedures for possible admission or placement on the waiting list. Patients who meet the requirements for possible admission are then placed on the waiting list (the file and application form for which are kept

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in the administrative office and accessible to higher-level institutions) according to criteria that are not only time-based but also take into account their health and socio-environmental needs. Family members are also invited to report to the Adult Disability Service of their local health authority (ASL) to have their relative evaluated by the UVDM commission for possible authorization for treatment at a Residential Rehabilitation Center pursuant to Article 26 in the Medium or High Maintenance treatment modality. Upon admission the patient must present:

- 1) Authorization for treatment by the Adult Disability Office of the patient's local health authority (ASL), specifying the levels of care and days of care following an evaluation by the UVMD (Urban Mental Health Unit) within the same local health authority (ASL) to which the patient belongs.
- 2) Copy of the disability report
- 3) Valid identity document
- 4) Health card - co-pay exemption
- 5) Copy of the minutes of the Court for Support Administrators and/or Guardians
- 6) Tax ID code
- 7) Medical certificate of good health
- 8) Pre-existing medical records
- 9) A warehouse for healthcare needs and luxury goods

The facility guarantees the opening of the counter for making necessary deposits from 7:30 a.m. to 7:30 p.m., excluding holidays. Deposit management is entrusted to the Secretariat and the Social Services, which in turn use dedicated software that guarantees reliability and respect for privacy, as well as the traceability of individual transactions, useful for submitting various reports to family members, Support Administrators, Guardians, and Guardianship Judges.

E - Health and rehabilitation personnel

Medical Director: Dr. Roberto Giovannola – Neurologist

President of the Center: Dr. Roberta Ricci – Psychologist

Quality Management System Manager and Stakeholder Relations Manager: Dr. Roberta Ricci

The Center's staff is completed with the following professional figures:

Management of the Center

Health Directorate

Social worker

Occupational therapists

Physiotherapists

Speech therapists

Professional Nurses

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Educational Psychologist

Psychologists

Psychiatrist

Gynecologist

Orthopedic

General practitioner

Nutritionist

Pedagogist

Social Health Workers

Administrative and secretarial staff

Kitchen staff

The names of the Center Management and the Health Management They are posted and visible to users at the relevant services.

Each function corresponds to one or more professionals, part of the staff, whose names are indicated in the organizational chart, which is constantly updated and distributed to interested parties.

F - ACTIVITIES CARRIED OUT BY THE STRUCTURE

It provides the following interventions:

- Neuromotor re-education
- Physical therapy (electromedical)
- Speech therapy
- Cognitive rehabilitation
- Psychotherapy
- Clinical psychology
- Educational interventions
- Occupational therapy

Specialist consulting services:

- Neurological
- Psychiatric

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- Gynecological
- Orthopedics
- Nutritional
- General medicine

Rehabilitation and recreational activities:

- Theater
- Cinema hall
- Music
- Painting
- Vegetable garden and orchard

In addition to the above, the Center organizes a series of annual events, punctuated by specific moments of the year, to ensure the quality of relationships between professionals, patients, family members, caregivers, citizens, and institutions:

- Christmas Gospel Concerts
- Christmas band concert
- Company dinner, organized in the cloister, to wish all the staff a happy birthday
- Concert, in February, organized by the Dr. Fiorella De Angelis Association dedicated to the founders Mrs. Lucia Scoca, Mother Flaviana Venturi and the lawyer Pietro Mazzoncini.
- Early summer celebration with Pizza Party in June in the outdoor area of the Center
- End of summer party with disco music in the outdoor area of the Center
- Trips to artistic or naturalistic sites in the area
- Market exhibitions featuring work done by patients in our laboratories.

The Center adopts methods to engage professionals in the systematic review of clinical practice, in our case, the rehabilitation project. These methods are structured through scheduled team meetings and clinical case discussions. All of this is documented in the medical record (daily records) and the rehabilitation project (team meeting records), as well as in specific meeting minutes, both for the team and the department.

The Center promotes the prevention of corrective actions and the improvement of clinical and organizational activities through the drafting and updating of guidelines.

The completeness of clinical documentation is periodically verified through scheduled audits managed according to our existing procedures.

The contact details for the Rehabilitation Center are as follows:

Tel. 06/9041267

E-mail: ass_s_m_prato@libero.it

Website: www.santamariadelprato.com

FACTORS AND STANDARDS THAT DETERMINE THE QUALITY OF IN PATIENT CARE

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The Center embraces the principles of equality, impartiality, continuity, choice, participation, efficiency, and effectiveness. To ensure that quality standards are continuously planned, implemented, measured, and improved, the Center has adopted a QMS based on the ISO 9001:2015 framework, certified by the AENOR certification body in August 2019.

The most significant quality standards from the user's point of view have been defined

1) WELCOME - CLEAR INFORMATION - TRANSPARENCY

- The center provides citizens/users with information on the organization of the facility in verbal and written form.
- The facility has a front-line office for welcoming and providing information to users, providing bureaucratic assistance, and providing secretarial support for liaising with healthcare and rehabilitation staff. The front-line office is located within the Center's entrance, designed and organized for the arrival of both new users and their families. The furnishings reflect the Center's mission. Therefore, in addition to the necessary elements, other features have been added, such as a digital frame displaying all the Center's activities, an aquarium to highlight the Center's vitality and fluidity, and display cases showcasing the work completed by Center users during their rehabilitation activities. These elements enhance the welcoming experience for users and their families by facilitating, through a visual and tactile experience (seeing and touching objects), the concreteness of the company's mission, which is, among other things, the humanization and personalization of care.
- The access routes to the Center's common areas are bright and convey a sense of well-being and welcome, in keeping with the elements used at the entrance.
- Measures have been taken to facilitate orientation (signage within the facility to allow access, removal of all architectural barriers, and identification of routes).
- During treatment, the patient and his/her family can obtain clear information at any time on his/her condition and on the progress of the rehabilitation project.
- The Center guarantees transparency in the methods of access and provision of services at the reception desk. Forms are available for completing a satisfaction questionnaire, for assessing the perception of the Center's quality, and for reporting and complaints, both for the user and for their family members.

2) TIMELINESS - PUNCTUALITY

There is an organized system for collecting and managing appointments:

- a) visits are carried out by appointment;
- b) The management of the waiting list is followed respecting temporal, age, diagnosis, urgency and severity criteria which also includes the socioeconomic and environmental hardship of the patient in question..

3) CONTINUITY OF CARE

Continuity is ensured through the constant presence of healthcare personnel and a staffing level that meets the standards set by regional healthcare accreditation regulations, ensuring year-round provision of care.

The Center provides services to ensure continuity of care in the event of emergencies or

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unforeseen clinical, organizational, or technological events.

For clinical emergencies, MEDICAL AND ORGANIZATIONAL AVAILABILITY is documented 24 hours a day, 365 days a year.

In fact, each service is equipped with a company cell phone so that emergency personnel can be reached at any time and receive immediate feedback and guidelines for resolving any issues that arise.

Patient care is guaranteed 24 hours a day. In the event of an unexpected emergency, staff are trained not to abandon their care station until a replacement arrives, which will be monitored closely.

In the event of exceptional natural events (snow, floods, etc.), staff availability has been gathered in order to organize extraordinary shifts or conscription in these cases.

4) PROTECTION OF THE RIGHT TO PRIVACY

Measures are adopted to ensure the confidentiality of patient data and information.

- Upon entry, therefore at the time of acceptance, the informed consent form is adopted for the management of the user's personal data limited to the activity carried out by the Centre
- Privacy is respected during clinical and healthcare rehabilitation treatment.
- All visits required for admission and the development of the rehabilitation program take place in protected environments (infirmary, psychologist's office, doctor's office, physiotherapy department, speech therapy office, occupational therapy department, and educational department) and with the center's professionals who are part of the rehabilitation team. This ensures the appropriate level of support and assistance for the new client.
- Users are provided with information about the patient's legal guardianship bodies (guardianship judge, support administrator, patient tribunal, and disability offices), which are explained by the social services, which perform the following interventions:
 - Welcomes by getting to know the guest before he or she enters the facility (pre-entry interviews for social anamnesis)
 - She manages relationships with guests, family members, local municipal social services, the prosthetics offices (for orthopedic and health-related aids), the guardianship judge, and the local health authority's disability offices. She is responsible for managing bureaucratic procedures within the facility, ensuring timely renewal of all disability-related paperwork and compliance with relevant legal provisions, and supports guests and family members in this area.
 - Supports the user and/or family through information and active collaboration in the bureaucratic process for needs (request for a guardian, support administrator, disability, co-payment and so on).
 - Collaborate with the Management and the Director of the Center for Personal Well-Being and Performance.

5) QUALIFIED PERSONNEL

- The Center employs a sufficient number of qualified staff to ensure safe and effective assistance for users' needs.
- The Center pursues a policy of training its healthcare, assistance, surveillance, and

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administrative personnel.

6) CUSTOMIZATION AND HUMANIZATION

For each patient a personal file is activated containing the following elements:

- the patient's personal details
- the civil disability report
- the health card and the ticket exemption
- the tax code
- the identity document
- the privacy consent form
- the certificate of the patient's support administrator or guardian

For each patient, a medical record is activated containing the following elements:

- personal and family history
- diagnosis and physical examination
- specialist and technical assessments
- the individual rehabilitation project (PRI)
- the type and frequency of rehabilitation interventions
- copy of clinical documentation

The Individual Rehabilitation Plan (IRP) is shared with the user and/or his/her family.

In relation to the particular needs of healthcare, operators base their conduct on respect and understanding of the patient, drawing inspiration from the principle of human solidarity and subordinating their actions to the conscious need and responsibility of the patient's assistance. To this end, each individual professional within the workforce required by law adopts a flexible approach, sharing resources and integrating their diverse skills. All the facility's staff, adequately coordinated, is organized to respond to any work-related emergency.

7) PATIENT AND FAMILY PARTICIPATION

The patient and/or family are informed and involved in the therapeutic projects and programmes that make up the rehabilitation project, and their informed consent is acquired for what is relevant to the physical, rehabilitative, and pharmacological therapies applied, as well as for specialist visits, investigations, and analyses. They are also informed of their right to voluntarily interrupt the rehabilitation program and program. They are also informed of the circumstances that arise (transfers, hospitalizations at other facilities) or the rehabilitation criteria lapse (untreatable conditions).

QUALITY STANDARDS

In this Service Charter, the Center declares its commitments to patients and the quality standards

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to which its various services and performances must be delivered. The standards define the qualitative and quantitative levels of the services and performances provided to ensure patient satisfaction.

Information

INDICATOR	STANDARD
Information at the time of booking	There are concise information tools provided to citizens on the booking and access methods
Information upon admission	Upon admission, the Center distributes a Service Charter to all patients, which can already be viewed on its website.
Information for patients and their families	The medical staff is available to provide information on the state of health, the progress of the application of the rehabilitation project in all its ongoing parts at least three days a week
Information through signs	The Center provides information on the Center's users through signage.
Listening to users	The Center provides, upon request, specific complaint forms and distributes satisfaction questionnaires to all patients. The Health Management is responsible for handling complaints.
Completeness of documentation for the attending physician	<p>All discharged patients are given a discharge letter containing information on:</p> <ul style="list-style-type: none"> • diagnosis and medical history • physical examination upon admission and discharge • rehabilitation project and program • exams and consultations • continuity of care and treatment • home therapy
Ease of obtaining clinical documentation	A copy of the medical record can be requested by completing the appropriate form. The duplicate can be collected within 30 days of the request (after calling the administrative staff for confirmation) by the patient or their family members, upon presentation of a signed authorization. Upon request, the copy of the medical record can also be mailed to the patient's home.

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Assistance and quality

INDICATOR	STANDARD
Availability of rooms suitable for different needs	Availability is provided according to the different needs of the users.
Fully equipped bed space	100% of the beds are equipped with: <ul style="list-style-type: none"> • headboard • Wardrobe • night table • chair • chest of drawers • shoe rack
Cleaning of rooms and toilets	Everyday
Changing the linen	Every day and depending on the needs, even several times a day
Food distribution timetable	Breakfast is served at 8:30 am, lunch at 12:00 pm, afternoon snack at 3:30 pm, and dinner at 6:00 pm.
Variety of menu	The menu is structured over three weeks and varies both in summer and winter and is prepared by the nutritionist.
Garden	Present
Parking	Present
Maintenance and upkeep of the structure, systems and equipment	The Center guarantees the maintenance of the structure and the constant efficiency of the systems and equipment
Supplies	The Center guarantees the careful selection of suppliers through specific qualification processes.
Laboratory tests (External clinical testing laboratory)	All patients are guaranteed routine tests and reports within 48 hours of admission. Intermediate checks are also guaranteed at all times, even if new conditions develop.
Psychomotor rehabilitation treatment	All patients with orthopedic problems are guaranteed daily rehabilitation treatment, strictly speaking, involving physiotherapists (plus the time required for instrumental treatment, which includes electromedical equipment, including TECAR therapy). This ensures, with the activation of various support services and other personnel, that the

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	<p>therapeutic commitment required by current regulations is achieved. All patients with psychosensory problems are guaranteed daily rehabilitation treatment, strictly speaking, involving speech therapists, psychologists, pedagogists, and occupational therapy technicians.</p>
<p>Medical visit</p>	<p>Every day, general medicine and neurology, in particular the specializations of psychiatry, orthopedics, geriatrics, nutrition, are provided twice or more times a week.</p>
<p>Privacy Policy</p>	<p>Activation of all procedures aimed at ensuring the protection of personal and health data (the latter defined as "sensitive" data capable of detecting health status) in compliance with EU Regulation 2016/679.</p>
<p>Respect for patient privacy in the ward</p>	<p>Social and health services are provided to the patient with full respect for her privacy and dignity, using reserved spaces (outpatient clinics, infirmary, FKT boxes and screens).</p>
<p>Risk Management</p>	<p>Developing a clinical risk analysis system for the prevention, management, control, and reduction of risks and for improving the facility's quality of care and clinical care. Activation of alarmed doors in each unit, entrance, laboratory, and physiotherapy area, aimed at providing facilitators to improve the quality of patient supervision, as well as reducing operator stress related to monitoring behavioral anomalies (escapes).</p>
<p>Attention to the problems of patients and their relatives</p>	<p>Mental health and functional recovery of patients with psychophysical and sensory illnesses undergoing physical rehabilitation and the psychological state of their family member.</p>
<p>Staff training and updating</p>	<p>The Rehabilitation Center ensures ongoing staff training and development to improve the quality of the processes and products made available to patients. This ensures ongoing assessment and improvement of the clinic's staff skills (with particular attention to achieving CME credits), resulting in greater staff involvement, motivation, and participation in continuous improvement processes.</p>
<p>Medical records Management</p>	<p>The facility guarantees each professional member of the rehabilitation team access to the medical records within their area of responsibility. Access is granted through the use of personalized credentials in the computerized medical records management system, which allows for tracking and security of all records. For diagnostic reports, a personal file is kept in the infirmary, which accompanies the medical records.</p>

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	<p>Evidence-based medicine (EBM) is the conscientious, explicit, and judicious use of the best available scientific evidence to make decisions about the care of individual patients. The practice of EBM means integrating individual clinical experience with the best available external clinical evidence, produced by systematic research.</p> <p>This practice is adopted for preparing the individual PRI and for all decisions regarding patient care and her care pathway. Monitoring and evaluation of compliance with the timing, methods, intake, initial assessment, treatment plan, continuity of care, and/or goal-based discharge is contained and clearly documented in each patient's PRI and Dynamic Medical Record.</p>
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9 OUR MISSION AND OUR VISION

The mission to which the Center dedicates its commitment and professionalism is rehabilitation medicine.

This definition includes treatments and cures aimed at the partial or total recovery of functional abilities compromised by the most varied types of neuro-psychosensory damage that in itself causes disability.

The services offered by the Center therefore include both the treatment of the disability and the training of patients in occupations suited to their new possibilities.

This means that the Center's primary objectives are to achieve maximum efficiency, including professional performance, and to help young and adult patients achieve the highest possible level of independence in their daily lives and relationships.

The problem of psychosensory pathology involves serious limitations in the ability to communicate, in the capacity for personal autonomy, in the ability to learn, as well as disturbances in the perception of the surrounding environment and in interpersonal relationships.

For these forms of disability, those responsible have worked to equip it to offer rehabilitation services aimed at various categories of disabled people, which can generally be classified into the following categories:

- People with disabilities due to brain damage with motor problems, people with disabilities in both sensory channels and developmental delay; people with profound, moderate, mild mental retardation with graft psychosis and related behavioral disorders.

Our patients often present with very complex clinical conditions in which psychosensory impairments are almost always accompanied by epilepsy, severe mental retardation, the absence of verbal language, severe personality changes, severe behavioral disorders, a lack of independence in carrying out any simple daily activities, motor deficits, and various health-

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related problems.

Their ability to respond to rehabilitative and educational interventions, while possible and verifiable, is very slow. Indeed, for interventions to have perceptible results, they must meet criteria of consistency and continuity over extended periods, if not lifelong.

As far as mental retardation is concerned, we can say that the characteristics that can be associated with those of our users are:

- attention difficulties
- memory difficulties
- refusal or inability to take initiatives
- difficulty in making choices even in the order of simple daily activities
- impaired temporal orientation
- difficulty in spatial orientation
- severe and moderate personality alterations with behavioral manifestations such as aggression (self- and other-directed), oppositionality, passivity and/or relational closure
- Various personality and behavioral disorders

On the other hand, our users are capable of simple learning experiences that improve their human condition and their psychophysical well-being, but only through highly specialized, multidisciplinary, and long-term rehabilitation projects. Therefore, working with these types of users within the Rehabilitation Center is not only aimed at preserving what these individuals have acquired over the years—a task that already requires interdisciplinarity, comprehensive attention to the individual, methodological rigor in implementing rehabilitation interventions, and appropriate spaces and environments—but also at further helping them cope with the internal and external changes associated with their changing life cycle while maintaining the minimal reactivity they possess.

Rehabilitation generally refers to an activity aimed at restoring the function of an organ or skill that has been impaired due to an accident or illness. This type of rehabilitation is temporary and aimed at restoring a lost or impaired ability.

The rehabilitation carried out within our Rehabilitation Center is not characterized by the characteristics mentioned above, as recovering lost functions or abilities requires a process of continuous interventions aimed at maintaining a balance that is achieved precisely in protected environments. This balance can then be consolidated and then moved on to non-residential settings.

The severe sensory and neuropsychological impairments and the severity of the general clinical conditions mean that our users require continuous specific stimulation in order to maintain their innate (or acquired over the years) abilities.

The term maintenance rehabilitation might bring to mind very soft interventions of a welfare or vaguely educational nature, where the primary goal is to ensure the Center's guests enjoy good living conditions in terms of hospitality and custodial care, with mild encouragement to maintain the partial autonomy that the guests possess.

For individuals with psychosensory impairment, the term "maintenance rehabilitation" has a much broader meaning and refers to highly specialized and personalized rehabilitation activities, carried out with very rigorous methods to address the risk of rapid and profound regression, both

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in terms of skill loss and psychological and behavioral development.

It is now confirmed by the extensive literature on the subject that the lack of continuous rehabilitation interventions, aimed at people with psychosensory deficits, gives rise, in the majority of cases, to a rapid and massive worsening in terms of emotional withdrawal, the onset of serious behavioral disorders such as self- and external aggression, and an increase in stereotypies and bodily self-stimulations.

The loss of interest in the outside world has a serious, though indirect, effect on their general health.

The overall rehabilitation project developed according to the guidelines of the ASP set up at our center must take into account the various needs that the person presents:

- Communication needs, such as the need to express primary and more complex needs relating to interpersonal relationships.
- Needs for independence in essential daily activities, such as bathing, dressing, and eating. While most learning is best accomplished during childhood, we believe it is essential for adults with disabilities to continue learning new skills, maintain existing learning, and improve performance in terms of precision and independence. The ability to navigate familiar spaces independently using sensory cues can also help meet the resident's need for independence.
- Socialization needs, understood as the need to not be alone, to communicate, to establish interpersonal relationships, to establish emotional relationships, to be active in the context in which the person lives.
- Psychological needs, such as the need for physical contact, reassurance, the ability to approach new experiences gradually, the ability to control the sequence of events, and the ability to channel excessive buildup of anxiety, are only satisfied in a close interpersonal relationship with people capable of providing a therapeutic role, even with a strong empathic connotation.
- Healthcare needs include daily health monitoring; maintenance and development of residual sensory function through re-educational therapies and the use of technological aids; and therapeutic management of comorbidities and the entire spectrum of chronic disease.
- Cognitive needs such as maintaining or strengthening the entire range of cognitive skills in his possession.

Therefore, in setting up rehabilitation projects the following is guaranteed:

- Attention to the organization of the day;
- Attention to communication and interpersonal relationships;
- Attention to life contexts in structural terms.

The space thus conceived allows individuals to articulate their time by engaging in various activities in different locations throughout the day. In this sense, the space becomes not only a place for psychomotor rehabilitation, but also a place for "training" in temporal orientation.

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In our center, DAYS ARE PLANNED THAT CAN BE DEFINED AS TYPICAL, BUT IT IS ALSO IMPORTANT TO SPECIFY that the ability that characterizes us is precisely that of "navigating" outside the box, meaning that we are trained to reorganize even in the event of sudden changes to the scheduled day. In any case, each day within the center is organized through a series of rehabilitation activities and the performance of daily living activities, therefore we can say:

- A wake-up call begins at 7:30 a.m., with personal care and hygiene routines. This is the responsibility of the rehabilitation staff, who, depending on the situation, supervise or support the patient in this activity. Personal care and hygiene are performed in the patient's rooms and bathrooms.
- Breakfast is served at 8:30 a.m. This activity is supervised by both patient care staff and, depending on the activity, occupational therapy technicians and social health staff, who work to provide differentiated interventions based on the patient's characteristics. Everything takes place in the dining hall/lounge of the various patient units.
- Strictly rehabilitative activities begin from 9:00 a.m. to 3:00 p.m. We have a specific schedule and staff presence shifts, which vary by role and task and are therefore spread throughout the day. The Center Director supervises the entire program, schedules, and counseling. Patients who are taken into care and identified according to their rehabilitation program are engaged in the following areas: physiotherapy, speech therapy, psychology, psychotherapy, occupational therapy, educational activities, day-long field trips with occupational therapy technicians, visits to museums or other activities enjoyed by the patients with company technical staff, afternoons of music, theater, gardening and fruit orchard activities, recreational activities such as fun-filled parties (pizza parties, discos from 9:00 PM to midnight, chamber concerts, concerts with classical instruments, band concerts, gospel music, outdoor dinners with musical entertainment), evening TV, and birthday celebrations (always taking care to provide a cake and gift!). Internal work activities are carried out as part of a "concierge" service provided by the patient.
- Special mention should be made of the field trips on the last Sundays of the month, with the market exhibition showcasing the products developed during the occupational therapy workshops and the educational workshop. For the users, this represents a reflection of their dedication and the social impact generated by the purchase of the products by those who browse the exhibition. It all creates a rewarding cycle that's difficult to describe, ranging from the users' smiles to behaviors expressing happiness, the awareness of being appreciated, and a boost in self-esteem.
- As well as the graphic-pictorial activity conducted in the painting laboratory also aimed at producing the drawings for the annual calendar which are exhibited, after an educational path, in an art museum (for example MACRO in Rome), on the day of the disabled.
- Not to be overlooked is the liturgical service provided to users every holiday, particularly during the most important religious holidays. Musical entertainment is always provided by the Center's choir (an activity included in the music education program) and a liturgy with readings, etc. Furthermore, priestly assistance is guaranteed on Sundays and holidays from 10:00 to 11:00.

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- In addition to all this, there is an exclusively medical organization, including: neurological visits, general practitioner visits, nursing visits, orthopedic visits, psychiatric visits, gynecological visits, and nutritionist visits. The doctors are external professionals who perform visits at the Center as if they were in their own homes. Their work is regulated by a specific contract.
- Furthermore, the Center offers caregivers the opportunity to undergo diagnostic screenings for their hospitalized family members once a year. These screenings include: rectal and colon cancer, breast cancer, thyroid function, bone mineral density scan, and cardiology examination.

As can be seen, a typical day is very demanding from an organizational standpoint. There are many activities that are part of the SIAR rehabilitation program (uploaded, for each patient, into the SIAR regional portal using a form developed by the region, a document that generates the dynamic medical record to which the individual rehabilitation program is added). With the required staff and many facets, it's clear that there is a group of professionals who work within our Residential Rehabilitation Center, offering the patient a day where they are engaged and interested. This group of professionals working within the Rehabilitation Center carry out their activities by interacting throughout the day.

This aspect is essential to ensure not only a quality of life geared towards excellent services, but also to establish a healthy prevention of all those problematic behaviors that would make managing the Center's users difficult and burdensome.

We are well aware that preventing problematic behaviors such as oppositional behavior, escape, hetero-aggression, and so on, beyond the professionalism of staff, requires tools that can contain, defend, and prevent the emergence of problematic behaviors. In this regard, the Center places great emphasis, including through staff training programs, on the precursors of aggression and prevention strategies, adopting a reassuring approach to the patient.

It should be added that this entire set of activities, naturally well-structured as has been repeatedly represented, also have a strong preventive effect on all depressive symptoms. The depression that affects our clients is naturally treated with medication and psychological therapy as standard, but the facility's skill lies precisely in promoting the circumstances that foster that human connection that absolutely must not be lacking.

All of the above-mentioned tools, which are part of a typical day, are well-mixed and structured through the commitment and organization of the various services, and the training of staff through daily and hourly briefings. They represent effective prevention, helping the patient to be distracted from their negative and circumstantial thoughts, typical of our clients. Through their commitment to the various activities planned and tailored to their needs, the patient is helped to challenge themselves, to see and experience their own abilities, and to feel fulfilled and useful within a residential program. To consolidate the results achieved, the patient is given positive reinforcement through small gifts, recognition, and assignments.

With regards to the planning of interventions, a work plan is formulated which takes into

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account:

- Identify the area in which the activity is located (personal autonomy, communication, occupational therapy, etc.),
- Assess existing skills with direct systematic observation or checklists
- Designing the intervention with task analysis
- Building the continuum by identifying long-term, medium-term and short-term goals
- Define teaching techniques
- Draw up a task analysis as detailed as possible
- Identify any aids and prostheses to promote autonomy
- Generate learning
- Evaluate learning during and at the end of the course through observation and the compilation of checklists.
- Plan to maintain the acquired skill
- Plan for discharge for people with enhanced abilities for further placement in other highly autonomous facilities

It is extremely important to underline that the history of a disability is influenced by multiple factors, first and foremost any concomitant pathologies, which, to achieve the best results, must be considered and evaluated with extreme care when formulating and implementing the rehabilitation project and program.

The rehabilitation team at the Rehabilitation Center treats each of these conditions, prioritizing the interdisciplinary nature of the various interventions. This is why, based on needs, the ongoing collaboration of various team members is utilized.

The Rehabilitation Center's vision is to optimize diagnoses and then develop rehabilitation projects aimed at formulating recovery goals and prognosis.

It is also important to highlight the ongoing exchange of information with hospital, non-hospital, and social healthcare facilities in the area, to monitor admission to our Center, discharge, and subsequent return home or transfer to other facilities.

In order to pursue the aforementioned mission, it was deemed essential to focus efforts on the following aspects:

- patient-centricity
- multidisciplinary approach
- teamwork
- customization of the rehabilitation and care project
- hotel and relational comfort
- protection of rights
- safety for patients, family members and operators
- structural and organizational accessibility
- psychological support for patients, family members and operators
- integration with network structures

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- continuous training and updating
- internal and external communication
- continuous improvement.

Death Management

Healthcare workers and care workers generally provide support until the end of life, recognizing the importance of environmental, physical, psychological, relational, and spiritual comfort.

The psychologist supports the patient's family and loved ones, particularly during the terminal stages of the illness, during the loss and mourning process, and in organizing the funeral.

The facility offers a suitable environment for mourning events through a suitably furnished and organized room for mourners and a mortuary.

OUR QUALITY POLICY

It is a firm principle of the Center to provide its services, pursuing the objective of providing reliable and innovative services.

The quality policy is defined and documented by the General Management, the Center Director, and the Health Management as part of the definition of this Service Charter.

The policy outlines the Rehabilitation Center's vision, core values, and beliefs regarding quality, safety, and health in the workplace. It defines the direction, principles of action, and the results to be achieved. It also expresses the company's management's commitment to fostering employee awareness of the Center's objectives, a sense of achievement, acceptance of responsibility, and motivation. To ensure staff well-being, guaranteeing a good quality of life within the Center and a favorable work-life balance, the Center adopts facilitation strategies, providing suitable and welcoming environments: changing rooms equipped with double lockers, benches, coat hangers, bathrooms, and showers. Each Sector also has a break room, a smoking room (shared with patients who smoke) equipped with standard exhaust ventilation, and outdoor areas furnished as described above. When overtime is required, a dedicated space in the cafeteria is designated for meal consumption. In case of weather emergencies (e.g. heavy snowfall), the staff has bedrooms with linens and bathroom facilities available.

This Company Policy also aims to demonstrate internally:

- The Rehabilitation Center's commitment to maintaining a high quality standard of services provided.
- The Rehabilitation Center's commitment to protecting the health and safety of workers in its workplaces.

and, outwardly, that:

- There is a concrete commitment on the part of the Rehabilitation Center, which includes:

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- the vision of customer centricity and the humanization of professional relationships related to the services provided;
- the ongoing commitment to providing services according to the principles of quality, efficiency and effectiveness;
- the commitment to collaborate and integrate coherently and effectively into the service network;
- the commitment to ensuring teamwork in all activities involving the guests of the Rehabilitation Center;
- the commitment to comply with current legislation regarding corporate administrative liability, adopting its own Organizational and Management Model in compliance with Legislative Decree 231/001, supported by targeted actions aimed at training all staff, adopting a Code of Ethics, and appointing a Supervisory Body, in accordance with the regulatory provisions adopted;
- the commitment to consistently ensure integration between clinical, rehabilitative, psychological, and care aspects, through effective communication channels between the various professionals involved in the services;
- the commitment to continuously improve its performance, through training and development programs for the human resources employed;
- the affirmation that the responsibilities for managing high-quality services concern the entire company organization, from General Management to each worker, each according to their own tasks and skills;
- the commitment to consider health and safety in the workplace and the related results as an integral part of company management;
- the commitment to provide the professional and instrumental resources necessary to maintain the expected high level of quality;
- the commitment to periodically review this Policy and the Service Charter, which includes it, and the implemented Quality Management System;
- the commitment to define and disseminate the periodic objectives and related implementation programs within the Rehabilitation Center.
- the company organization tends towards the goal of continuous improvement.

The Rehabilitation Center Policy and its objectives, as well as all information addressed to internal/external stakeholders, are communicated through internal communications, noticeboards, e-mail messages and during meetings and gatherings in order to ensure that they are known and disseminated to all staff.

In order to facilitate the dissemination of this Company Policy, a "Declaration of Company Policy" has been created, which summarizes the Policy in short, separating it from the rest of this Service Charter.

Both the Rehabilitation Center's policy and objectives may be updated to reflect changing business needs. It is the responsibility of General Management, together with the Healthcare Management, to identify the new principles and communicate them to all staff. This generally

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occurs during the scheduled management reviews of the QMS.

To this end, the General Management, together with the Director of the Center and the Health Management, takes on the task of:

- define and apply the Quality Management System;
- perform periodic reviews of the Quality Management System;
- ensure the availability of adequate human resources (skills and qualifications) and technical resources (infrastructure, equipment, machinery, laboratories, gyms, etc.)
- promote the necessary actions to prevent the occurrence of non-compliance in the service provided to patients and in the Quality Management System;
- verify the implementation of the solutions adopted
- appoint its own Representative as Quality System Management Manager who manages the operation of the Quality Management System;
- appoint experienced professionals to conduct internal audit cycles;
- establish the methodologies for measuring the performance of the Rehabilitation Center to ensure the achievement of the planned objectives;
- These methodologies include, in a minimal and exemplary way:
 - business process performance measurements;
 - assessments of the level of satisfaction of guests' families with regards to the services provided and the quality perceived by them;
 - evaluation of reports issued by external control bodies;
- act promptly with corrective actions, identifying those responsible and the implementation times, in the event of deviations from company objectives highlighted by complaints or grievances from guests' families;
- ensure constant monitoring and updating, where necessary, of the assessment of business risks and opportunities, as well as, even more importantly, the assessment of the clinical risk associated with the clinical activities carried out by the Center.

In order to comply with the provisions of the Company Policy and to ensure that the objectives are achieved, the General Management, after consulting the Director of the Center and the Health Management, considers it essential:

- engage, motivate, and enhance its human resources by disseminating the company's policy and objectives, using the Quality Management System as a tool, and ensuring the necessary information, training, education, and refresher courses;
- identify the criticality of the business processes that contribute to the provision of services, in order to implement actions aimed at monitoring them and, if necessary, resolving them;
- define objectives for the continuous improvement of the services provided by the Rehabilitation Center in compliance with legislative requirements, which are the rules and

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regulations of the higher institutional regulatory and contractual levels, and the desire to ensure the development of its resources and the professional growth of its staff;

- ensure compliance with laws on worker health and safety;
- ensure the dissemination of this Policy and the Service Charter to all interested external parties, through the website www.santamariadelprato.com;
- affirm that responsibility for quality management concerns the entire company organization, from top management to each worker, each according to their own responsibilities and skills;
- undertake to provide the human and instrumental resources necessary for the correct management of the Quality Management System;
- to ensure that workers are made aware and trained to carry out their tasks safely and to assume their responsibilities regarding the quality of the services provided.
- The Health Management ensures that all professionals are involved in quality evaluation and improvement programs

The General Management, the Director of the Centre and the Health Management, in collaboration with the Quality Management System Manager, periodically, during the Management Review, verify compliance with the commitments listed above, the achievement of the objectives and define actions aimed at recovering any deviations and planning improvement actions.

This Quality Policy is issued and signed by the General Management, in agreement with the Director of the Center and the Health Management.