



Ceis Pesaro. Centro Italiano Solidarietà



Casa Moscati



**SERVICE CHARTER
COLLECTIVE RESIDENCE
S. GIUSEPPE MOSCATI**



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1. WHO WE ARE

CeIS of Pesaro

The Ce.I.S. (Italian Solidarity Center of Pesaro) was founded in 1976 by Father Gianfranco Gaudiano to manage, support, and organize the various services and facilities that had emerged—or were beginning to emerge—around him and the Community of Via del Seminario. Everything was born from a spirit of sharing and from the desire to respond to the different forms of poverty present in the city.

Most people in Pesaro still affectionately refer to these initiatives as “Father Gaudiano’s works,” or, as he liked to call them, “our little shacks.”

Over the years, the Ce.I.S. (together with the Don Gaudiano Foundation, the Friends of Don Gaudiano Association, and many citizens) has helped these services grow, take root in the community, and build strong relationships with public institutions. The goal has always been to ensure that these “shacks,” now more solid, could continue to be a point of reference for many people in difficulty.

Today, the Ce.I.S. — in addition to providing direct support in the areas of social, health, and economic assistance — continues to operate through its Houses, Centers, and Services in the fields of mental health, psycho-physical disability, and issues related to HIV/AIDS. At the same time, it remains attentive and open to recognizing and responding to new forms of poverty that emerge over time.

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The S. G. Moscati Collective Residence, founded in 1992, is a family-style residential facility that provides care — even temporarily — for people living with HIV/AIDS (in intermediate or advanced stages of illness) who lack adequate housing, family, or social support, or whose support networks are insufficient. These individuals require daily assistance and are temporarily unable to care for themselves.

The primary goal is **care and rehabilitation**, with a strong focus on helping residents regain — even partially — personal autonomy and the ability to look after themselves. The service seeks the right balance between care and protection, quality of life, support for residual autonomy, and the expansion of social relationships and opportunities for inclusion and reintegration.

Casa Moscati is a member of the Italian Coordination of AIDS Housing Facilities (CICA).



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2. DESCRIPTION OF THE SERVICE AND PROVIDED SUPPORT

Presentation

Nature and Mission

Our mission is to accompany each person in facing their illness, learning to care for their health in an appropriate and consistent way, and rebuilding a network of meaningful relationships. Wherever possible, the ultimate goal is to help individuals regain a sense of calm, dignity, and personal autonomy.

Welcome and Autonomy are the two guiding principles of our work. Each person is supported according to their own abilities and potential, both in self-care and in daily life.

In response to these goals — and in light of the evolving clinical and social landscape of HIV/AIDS — we have developed a range of services dedicated to people living with HIV/AIDS. All services operate in close collaboration with the relevant territorial health and social services.

Characteristics

The main characteristics that define the work of the facility are:

- **Holistic care:** supporting people living with HIV/AIDS not only from a medical standpoint but in all aspects of life, with the aim of building pathways toward autonomy that adapt to changes in health and personal abilities.
- **Pathways toward autonomy:** the facility is intended to be a temporary environment — a transitional phase — where individuals can regain psycho-physical stability and prepare for a new life project, including possible social reintegration.
- **Capacity for inclusion:** we do not select residents based on gender, social background, or cultural differences. We welcome people according to their needs and the facility's capacity, including individuals with past or current substance-use issues (also within a harm-reduction approach) and those eligible for alternatives to incarceration.
- **A family-style environment:** reflected in the small number of residents, the close ratio between residents and staff, and a quality of daily life that encourages self-determination and active participation in the community.
- **Respect for privacy and confidentiality:** personal data are handled with appropriate tools to ensure integrity and confidentiality, using both manual and digital systems compliant with legal standards.



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Identity Card

Location and Capacity

The S. Giuseppe Moscati Collective Residence is located in Pesaro, at Strada delle Marche 42/43. Its location within the city helps prevent any form of isolation and encourages interaction with the surrounding community.

The facility is a pleasant three-story villa by the sea, with large outdoor areas (a garden, a small sports field, and direct access to the beach). These spaces are also accessible to external visitors, fostering integration between the residence and the local community.

The facility has a capacity of **ten beds**.

It meets all structural requirements for residential use and complies with regulations on urban planning, construction, seismic safety, fire prevention, hygiene, and workplace safety.

The residence is institutionally accredited by the Marche Region (L.R. 21/2016, art. 17; DGR 1501/2016; Decree 276/ACR of 29/09/2017), currently undergoing renewal.

Opening Hours

The facility operates **24 hours a day, 365 days a year**. The internal office is open from **9:00 to 12:00** and **15:00 to 17:00**, Monday to Friday. On Saturdays, it is open in the morning only.

Goals and Objectives

The general objectives for residents are:

- To respond to the need for non-hospital residential care and assistance
- To promote genuine pathways of social inclusion and reintegration
- To implement and support all actions aimed at creating a true **“Open Territorial Community”**, offering alternatives to purely assistential residential models

More specifically, through residential care we aim to:

- Provide non-hospital accommodation, psychological support, listening, and general, educational, recreational, and specialized assistance in a discreet, supportive, and non-judgmental environment
- Help residents rediscover a sense of hope, enabling them to face fear and regain trust in a life that can remain dignified even in illness or hardship
- Offer opportunities to overcome isolation through supportive relationships, belonging, and shared experiences
- Support individuals in becoming aware of their personal situation and managing the limits imposed by illness, transforming frustration into motivation for life



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- Encourage reconciliation with oneself (past, relationships, personal history) and with others (family, community)
- Promote social and cultural reintegration by enhancing personal abilities, interests, and resources
- Provide psychological support to families, partners, and friends dealing with the challenges associated with HIV/AIDS



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Operational Tools

To achieve these goals, the facility uses several key tools:

- A **personalized care and support program**
- Access to **specialized services** (medical, nursing, psychiatric, rehabilitative), through close collaboration with public and private healthcare providers
- Regular implementation of medical prescriptions and constant coordination with the Infectious Diseases Unit of Pesaro Hospital
- **Personal assistance** (daily living activities, self-care) and **domestic support** (meal preparation, cleaning, shopping)
- **Social, cultural, and recreational activities**, both inside and outside the facility, to help residents rediscover their abilities and interests
- **Support for residents and families** through group meetings, individual conversations, and external projects aimed at assessing autonomy and reintegration opportunities
- A **house regulation** that balances personal freedom, community life, and health-related limitations
- **Autonomy-building activities** related to free time, money management, and relationships
- **Family involvement** whenever possible

Intervention Style and Methodology

All interventions are based on two complementary dimensions:

- **The personal dimension**, meaning a personalized plan that respects the uniqueness of each resident
- **The social dimension**, meaning the broader community and territorial context in which the facility operates

From these principles emerges an **operational style and methodology** that translates the facility's objectives into daily practice. This approach includes individualized planning, shared decision-making, continuous monitoring, and a strong emphasis on relational, educational, and rehabilitative support.

Admission Pathway

The **Individual Admission Program** is defined by the Facility Manager (on behalf of the operational team), together with the Territorial HIV/AIDS Functional Unit and the referring social



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services. The program is continuously monitored and evaluated to identify strengths, challenges, and areas for improvement. It is regularly updated to ensure progress toward the goals of the admission process, including integrated pathways for social, housing, and work reintegration.

Upon arrival, each new resident is supported by a designated staff member who, during the first month, helps them become familiar with the facility, its rules, routines, and the surrounding community. This period serves as a **mutual choice phase**, during which the resident and the facility confirm their commitment to the shared experience (Individual Admission Agreement).

After this initial phase, the resident is supported by the entire Operational Team, with the aim of recovering lost abilities and gradually moving toward greater autonomy (housing, financial management, free time, etc.).

When appropriate, residents who have achieved a certain level of autonomy may transition to the **Casetta**, a smaller living space designed for those capable of managing self-care, free time, and daily routines more independently.

Internal Regulations

To maintain a family-like environment and ensure smooth daily functioning, some basic rules are necessary. Below is the translated version of the internal regulations, written in a clear and professional tone:

1. **Daily routine** The day begins with breakfast and personal hygiene. If there are no medical appointments or work placements, breakfast may be taken until 10:00, but not later, to allow kitchen activities to proceed. Residents should wake up by 9:30. At night, everyone is asked to return to their rooms by 24:00, turning off TV, radio, lights, and phones. The facility closes its doors at midnight. Exceptions may be granted when justified.
2. **Meals and shared life** Lunch is at 12:30 and dinner at 19:30. Everyone is expected to attend and remain seated until the end of the meal. Outside these times, the kitchen is closed except for health-related needs or justified absences (medical visits, work placements). Coffee is served at breakfast, after lunch, and at 15:00 as a shared moment before afternoon activities. Family and friends may occasionally be invited to meals, with prior agreement.
3. **Shared responsibilities** All residents take turns helping keep common areas clean and tidy (bathrooms, hallways, dining room). Each person is responsible for making their bed daily and keeping their room clean and orderly. Staff may check rooms periodically.



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4. **Food, substances, and safety** Food or drinks may not be kept in rooms unless authorized. Dangerous substances (e.g., detergents) or medications may not be stored in rooms unless explicitly permitted.
5. **Restricted areas** Residents may not access the pantry, office, or infirmary unless authorized.
6. **Phone use** Phone use is allowed unless otherwise evaluated by the Manager or Coordinator. Incoming calls are received by staff and then transferred to residents. For repeated outgoing calls (in the absence of a personal phone), the facility will agree on appropriate times.
7. **Free time and outings** For personal or group activities (outings, visits, trips), residents must inform the Manager or Coordinator in advance. In case of unexpected absences or delays, residents must promptly notify the facility and clearly communicate their location. Participation in recreational activities and events organized by the facility is encouraged.
8. **Group meetings** Group meetings are organized regularly as a key space for dialogue and participation. All residents are invited to attend.
9. **Prohibited behaviors**
 - Use or possession of alcohol or drugs
 - Unauthorized use of medications
 - Blasphemy, offensive language, racist, homophobic, or misogynistic expressions
 - Returning to the facility under the influence of substances (entry will be denied for safety reasons) Smoking is allowed only in designated areas.
10. **Money management** Residents may manage their own financial resources (benefits, pensions, salaries). Support will be provided when needed, in agreement with any appointed legal guardian.
11. **Grounds for reconsidering admission**
 - Introduction or use of alcohol or drugs

 - Theft, violence, or harmful acts toward people or property (including incidents outside the facility)
 - Leaving the facility without permission or repeatedly returning late without valid reasons
 - Possession or unauthorized use of medications
 - Refusal to care for oneself or to follow necessary medical treatments

The Operational Team is responsible for the entire admission project, the personalized program, and all therapeutic, rehabilitative, and social actions, in coordination with the Facility Manager and Medical Director.

Program Duration

The duration of the residential support program varies according to each resident's personalized plan and their progress toward autonomy.

As a general guideline, the ideal pathway lasts **around 24 months**, from initial admission to the hoped-for transition toward independent living and satisfactory social, housing, and relational reintegration.



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However, the duration may be adjusted during periodic evaluations conducted jointly by the Facility Manager, the Territorial HIV/AIDS Functional Unit, and the referring Social Services. Adjustments depend on changes in health status and individual abilities.

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3. TARGET POPULATION

Who the Service Is For

With particular attention to the needs emerging within our local community, the residential facility is intended for:

- **People living with HIV/AIDS** who are in intermediate or advanced stages of illness
- **Individuals with significant limitations in self-sufficiency**
- **People without adequate housing, family, or social support**
- **Individuals whose support networks are present but insufficient or unstable**
- **People requiring daily assistance** and who are temporarily unable to care for themselves
- **Individuals referred by social, health, or judicial services** when residential support is necessary for their well-being and safety

The facility welcomes residents regardless of gender, cultural background, or social condition, in line with its inclusive mission.

Admission Procedures

Admission to the facility takes place upon **proposal or request** from:

- Territorial social and health services
- Hospitals and specialized units
- Other health districts within the Marche Region
- Judicial authorities, when appropriate

The facility maintains a **Waiting List**, managed by the Facility Management, to ensure fairness and clarity in the admission process.

Criteria used to define the Waiting List include:

- The urgency of the person's health and social situation
- The level of autonomy and care needs
- The availability of adequate housing or family support
- The date the request was received



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- Compatibility between the resident's needs and the facility's resources



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Admission Evaluation Process

The evaluation of an admission request follows a structured procedure:

1. **Formal Request** The referring service must submit a written request, including:
 - a **social report**
 - a **medical report** Requests are registered in chronological order.
2. **Introductory Interview** When possible, the Social Worker of the facility meets the applicant, together with the Facility Manager or Internal Coordinator.
3. **Final Decision** The Facility Manager, together with the Medical Director and in agreement with the Territorial HIV/AIDS Functional Unit, issues the final decision regarding admission.
4. **Admission Date and Required Documents** Once accepted, the facility communicates the admission date and the list of required documents. Admission is conditional upon the referring entity's commitment to cover the associated costs.

Discharge Procedures

Discharge from the facility occurs:

- **By mutual agreement** with the resident
- **After verification and approval** by the Territorial HIV/AIDS Functional Unit and the referring services

Short absences for family, social, or therapeutic reasons do **not** interrupt the continuity of care.

In serious cases — as outlined in the Internal Regulations — a resident may be temporarily or permanently discharged upon recommendation of the Operational Team and after notifying the referring entity.

4. ORGANIZATION AND OPERATIONS

Functional Roles

Facility Manager

The Facility Manager provides guidance and technical support to the work of the educators, oversees the monitoring and documentation of activities and educational pathways, and ensures coordination with territorial services. They are also responsible for:

- coordinating educational and rehabilitative activities for residents
- supporting staff in drafting Individual Care Plans (PAI)



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- overseeing the admission of new residents
- participating in meetings of the Territorial HIV/AIDS Functional Unit
- organizing staff schedules, vacation plans, and leave



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The Manager is supported in these tasks by the **Internal Coordinator**.

Social Worker

The Social Worker is responsible for:

- managing individual projects
- maintaining relationships with families, legal guardians, public institutions, and healthcare services
- supporting residents in administrative, social, and reintegration processes

Educators

Educators focus on:

- assessing residents' remaining abilities, potential autonomy, basic skills, personal resources, and interests
- contributing to the drafting, implementation, and evaluation of the Individual Care Plan
- supporting residents in all aspects of personal care
- collaborating with the OSS (Social-Health Operators) in daily activities

OSS – Social-Health Operators

OSS professionals have specific socio-healthcare skills and are responsible for:

- personal care and hygiene
- cleaning and maintaining living environments
- supporting residents in preserving their remaining abilities
- assisting with activities that residents cannot manage independently
- collaborating with educators in implementing the Individual Care Plan

Organizational Structure

The facility's organizational structure ensures that different professional roles are present at key times of the day to meet residents' needs.

During each operational shift, the following are guaranteed:



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- **one Social-Health Operator (OSS)**
- **one Educator**
- **one Internal Coordinator**
- **a Social Worker** present two mornings per week
- **night-time coverage** always ensured by a staff member



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This structure ensures continuity of care, safety, and support throughout the day and night.

Integration with the Territorial HIV/AIDS Network

The S. G. Moscati Collective Residence, the Housing Facilities, and the Open Territorial Community of Ce.I.S. are part of the **Territorial HIV/AIDS Functional Evaluation Unit** of the local health authority (AST), together with:

- the Department of Pathological Addictions
- the Infectious Diseases Unit of Marche Nord Hospital
- the Municipality of Pesaro

This integrated network ensures coordinated care, shared planning, and continuity between residential, social, and healthcare services.

Administrative Office

The administrative office of Casa Moscati is located at the central headquarters of Ce.I.S. Pesaro. It maintains close contact with the Facility Manager, the Internal Coordinator, and the Social Worker to ensure smooth administrative and organizational functioning.

Effectiveness and Quality

The Italian Solidarity Center of Pesaro is committed to:

- monitoring and documenting the effectiveness of its services
- periodically sharing evaluation results with residents and their families

Quality Standards

The facility progressively monitors quality through defined standards and indicators in the following areas:

Structural Standards

- Improving overall comfort and quality of the living environment, whether in the current facility or in future suitable locations



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Organizational, Managerial, and Educational Standards



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- Staff training and professional development
- Auxiliary services (e.g., transportation)
- Personalization of interventions
- Residents' well-being within the community

Regulatory Standards

- Compliance with workplace safety and hygiene regulations
- Protection of privacy and confidentiality

The Ce.I.S. commits to:

- assessing resident and family satisfaction at least once a year
- sharing results and analyzing differences between expected and actual outcomes
- implementing improvement actions within available human and financial resources

Privacy and Data Protection

The facility is committed to protecting the privacy and confidentiality of residents' personal and sensitive data. Personal data may be shared only with authorized internal or external parties and will never be disclosed publicly.

Data are stored in secure archives and processed in compliance with:

- Legislative Decree 196/2003
- Legislative Decree 101/2018

- EU Regulation 679/2016 (GDPR)

5. COSTS AND REGULATORY FRAMEWORK

Costs and Financial Contribution

The costs associated with residential admission are covered through an **economic commitment from the referring entity** (such as social services, health services, or judicial authorities). This commitment is a **mandatory requirement** for admission.



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The financial contribution may vary depending on:

- the resident's level of autonomy
- the intensity of care required
- the duration of the stay
- agreements established between the Ce.I.S. and the referring public institutions

Residents may also contribute personally to certain expenses when appropriate and in accordance with their individualized plan.

Regulatory References

The facility operates in compliance with:

- **Regional Law 21/2016**, art. 17
- **Regional Resolution (DGR) 1501/2016**
- **Decree 276/ACR of 29/09/2017** (institutional accreditation)
- National and regional regulations governing:
 - residential social-health services
 - workplace safety and hygiene
 - privacy and data protection (GDPR and national legislation)

These regulations define the standards, requirements, and procedures that ensure the quality, safety, and legality of the services provided.



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