

MONITORING REPORT

CRRN SASCA MICĂ

"SOS: Romanian NGOs, together for the rights of persons with mental disability closed in institutions" project co-financed by a grant from Switzerland through the Swiss Contribution to the enlarged European Union

GENERAL INFORMATION

A1	Members of the monitoring team	Anca Teodora Muir (lawyer), Paula-Dora Călian (lawyer), Mugur Frăţilă (psychologist), Andreea Hoţopan (volunteer), Bogdan Vlad (volunteer)
A2	Date of the monitoring	November 16, 2016 – November 17, 2016
A3	Time of the monitoring session (day 1 and day 2)	Day I: 10:45 - 17:10 Day II: 09:15 – 18:15
A4	County, City	Suceava County, Comuna Cornu Luncii, Sasca Mică locality
A5	Full name of the institution	Centrul de Recuperare şi Reabilitare Neuropsihiatrică Sasca Mică
A6	Address	Comuna Cornu Luncii, Sasca Mică village, Suceava county, Postal code: 0727147 e-mail : crnrsascamica@dgaspcsv.ro http://sasca-mica.com
A7	Director/Manager of the Institution	- Fron Maria-Luminiţa – Director of the Center – on leave on the date of the visit
A8	The staff present at the Center in the day of the visit	<ul style="list-style-type: none"> ▪ N. – referent, administrator ▪ I. – social assistant ▪ G. – social assistant ▪ R. – psychologist ▪ P. – registered nurse ▪ B. – doctor, family medicine, coordinator of the specialty staff ▪ L. – Human Resource inspector ▪ M. – educator, coordinator of the workshops ▪ G. – educational instructor ▪ S. – expert, Head of Compartment -Residential Protection Services – adults - D.G.A.S.P.C. Suceava ▪ R. – Superior counselor Residential Protection Services Compartment – adults - D.G.A.S.P.C. Suceava ▪ C. – legal counselor, D.G.A.S.P.C. Suceava <p>Contextual conversations with carers, instructors,</p>

		educational instructors, occupational therapy instructors, nurses and registered nurses took place randomly.																																				
A9	Type of institution	<ul style="list-style-type: none">▪ Social assistance institution; Center of neuropsychiatric rehabilitation.▪ No legal personality																																				
A10	Total capacity (no of seats/beds)	405																																				
A11	No. of beds/seats occupied at the time of visit	394																																				
A12	Beneficiaries by gender	M 226	F 168																																			
A13	Beneficiaries by age	ANI No. residents 18-34 70 35-49 150 50-64 115 65-84 58 85 and over 1 TOTAL 394																																				
A14	Beneficiaries by type of disability	<p>According to the written evidence that was handed to the monitors, the situation of the CRRN Sasca Mică residents with handicap certificates is the following:</p> <table><tr><th>TYPE OF “HANDICAP”</th><th>DEGREE</th><th>NO. RESIDENTS</th></tr><tr><td rowspan="3">Associated (complex)</td><td>I</td><td>9</td></tr><tr><td>II</td><td>14</td></tr><tr><td>III</td><td>1</td></tr><tr><td rowspan="3">Physical</td><td>I</td><td>2</td></tr><tr><td>II</td><td>5</td></tr><tr><td>III</td><td>0</td></tr><tr><td rowspan="3">Mental</td><td>I</td><td>98</td></tr><tr><td>II</td><td>115</td></tr><tr><td>III</td><td>3</td></tr><tr><td rowspan="2">Neuropsychic</td><td>I</td><td>13</td></tr><tr><td>II</td><td>134</td></tr><tr><td colspan="2">TOTAL</td><td>394</td></tr><tr><td colspan="2">Social cases without certificates of handicap</td><td>2</td></tr></table>		TYPE OF “HANDICAP”	DEGREE	NO. RESIDENTS	Associated (complex)	I	9	II	14	III	1	Physical	I	2	II	5	III	0	Mental	I	98	II	115	III	3	Neuropsychic	I	13	II	134	TOTAL		394	Social cases without certificates of handicap		2
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A15	Financing sources, including European grants	<p>- Local Budget – DGASPC Suceava, Local Council Suceava</p> <p>- REGIO Projects:</p> <p>1. "A normal life in the center - an open gate to the society", with a budget of 3,157,633.48 RON. The project was implemented from September 30, 2009 to September 30, 2011 and aimed at modernizing the adult and lavatory pavilion within the Sasca Mică Neuropsychiatric Rehabilitation Center.</p> <p>2. "Housewife", budget of 1,688,508.70 RON. The project was implemented between 30.09.2009-30.09.2011 and aimed at extending and modernizing the social infrastructure of the Sasca Mică Neuropsychiatric Rehabilitation Center.</p> <p>The Center regularly receives support from the Mayor of Altötting, Herbert Hofaurer. Video: https://www.monitorulsv.ro/Local/2016-03-22/Sat-social-cu-fonduri-europene-pe-langa-Centrul-de-Recuperare-si-Reabilitare-Neuropsihiatrica-de-la-Sasca-Mica#ixzz4QrJPTwEr</p>				
	<p>Other information:</p> <p>On November 16, 2016, at 10:45, before we entered the CRAS Sasca Mica, we noticed a few persons with disabilities walking on one of the village streets. They accompanied a cart full of wood. We reasonably assumed that these people were residents of CRAS Sasca Mică.</p> <p>Access to the institution:</p> <p>CLR monitors have encountered difficulties in accessing the unit. At the entrance of the CRRN Sasca Mică, the CLR monitors were greeted by the center guard, who immediately announced the manager of the center, Mr. N. He informed the CLR monitors that the head of the center, Mrs. F., was on holiday and CRRN Sasca Mică Has legal personality. Under</p>					

these circumstances it is necessary to have the approval of DGASPC Suceava to carry out the monitoring visit. The Center Administrator initiated the calls (telephone calls with representatives of D.G.A.S.P.C. Suceava) for the CLR monitors to be granted permission to visit the center. Approximately 1 hour after the arrival of the CLR monitors in CRRN Sasca Mică, 3 employees of D.G.A.S.P.C. Suceava came: 2 social workers (S. - expert, Chief of Department of Residential Protection Services - Adults, DGASPC Suceava, R. - Superior Counselor Residential Protection Services DGASPC Suceava) and 1 Legal Advisor (C. Legal counselor - DGASPC Suceava), persons who accompanied CLR monitors during the entire visit period on the first day of monitoring. On the second day of monitoring, from D.G.A.S.P.C. Suceava were present at CRRN Sasca Mică and accompanied the CLR monitors, the two social assistants S. and R., without the legal counselor.

The whole process of obtaining the approval from D.G.A.S.P.C. Suceava to carry out the monitoring visit lasted about 5 hours. During this time both the unit manager and CLR monitors held telephone conversations with Mrs. I., Deputy Executive Director on Social Affairs - D.G.A.S.P.C. Suceava, in order to clarify the context of the monitoring visit. The reason given by Mrs. I. for preventing access to the institution was the absence of a written request from the CLR, a request to double the existing protocol in this respect. During the 5 hours of waiting CLR monitors were invited to one of the administrative offices where general discussions took place about CRRN Sasca Mică.

At around 3:30 pm, CRRN monitors visited the occupational therapy workshops and got in touch with CRRN Sasca Mică residents after obtaining the visit approval. On November 17, 2016, between 09:00 and 18:00, the monitoring visit continued, as in the previous day, with the full openness and availability of CRRN Sasca Mică. We visited the entire unit and we were allowed access to all CRRN Sasca Mica spaces.

Collaboration with the CRRN Sasca Mică staff

Both the administrator and the staff of the center have shown an open, honest and professional attitude during the monitoring visit. CRRN Sasca Mică staff has shown willingness and honest cooperation in all stages of the monitoring visit. We highlight the human and professional involvement of the CRRN Sasca Mică staff in the day-to-day activities and the concern to manage as closely as possible the complex (medical, social and administrative) situations that occur in the "mammoth" center CRRN Sasca Mică. The efforts of the staff to be appreciated considering both the degree of loading of the staff in relation to the large number of residents and the complex and severe pathology of the majority of CRRN Sasca Mică residents.

General atmosphere

At the time of the monitoring visit, the general atmosphere of CRRN Sasca Mica was calm and of good understanding; the CLR monitors observed a natural bond between residents and the staff. For example, in the context of this friendly relationship, some residents are

	<p>helped to play certain roles in the CRRN Sasca Mică: the "guard" of the center, " the policeman" or " the courier". These roles are informal and pseudo-functional, with the purpose of fulfilling the wishes of certain residents, their need for being useful, and the joy of being accountable in the context of the institution they live in. CRRN Sasca Mica residents live in two pavilions - Oskar House and Erika House, these pavilions have different living conditions. Details of the organization and status of the two pavilions may be found in the Living Conditions section of this report.</p>
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THE SOCIAL CONTEXT OF THE INSTITUTIONALIZED PERSONS

The CLR monitors did not have access to documents reflecting the way in which the residents of CRRN Sasca Mică were institutionalized. The discussions with the staff of the institution showed that most of the 130 Oskar House residents came from different social care facilities for minors - that is why the building is called "children's place" - being transferred to Sasca Mica many years ago. The 264 Erika residents came from families or other adult centers.

- According to the Center's manager, there is a plan to de-institutionalize the CRRN Sasca Mică, a process whereby residents of the Oskar House will be moved to protected apartments that will be built on the area of Sasca Mică village. The project is still in the approval phase, but it is mentioned in the local press.
- Most of the CRRN Sasca Mică residents are from Suceava County, but there are situations in which they came from other areas of Romania. CLR monitors talked to a resident (C.I.) who said he came from a Center in Sector 4, Bucharest. According to him, he has relatives in Bucharest. The social Assistant I. explained that he was hosted by a family in Gura Humorului, after being found on the streets, eventually reaching CRRN Sasca Mică. C.I. is 35 years old and was born in Sector 4, Bucharest, but was abandoned in Gura Humorului, where he lived in various annexes through the goodwill of various people who housed him. Upon his arrival in CRRN Sasca Mică, C.I. suffered from accentuated functional impairment and cirrhosis. The resident gave a CLR monitor a photo with the request to send it to Bucharest, and said that he wanted to leave the Sasca Mica Center to another center, specifically Siret, a center he heard that he had better conditions. According to the staff of the institution, C.I. manifests self-aggressive behaviors. The Center staff declares that the resident adopts such behavior to gain attention and then be sent to another center. The resident carries out various activities at the kitchen of the center and in the tailoring workshop. Interviewing more residents, CLR monitors have found some people's wish to

move to another center where they would find better living conditions, especially food. According to social assistant assertions I., some residents hear that other centers are "better" and show their willingness to move to such a center, although they have never been there. At the same time, the staff of the institution confirms that residents may be confused about the illness they suffer (for example, they recall events, episodes from the old centers where they lived in the past, and consider that they took place in CRRN Sasca Mică);

- Of the 394 residents, 4 are hosted at CRRN Sasca Mică because of the replacement of the medical restraint condition under Art. 114 Penal Code with the safety measure of ambulatory medical treatment under Article 113 of the old Criminal Code, a measure which, according to criminal sentences, "is to be enforced at the level of the Sanitary Department of Suceava County". I asked the staff of the center why they are sent to CRRN Sasca Mică, and the answer was that this is the only neuropsychiatric recovery and rehabilitation center in Suceava that still has available seats/beds;
- From the discussions with Mrs. S., aged 64, resident in CRRN Sasca Mică, it appears that she is in CRRN Sasca Mică since 1973 (i.e. from the age of 21). Ms. S. says that life in the center is much better now than 10 or 20 years ago. This resident has a personalized bed, many pillows, a bird cage with 2 birds and other personal items. From the words of the social assistant, the resident is knitting blouses that she uses to offer them as gifts

During 2015 and 2016, 7 residents were socially and professionally reintegrated, all 14 residents being reintegrated into families. Thus, the reintegration efficiency of Sasca Mica CRRN is about 1.75% of residents / year over the past 2 years. The center's staff explains the very low percentage of people for whom social and / or professional de-institutionalization and reintegration is successful by the fact that most of those entering the center have conditions that do not allow them to be deinstitutionalized. In CRRN Sasca Mică there is 1 resident considered a "social case" (no neurological and/or psychiatric disorders).

ACCESS TO JUSTICE AND REPRESENTATION

Complaints

CRRN Sasca Mică residents have the opportunity to formulate and address complaints. A Suggestions and Complaints box was placed at the entrance of the administrative body. At the time of the monitoring visit, the box contained no complaints or suggestions, the unit's staff confirming that this form of complaint was not used by residents.

Legal support

CRRN Sasca Mică does not provide legal counseling / support for institutionalized persons and their relatives.

Guardianship. Putting under a court ban.

According to the statements of social assistant I., of the 394 residents, for a number of 13 people a court decision was made for banning. Of these, 4 sentences are the result of applying the safety measure of the obligation to medical treatment under art. 113 Old Penal Code.

The CLR monitors found, based on the statement of the social assistant I., that none of the files aimed at putting the residents of CRRN Sasca Mică under judicial interdiction was initiated by the representatives of the center, although they did not appear to be convinced that this is a legal solution. According to the social assistant I., statement, at the meetings organized by DGASC Suceava, with the representatives of the centers within the county, the question of the banning of the residents was raised and one of the solutions discussed was to initiate this process for all the residents of the center by the representatives of the center so as to resolve the problem of decision making regarding medical interventions and rights' exercise. The social assistant I. asked the opinion of the CLR monitors in this regard, being aware that they are resident in the center, and not able to understand and make decisions about their rights and obligations, but also that their representation by a guardian chosen from the center would be a conflict of interest. From the information received, it appears that in certain situations either a social worker or a nurse is signing for residents even if they are not appointed as legal representatives, or the chief medical assistant in the presence of the social worker, or they record "cannot sign" when the resident has no guardian / curator / other legal representative.

This information was confirmed by the documents existing in the resident file of I.C., a resident classified with accentuated handicap. The CLR monitors have found three ways of signing the social service contract concluded between Sasca Mică and this resident, as follows:

- In the contract dated 10.01.2011, in the signature of the resident section, the name of the person appears as hand-written, without specifying who wrote the name;
- In the contract dated 03.01.2013, in the signature of the resident section, the name of the person appears as hand-written, without specifying who wrote the name, and under the name appears the signature of the nurse with the express mention that it is the person who signed it;
- In the contract dated 21.02.2014, in the signature of the resident section, the name of the person appears as hand-written, without specifying who wrote the name, accompanied by a signature, which is no longer explained.

Analyzing the file of the deceased resident on 30.10.2016, BPV, CLR monitors noted that, since 1996, she has had appointed a curator named GV, a person who is also a social assistant. There is no decision on the appointment of the curator in the file of the resident. Asked by the CLR monitors, the social assistant explained to the monitors that the GV social worker, retired at the time of the monitoring visit, served as the curator of the residence based on a decision by the Cornu Luncii City Hall, a decision that was not attached to the file. At the same time, the services

contract concluded between the resident and the center was not signed by the tenant, but by the head of the center, and in one of the contracts the resident's signature appeared on the signature section.

Another aspect found by CLR monitors following the analysis of applications for judicial interdiction is related to the situation of the resident M.I., file no. X / y / z settled definitively by the Campulung Moldovenesc Court. By civil judgment no. X / y pronounced by Court X, applicant J.M. - the cousin of the resident, was appointed trustee of the MI resident. From the analysis of the civil sentence, CLR monitors noted that the MI resident, as a defendant, was not able to answer the questions asked by the court, and although the court proceeded to his hearing, he could not communicate because of the illness he suffered, every question answering, "I know" but without actually answering.

Thus, in this case, the court did not appoint a special curator to represent his interests in court to Mr. MI, although he was placed under a ban and appointed a guardian *"in order to represent his interests before public and private authorities"*.

The CLR's monitors found that, following a court ban and appointment as a guardian of the named JM for the MI resident, another case filed in Court X (No. xx / yy / zz) was resolved on 27.10.2016. The object of the file was the request of being out of a joint possession and having as plaintiffs the PA, PN, PR, including the resident M.I. - by legal representative J.M. vs. defendants M.Ș. And G.V.. According to the court decision, a lot with the area of 1.6825 ha of land with forest vegetation amounting to 57.197 lei was assigned to the applicant M.I.

Social Assistant I. mentioned to the CLR's monitors that the tutor of the resident M.I., namely his cousin, J.M., has not responded so far to the requests to pay the center the contribution for the social services to the resident of M.I. He also declined to submit to them the attestation that he does not earn income which is necessary to conclude the addendum to the services contract, according to Order no. 1.887 of 15.09.2016 of the Ministry of Labor, Family, Social Protection and Elderly People, in this case the Methodology for setting the level of the monthly maintenance contribution due by adults with disabilities, annex to that order.

Against this background, and having regard to the provisions of Art. 12 point 5 of the Convention of 26 September 2007 on the Rights of Persons with Disabilities, ratified by Law no. 221 of November 11, 2010, according to which "States Parties shall take all appropriate and effective measures to ensure the equal right of persons with disabilities to own or inherit property (...) and ensure that persons with disabilities are not disposed arbitrary of their assets," the CLR monitors believe that there may be some indifference on the part of the authorities as to the assurance of the equal right to inherit the property of the MI resident.

Another situation highlighted by the analysis of applications for release under ban of the residents is that of the S.I.G. resident who was placed under court order by civil judgment no. Xx / yy pronounced by the Y Court in file no. Xxx / yyy / zzz at the request of the applicant, S.M.L., sister of the resident. By a request for an amendment, the applicant, S.M.L., requested the court to appoint the sister of the parties, namely T.R.M., as the curator of the defendant. It is clear from the above-mentioned sentence that TRM, who was appointed guardian not as a curator of the resident, is in England but that "at the time the decision remains final she will return and take care of his brother." The court holds that TRM "has sufficient material and moral safeguards to legitimize it to carry out this task."

According to art. 142 in conjunction with the provisions of art. 174 of the new Civil Code, the guardian has the duty to take care of the one who is under a court ban, and for this purpose the guardian acts as the administrator in charge of the administration of the goods. Given that the person appointed as guardian was in England at the time of the judgment of the court, the judge ought to have ensured that he would be able to exercise his duties as a matter of urgency. At the same time, the CLR monitors believe that the concrete way in which the guardians carry out their task must be checked.

LIVING CONDITIONS IN THE INSTITUTION

According to the administrator's declarations, CRRN Sasca Mică has a total area of approximately 3 ha and numerous distinct buildings/pavilions: the gate (which hosts, among others, a presentation / exhibition room with products made by the residents of the center at the ergo therapy workshops and the CRRN Sasca Mica doctor's home), the building that houses the occupational therapy workshops, 2 residential pavilions (where the CRRN Sasca Mica residents reside) the building of the plant, the kitchen and the dining room, the store, the laundry, the underwear store, the drying room, the administrative building, the building of the Carpentry workshop , various annexes. In the past, the center also had a zoo-technical compartment where residents carried out specific activities, but nowadays this compartment no longer exists (at present they have a horse). On some of the plot of the center potatoes are cultivated and used for the food preparation center.

The laundry room

The laundry serves the entire center and was completely renovated and equipped in the context of the REGIO project. At this moment, the laundry has the following equipment:

- 3 industrial 60 kg washing machine;
- 2 40 kg industrial washing machine;
- 1 industrial washer 18 kg;
- 2 industrial dryers of 60 kg;

- 1 industrial dryer of 25 kg;
- 2 calenders; 4 carts.

Hot water and heating

The center has 3 high-capacity thermal power stations. One of them, installed during the past year, works with solid fuel (pellets) and supplies steam. The surplus is collected in a boiler and transformed into hot water that is used in the laundry and kitchen. The other two plants operate with light liquid fuel (CLU) and provide heat and hot water.

- Heat. According to the administrator of CRRN Sasca Mică, when the outdoor temperature drops (about 15 degrees), it notifies D.G.A.S.P.C. Suceava and requests permission to distribute heat. Generally, the heat is distributed between October and April. The administrator says there have been no restrictions on heat and the most important criterion is to start or stop the heat is cold. There were no problems with budget and fuel.
- Hot water is continuous. Although we do not have clear information, staff says there is a hot water program in residents' pavilions. The program (approximately) is the following: morning 9-11, midday 13-15 and evening 18-22. The center also has its own electric generator;
- Visiting all CRRN Sasca Mică salons allowed us to find that the temperature is adequate in salons although in a subjective note we express the opinion that the temperature in the Oskar rooms is generally lower than in the Erika House salons.

Kitchen and dining room

The kitchen serves about 250 residents (those serving the meal on shifts), those serving meal on the section's floors. The kitchen was renovated in the context of the REGIO project and features new industrial equipment and machinery. The project involved expansion, renovation and endowment with modern equipment. There are two sanitary groups and 3 plain white tile sinks for domestic use. One of the sinks is small and the other is equipped with a sink faucet with a sensor. We think these 3 sinks are insufficient to serve 250 residents. The staff at the facility declares that before the renovation, the dining room had a large stainless-steel washer.

- At the entrance to the dining room there is a panel on which in the morning, evening and evening the menu is displayed for a period of 10 days. There is also a panel consisting of 3 sections in which are organized colored cards with the positioning of tables in the dining room. The cards have different colors for the dining series and have the names of the residents printed. These cards represent a clear visual representation of the positioning of the tables in the dining room and the residents at each table.
- The dining room is organized in 2 rooms with 22 (or 20) tables with 4 chairs each, respectively 15 (or 19) tables with 4 chairs at each table. Each table, next to each place, has a label with the name of the resident serving the meal on that place. Center staff says residents know and respect their places.

- Food samples exist and are in term. The kitchen, the dining room and the sanitary facilities are clean and hygienic; the kitchen staff wears the appropriate outfit.
- At the time of the visit we noticed 2 residents washing down in the dining room and a resident washing dishes in the kitchen. The person in the center informed us that they have medical records under which they have the right to work there (we could not verify this information). From the discussions with residents (M. L.B.) we understood that they do this daily they get coffee and food in addition to their serving. Kitchen staff says they get extra food even if they do not do any kind of service. None of the residents who worked in the kitchen and in the dining room did not seem to be required to perform the work but did so voluntarily and with a desire to be useful and help. Regarding this aspect, social assistant I. mentioned to CLR monitors that residents need a purpose, a motivation. Mrs. I. and the psychologist R. believe that kitchen activity is good for residents. Also, the psychologist said that assuming such responsibility, residents find motivation, and some even sit in the gate, and acts as a courier, the practice of assuming certain roles that help them feel useful, „that he wins, he does not win”.

Ergo-therapy Workshops

The center's administrator has told CLR monitors that ergo-therapy workshops are working in the building of a former horse stable and it is difficult to maintain heat in these rooms. In each of the rooms there were electric radiators (in the folk art workshop it was placed on two chairs, and in the boot the radiator was oil and not electric, like all the others).

The carpentry workshop, where 4 residents and one educator were working at the time of the monitoring visit, is located in another building. In this workshop are made furniture, crosses and coffins that are used for residents who die in the center and have no family). This workshop has central heating with Cooperative Wood Therapy, which is in the vicinity.

- Weaving workshop (25-30 square meters) - 2 looms of tissue, 1 horizontal. At the time of the visit 6 residents were present in the workshop;
- Sitting workshop (about 20 m²) - 3 bulbs, a stove, 4 sewing machines, 1 embroidery machine, 1 electric heater. The five present residents were working in the car and making wool spikes. The residents also create folk costumes and lingerie. Some of the residents make popular dances (the group Hope of CRRN Sasca Mică);
- Boots Workshop (12-15 m²) - 2 sewing machines received as donation and 1 appliance. At the time of the monitoring visit, 3 residents were present (including a wheelchair person) and were working on repairing some boots / shoes in the workshop. The workshop has been in place since 2001, and in the past residents have been doing footwear themselves, but now they no longer have shoes from which to make footwear so they only repair. In the closet beside the door there were 2 pairs of house slippers made by residents;

- Folk Art Workshop, where popular costumes and other popular items are made. In this workshop, at the time of the monitoring visit, there were 3 residents and the T.M. residents from Rădăuți and E.C. They expressed the desire to sing and played to the CLR monitors;
- Painting workshop on glass, where 4 residents were present at the date of the monitoring visit;
- Sculpture workshop, where there were 2 residents on the date of the monitoring visit;
- Joinery workshop, where 4 residents were present at the date of the monitoring visit;
- Phytotherapy workshop, where natural herbal teas are prepared, but not tincture, because the latter need to obtain a corresponding license.
- There are unclear and uninvestigated information about the existence of greenhouses of CRRN Sasca Mică

Asked about the needs of the residents, the psychologist R. told the monitors that more money are needed, for example for wood-therapy, or for the other workshops, because there are not enough pens, pencils, scissors, most of which are donations, D.G.A.S.P.C. Suceava acquiring little material goods.

Accommodation conditions

- The CRRN Sasca Mică residents live in two pavilions - the Oskar House and the Erika House. There is confusion about the names of the two pavilions where residents reside. Thus, the staff of the unit names them either Oskar House and Erika House, or "Children" and "Adults" (or "Young" and "Adults"). At the same time, however, on the official website of D.G.A.S.P.C. Suceava the two pavilions are named Edera and Iris. Taking into account this confusion and the fact that the staff of the center most often uses the names Oskar and Erika, we will use the same names.
- The CRRN Sasca Mică residents are organized in 25 groups with an average of about 16 people / group. This organization by group has organizational and administrative justification. Each group is named after a saint and is headed by a group chief, a nurse. Every two or three groups have a case manager (who is a psychologist, social worker, psycho-pedagogue, or educator);
- At the time of the monitoring visit, the salons of both pavilions in which the CRRN Sasca Mică residents reside were clean, airy, the beds were arranged and linen was generally clean.

Oskar House

There are 130 people in the Oskar House, organized in 8 groups (St. George, St. John, St. Stephen, St. Alexander, St. Daniil, St. Paul, St. Philopte and St. Justin). Most of the residents housed in the Oskar House have neuromotor and severely associated conditions.

Oskar House, organization of living space: floors, salons, beds and residents:

No.	Name of the room	Beds	Residents
Ground Floor			
1.	1	9	9
2.	2	10	9
3.	1 bis	8	8
4.	3	7	7
5.	„At the Club”	6	5
6.	4	9	9
7.	4 bis	8	10
1 st Floor			
8.	5-6	15	18
9.	7-11	8 beds + 9 small beds	15
10.	8-10	20	19
11.	9	9	21
12.	9 bis	10	
Total	15 rooms	119 beds 9 small beds (total 128)	130 residents

We do not know whether the 2-bed gap in relation to the number of residents is a material error or a state of fact. During the monitoring visit, we found that in some rooms there are bunk beds - which may pose a risk to the safety of residents - and in other cases the beds are glued and there is no space between them, which may indicate the lack of space, and the likelihood that in some lounges and situations, residents will sleep in the same bed. In connection with this hypothesis, CRRN Sasca Mică staff members confirmed the existence of such situations, explaining that it is the development of affinities between certain residents. Although this is plausible in a psychological perspective, it is clear from the documents available to us that there is a 2-bed deficiency in the Oskar House pavilion in relation to the number of residents living in this flag at the time of the monitoring visit.

The Oskar House (which is organized in a former mansion that was the subject of a restitution file) is an old, ground-floor and upstairs building and is in an advanced stage of degradation, with dark halls, old windows and doors. According to the staff, the renovation of the Oskar building could not be done precisely because of the restitution of the property). The salons are furnished with furniture (usually wooden beds and cabinets, some of the residents have lockers), TVs, music speakers (residents whose health allows them to personalize their salons). Generally, there are 2 radiators, 4 bulbs plus 1 neon in the salons (not all functional, except for one). In most chambers,

the psychologist's program is displayed (for example, a group of 15 people on Friday, 9-13). In the cabinets are kept the clothes of the residents. Some of them have personal clothes, others do not. The main entrance to the Oskar House is not accessible (but there is a ramp access to the secondary entrance). In this building the living quarters, sanitary groups and spaces where everyday activities are carried out are not adapted to the needs of wheelchair users or mobility deficiencies, as long as there are undetectable residents.

Although it is in an advanced stage of degradation, Oskar House is adorned with autumn decorations made by residents. There is a poster in each room on which a tree is drawn on the branches on which the photos of the residents living in the room are glued.

There are 2 shared bathrooms, one for each floor. They are insalubrious and degraded, fitted with a sink with three valves, four toilets (without a coil) and two masts. The pipes are rusty, the walls are broken, cracked, there are plaster separations (there is a rusty sewer pipe in the ceiling and the sewer is clogged). The shower room ("washing room") is represented by a hall of about 5 m² high, dark, with 2 small windows at the top of the room, the walls covered with white, old, broken tile and the wet, moldy ceiling and broken from which pieces of plaster come off. A rusty pipe crosses the hall at the top and branches another five pipes, without a shower, where water flows simultaneously. The floor is made of cement, and in one of these two rooms I noticed a piece of sponge from a mattress. Besides the two common sanitary groups there is also a large sanitary ware with 2 bathtubs, 1 toilet (without a plastic cover) and 1 sink. This sanitary group is used for un-movable residents as well as for the staff.

In one of the rooms a resident complains that her bed is broken. The administrator replies that he knows and he will take care to fix it.

The Oskar House has a games room and a library (ludo-therapy room), a dental office (see the Medical Services section of this report) and other administrative areas. At the time of the monitoring visit, 7 people were working in the ludo-therapy room.

Erika House

We highlight from the beginning the following:

- Even though the Erika House benefited from major renovation works in the context of the REGIO project (provided that it operated in a newer building than the Oskar House anyway), there have already been signs of degradation 5 years after the renovation;
- It is provided with an elevator (REGIO project) which has never worked what significantly impedes the freedom of movement of residents living on the 1st, 2nd and attic floors;
- Although the REGIO project involved renovation, fitting out and furnishing of the salons of the residents, they are not provided with bedside tables. Center staff said bedside tables were not provided in the REGIO budget.
- Erika House houses 264 residents in 17 groups. Most residents living in the Erika House have psychiatric disorders (predominantly different forms of schizophrenia).

Erika House (adults), organization of the living space: groups, salons, beds and residents:

No.	Name of the groups	No of rooms for the groups	No. of beds for the groups	No. of residents in the groups
1.	<i>St. Petru</i>	3	21	21
2.	<i>St. Nicolae</i>	3	21	21
3.	<i>St. Teodora</i>	2	10	10
4.	<i>St. Ana</i>	2	14	14
5.	<i>St. Valentina</i>	2	14	13
6.	<i>St. Ecaterina</i>	2	12	13
7.	<i>St. Maria</i>	2	12	12
8.	<i>St. Paraschiva</i>	3	21	22
9.	<i>St. Elena</i>	2	14	14
10.	<i>St. Dumitru</i>	2	15	16
11.	<i>St. Constantin</i>	2	13	13
12.	<i>St. Valentin</i>	2	14	14
13.	<i>St. Vasile</i>	2	11	10
14.	<i>St. Mihail</i>	2	15	12
15.	<i>St. Mina</i>	3	21	18
16.	<i>St. Ilie</i>	2	14	14
17.	<i>St. Teofana</i>	6	30	27
Total	17 groups	42 rooms	272 beds	264 residents

The Erika House is a newer building than the Oskar House and has been renovated in the context of the REGIO project. It is a ground floor building, 2 floors and attic, fitted with windows and doors, large, spacious hallways. Although the building has recently been renovated, its façade already shows signs of degradation caused by weather. What is noticeable at the entrance is the existence of a new elevator that does not work. To our question, why the elevator does not work, the Center Administrator replied that ISCIR did not give the operating notice because a liftman is not employed. One of the representatives of D.G.A.S.P.C. Suceava explained that the elevator is not operational because there was no money for maintenance. Meanwhile, on the 1st floor, residents are dining in the lobby as they move very hard on the stairs.

According to the provisions of Law no. 64/2008 republished, on the safe operation of pressure equipment, lifting equipment and fuel consuming appliances, art. 4 par. 1, "State Inspection for Boiler Control, Pressure Vessels and Hoisting Equipment, hereinafter referred to as ISCIR, is the specialized body of the central administration, with legal personality, responsible on behalf of the State to ensure safe operation measures Installations and equipment provided in Annexes no. 2

and 3. "Article 6 1 lit. F) provides that equipment may be admitted to the market if "authorized service personnel are available for use".

It is unclear whether, when the elevator was installed, there was a need to hire an authorized staff - and if not, why did not - and we did not have access to documents clarifying this situation. Regarding the inexistence of a maintenance contract, it would have been explicable if the elevator would have operated for a while, but this elevator did not even work for a day since it did not have an ISCIR authorization.

The ground floor of the Erika House has men's bedrooms each with 2 bathrooms (each room has an average of 7 beds). Sanitary units have 1 sink, 1 shower and 1 toilet. Although the building has been completely renovated in the context of the REGIO project, the toilets do not have a plastic cover. The isolator has multiple uses: Quarantine for residents who have a contagious condition or for receiving residents who first enter the unit until their health check, intimate room for residents (in the winter), and work room for social workers. On the ground floor of Erika House there are the following:

- 2 physiotherapy booths, equipped with high performance equipment;
- Guard room;
- Therapy room (in which, inter alia, decorations and congratulations are made);
- Music therapy;
- Hairdresser;
- Medical office;
- An insulator (already mentioned).

Erika's first floor houses 99 women. There is a good relationship between residents and staff at the center. [Activities like crocheting, reading, listening to music take place.](#) One of the residents has a personalized bed, many pillows, a cage with 2 birds and other personal items. From the words of the social assistant, the resident is knitting clothes and offers them as a gift. In one of the rooms there is an unpacked closet where there are cleaning substances that pose a danger to residents.

The second floor of the Erika House hosts men. At the time of the monitoring visit, a part of the residents served lunch in the lobby, at a table in the middle of the hall. To our question about this situation, CRRN Sasca Mică, B., MD, explained that because of their age or illness, these residents have difficulty moving on the stairs. The doctor of the unit also states that, for this very reason, many of the residents are seldom out. For these residents, elevator operation would solve the critical issue of freedom of movement within the center. Although House Erika has recently benefited from major renovations, we have encountered broken glass doors and walls with exfoliated paint.

The attic of the Erika House hosts women ("the elite", as one of the center's employees spontaneously affirmed). Residences housed in the attic are in a higher degree of independence compared to other residents, and the attic is fitted with a kitchen (equipped with a stove,

refrigerator, washing machine) where residents sometimes prepare simple dishes (e.g. potatoes fried).

Also in the attic there are the following:

- Psychological Cabinet ;
- Pharmacy ;
- Men's cloakroom;
- Women's cloakroom ;
- Social worker ;
- Ludo-therapy ;
- Psycho-pedagogical Cabinet.

MEDICAL SERVICES

General aspects and staff

The evaluation of the organizational staff chart of CRRN Sasca Mica, the personnel statements and the assessment of the pathologies of CRRN Sasca Mică residents highlight the following issues that significantly affect the provision of efficient and quality medical and social services: lack of legal personality of the center, medical staff shortage, and specialty staff shortage.

- The center has a general practitioner - Dr. B. - who lives in the institution and is the family doctor of the center's residents and is available 24/24. There are also 46 medical nurses (nurses) working in CRRN Sasca Mică. Figures indicate a load of 1/394 for the doctor and 1/9 for nurses. In reality, the burden for nurses is much higher because 46 is the total number of nurses employed but they do not work simultaneously.
- a physiotherapist from Fălticeni has consultations / interventions at CRRN Sasca Mică for 2 / a week (there are unclear information about 4 doctors coming to the center half-time during the week, or Saturday and Sunday);
- a general practitioner also has 2-week consultations;
- In the center there are 4 psychologists, who have a daily schedule from 07-15:00 (the program is displayed on the door of the office, located at the attic of Erika House, but also in some of the salons of the two residential pavilions). Their program is divided between organizational activities and counseling.
- both in the Oskar House and in the Erika House, at night there are only 2 emergency nurses;
- Maternity and rest leave often result in additional overcharging;
- no unfortunate event has occurred in the center due to lack of staff, employees try how much they can to take care of residents;

- There are 17 instructors for the activities carried out in the occupational therapy workshops (tailoring, carpentry, painting, phytotherapy, ludo therapy, computer science, music therapy, etc.);
- According to the staff statements, in the Erika House, there are 10 nurses on each level, and in the Oskar House there are 7 nurses. Each group has assigned a nurse. As far as nurses are concerned, they are allocated one at approximately 20 residents, and the work schedule, from information received from staff, is 24 hours in shifts;
- For the management of the psychiatric treatments (evolution monitoring, consultation, treatment reformation, supplementation of treatment in crisis situations, etc.) of the residents, the CRRN Sasca Mică medical staff collaborates with 7 psychiatrists from Suceava county;

Medical offices and equipment

CRRN Sasca Mică has the following facilities: pharmacy, physiotherapy room, ludo therapy and ludotherapy rooms, ergotherapy therapy workshops, medical cabinet, emergency rooms, psychological cabinet, psycho-pedagogical cabinet, dental office. The conditions in which they are and are working are further detailed.

- The Erika House is equipped with 2 physiotherapy rooms, equipped with high performance equipment. At the time of the monitoring visit, a resident was in one of the rooms where he received a lumbar massage. The schedule is up to date and it can be seen that about 6 people are scheduled daily for various massage treatments (lumbar, cervical, foot, etc.);
- CRRN Sasca Mică is located at the attic of Erika House. Drugs are brought to the center and organized in paper bags for each resident, each paper bag having the name of the resident. Given that the center's pharmacist is on maternity leave for 2 years, the pharmacy is managed by a nurse with a pharmacist assignment without specialized training;
- On the ground floor of the Oskar House there is a dental cabinet with old, degraded and non-hygienically appliances, the water flowing to the sink is rusty, there is a Rivex / Window Cleaning Box replacing the soap or hand disinfectant; A syringe with an unidentified solution is forgotten on a table, in the consultation register the last consultation is registered in 2008. The information about the activity of the dentist in CRRN Sasca Mică is unclear: there are employees of the unit who say that the doctor visits 2 visits / week in the center, and other employees who say that the doctor makes 1 visit / week. This information could not be further verified at the date of the monitoring visit. Also, according to CRRN Sasca Mică employees, there is no operating authorization for the dental office and the only interventions done by the dentist are dental extractions. In the medicine cabinet (not provided with a key) there are three dental prostheses and a few

boxes of medicines, including psychotropic drugs (Diazepam), whose presence in the dental office could not be explained by the staff of the unit;

- In the Erika House's emergency room, there is the medicine cabinet, with the lists of drugs contained;

Diagnosis and treatment

According to statistics provided by psychologist R., the distribution of diagnoses in CRRN Sasca Mică is as follows:

No.	Diagnosis	No of residents
1	Paranoid schizophrenia	87
2	Hebephrenic schizophrenia	1
3	Catatonic schizophrenia	1
4	Residual schizophrenia	8
5	Chronic schizophrenia	18
Total schizophrenia		115
6	Oligophrenia grade I	74
7	Oligophrenia grade II	94
8	Oligophrenia grade III	50
9	Deep Oligophrenia (IV)	14
Total oligophrenia		232
10	Alzheimer's Dementia	5
11	Dementia in Parkinson's disease	3
12	Senile dementia	24
Total dementia		32
<u>13</u>	Organic cerebral psychosyndrome	4
<u>14</u>	Mixed personality disorder	3
<u>15</u>	Manic-depressive psychosis	2
<u>16</u>	Schizoaffective disorder	5
<u>17</u>	Physical	1

Disorders of a neurological nature associated with the above diagnoses		
18	Encephalopathy	5
19	Cerebral palsy	1
20	Epilepsy	39
21	Hemiparesis	12
22	Paraparesis	3
23	Tetraparesis	4

The evaluation of statistical documents on drug consumption for August and September 2016 in CRRN Sasca Mică highlights the following (for reasons related to the organization of statistical data in the analyzed documents as well as due to material errors, the data are approximate but very close to the real situation):

- 364 residents are under medical treatment; The vast majority benefit from long-term treatments for chronic psychiatric and / or neurological disorders;
- The treatment regimen for people receiving medication is composed, on average, of about 5 drugs / active substances in different combinations and dosages. There are treatment regimens containing up to 17 distinct drugs. Most CRRN Sasca Mica residents benefit from a treatment regimen containing at least 1 active psycho or neurotropic substance.
- About 30 residents of the Oskar House receive contraceptive treatment and about 45 Oskar residents are monitored for their menstrual cycle; Contraceptive treatments and menstrual cycles are recorded in the tables displayed in the Oskar Home Emergency room, along with epilepsy seizure records and Fluanxol treatment (Flupenthixol);
- There are administered approx. 45 different psychotropic active substances in different combinations, doses and treatment regimens (including active substances for cerebro-vascular diseases, epilepsy and neuro-motor disorders);
- approximately 45 active substances for cardiac and related diseases are administered in different combinations, doses and treatment schedules
- about 10 active substances for pulmonary and respiratory diseases, in different combinations, doses and treatment schedules;
- other conditions for which drug treatments are in place: dermatological diseases, liver disease (s), infections, diabetes, digestive and / or metabolic disorders.

The following table highlights the frequency of 5 (out of 45) most commonly used psycho and neurotrophic active substances in the Sasca Mica CRRN. Numbers indicate the total number of people receiving a given active substance:

	levomepromazinum (Levomepromazin)	clozapine (Leponex)	haloperidolum (Haloperidol)	trihexyphenidylum (Romparkin)	acidum valproicum (Depakine chronon)
Frequency/ distinct persons	135	28	50	48	57

Apart from the concerns about the widespread use of psychotropic medication, we draw attention to the use of Clozapine (a commercial name Leponex) that is associated with important, possibly fatal side effects (especially the risk of agranulocytosis). The explicit warnings contained in the Clozapine leaflets, explanatory sheets and protocols indicate unequivocally the need for high and constant frequency medical analyzes, and also the need for careful monitoring of any infection in patients receiving Clozapine. From the discussions with the family doctor of the CRRN Sasca Mica Residents as well as with other medical staff, we have not been able to understand (or analyze documents in this respect) if these mandatory monitoring and analysis were or were performed in accordance with the requirements of the use protocol Clozapine and the risks associated with the use of Clozapine.

Medical procedures, working tools, registers, observation sheets

According to the representatives of the residential protection services - adult persons within D.G.A.S.P.C Suceava, the following files are prepared for each resident of CRRN Sasca Mică:

- Social file (including copies of personal documents);
- Service file (evaluations, intervention plans);
- Medical file.
- Intervention plans are made on 3 dimensions:
 - o Care plan;
 - o recovery plan;
 - o (Re) socialization / integration plan.

For a person who has just been admitted / to be admitted to CRASN Sasca Mică, the following steps are taken:

- A) an initial assessment is made;
- B) An intervention plan is structured. It contains plans for care, recovery and (re) socialization;
- C) Service delivery and implementation of the plans are monitored for a period of one year;
- D) A reassessment is made
- E) The intervention plan is reassessed / restructured.
 - CRRN Sasca Mică residents are organized in 25 groups, each group having a group leader who is a nurse and at 2, 3 groups there is a case manager;

- the staff declare that in the CRASN Sasca Mică no physical contentious methods are used; In the context of the monitoring visit we visited all the salons of the two pavilions and we interacted with the vast majority of the residents and did not encounter physical contentious situations; The center insulator is not used in a psychiatric sense; The psychologist R. said that for 6 years since working at CRRN Sasca Mică, he did not see the physical constraint, which is why there is no physical contentious register in the center; The psychologist believes that there have been no physical constraints for about 6-8 years in the center;
- According to the statements of Dr. B. (who is the family doctor of CRRN Sasca Mică residents), residents are consulted at different time intervals (monthly, 3 months or when needed) depending on the diagnosis, treatment and incidents which may occur;
- Two registers have been made available to us for consultation, which are used to record different medical events:
 - 1.Conflict registry;
 - 2.Agitated registry;
 - 3.Restraints,

Oskar House

- 1.Agitated Registry;
- 2. Epileptic crises;
- 3. Fluanxol administration;
- In one of the registers the records cease on July 8 but it is not clear in what year; we asked for explanations on the terms used in the registers (agitation, restrictions). According to CRRN Sasca Mica staff statements, "restriction" refers specifically to restricting the freedom of movement of residents in the sense of preventing them from leaving the salon or participating in certain activities. Restriction is effectively implemented by dressing the pajamas. Staff declare that the resident is ashamed to leave the salon and, at the same time, being dressed in pajamas, if he leaves the salon, is easier to spot him visually in the perimeter of the center; With regard to the notion of "agitated," the center's staff said they were residents of psychomotor agitation, aggression, self-aggression, and verbal violence.
- The analysis of the registers provided highlights the fact that residents are subject to restrictive measures (as described above) and / or to add psychotropic medication (generally administering Diazepam) for the following:
 - inappropriate / ugly speech with staff,
 - Cigarettes, hit / damage to salon objects,
 - suicide threats, etc.
- Given that restraint and chemical restraint is a measure of deprivation of liberty, we draw attention to the fact that these must be used exclusively in a medical context when

imminent risk is found for the resident or those around him and not as a disciplinary, educational or coercive measure ;

- If the treatment or supplementation of doses of psychotropic substances is necessary, the family doctor of the center contacts by telephone one of the psychiatrists with whom the center collaborates. The family doctor observes the clinical situation and sends it to the psychiatrist (who, being the treating physician of some of the residents, knows their diagnosis and pathology, as the staff of the center decides) and the psychiatrist indicates the new treatment to be administered.
- Analyzing several observation sheets / medical records of some of the residents, we found the presence of these records of prescriptions made by phone. At the same time, we have encountered situations for which we have not been able to establish the correlation between a prescription of psychotropic substances by the family doctor of the center (prescription recorded and initialed in special registers) and the corresponding prescription indicated by the psychiatrist physician.
- This situation may suggest that due to the medical customs and the experience of the family doctor, the knowledge of the pathological specificity of the CRRN Sasca Mică residents, sometimes the psychiatric prescription is not formulated by the psychiatrist, but just by the family doctor.
- There are also situations where the doctor or medical staff of the center decides to urgently send the resident to UPU Suceava (Emergency Unit Suceava).

Occupational therapy

In CRRN Sasca Mică there are Occupational Therapy activities organized in 9 workshops (or 8, considering that some activities are complementary: e.g. sewing / tailoring) as follows: carpentry, sculpture, fabrication Candles, shoemaking, painting, weaving, tailoring, knitting and phytotherapy. Along with the occupational therapies, CRRN Sasca Mică residents also participate in active melotherapy and ludotherapy programs. The center also has a physiotherapy room.

Number and distribution of residents included in Occupational Therapy / Occupational Therapy programs:

	Occupational Therapy	Ludotherapy Oskar House	Ludotherapy Erika House	Melotherapy
No of residents included in the Program	105	26	42	20
TOTAL	193			

- It is not clear whether all residents are involved in occupational therapy programs and 193 is the capacity of these workshops or if the same 193 residents are constantly participating in occupational therapy programs. Also, given the hypothesis no. 2, we do not have full explanations as to why not all residents participate in occupational therapy programs

(staff declare that non-moving residents cannot participate in these programs, some psychological and intellectual pathologies make it impossible for other residents to participate in these programs, and others do not want to participate);

- Each workshop displays the program. At the time of the monitoring visit, although we were after the displayed schedule, the workshops were still active. We cannot say whether this was an exception or regularity. Educational instructors who assist and coordinate the work of residents in workshops work with two main documents / tools: annual monitoring record and daily activity records. These two tools allow for the recording of some indicators of the evolution of the residents in the occupational therapy and occupational therapy programs (evolution, degree of involvement in activity, results, etc.)
- We have vague information about the existence of greenhouses but we have not been able to investigate their status and the involvement of residents in activities in these greenhouses.

Special situations

T.I. Case

Diagnosis:

- 312-F20.3 Undifferentiated schizophrenia
- 344-F72.1 Severe mental retardation, significant deficiency of behavior, attention-requiring or treatment.

The resident lives in one of the Oskar House rooms. At the time of the monitoring visit T.I. was alone in the room, completely covered with a blanket. As we approached the bed, raising the blanket overhead, we found that T.I. slept and had an open and bloody wound on his forehead. Both T.I. clothes (Pajamas) and bedding and the metal frame of the bed were stained with blood. Soon, in the T.I. Dr. B, the family doctor of the residents of CRRN Sasca Mică arrived. He stated that he is aware of the TI wound. He also stated that both the psychiatrist and the neurologist are aware of the situation of the TI resident: she exhibits important auto-aggressive behaviors. Nurses, nurses and family physicians present on the spot assert that T.I. has caused the wound from the forehead by repeatedly striking the forehead of various harsh objects, especially the metal frame of the bed. Staff declares that it is a well-known and lasting behavior of TI. They did not find a solution to protect T.I. of her self-destructive behaviors. Asked if they intended to protect the metal frame of the bed with a soft material or to use a protective helmet for TI, the staff stated that they did not consider such solutions. At the same time, psychologist R. states that such helmet was used at least once, for one patient, a few years ago, in CRRN Sasca Mică. We have not been able to find out if this solution was used for T.I. or for another resident. According to the medical and non-medical staff statements of the unit present in the TI's room, the psychiatrist evaluated TI a few days ago. T.I.'s wound was not bandaged at the time of the monitoring visit, but the unit staff stated that the wound was treated appropriately. The family doctor also states that, as far as possible, it is intended to ensure the permanence of TI's supervision, precisely to prevent self-

aggressive behaviors. Within a few minutes T.I. woke up: she was sleepy, had signs of sedation, did not communicate (in the context of psychiatric diagnosis). T.I. benefits from a treatment scheme containing psychotropic active substances (neurological and psychiatric treatment). In particular, we note the treatment with Clozapine. It is unclear whether the mandatory analyzes for monitoring Clozapine treatment were performed with the regularity required by the medication protocol. The family doctor claims the overcrowding and transportation difficulties of residents at different hospital units for conducting medical investigations and analyzes. "Patients are examined according to the possibilities". During the discussion, T.I.'s clothes have been changed.

The medical file of T.I. was not in the center at the date of the monitoring visit. About T.I., the family doctor says that lately she had no Clozapine treatment, so further medical investigations were not recommended. According to the statements of CRRN Sasca Mică staff, DGASPC Suceava criticizes the high expenses with medical treatments and the Health Insurance House carries out regular checks in this regard (the last check was carried out in April this year, at the doctor of the unit, in his capacity of family doctor).

We requested the registers in which T.I.'s medical history was recorded. The staff declares that there is evidence of the self-aggressive behavior of TI in the Incidents Register. At the time of the monitoring visit, the entry in the register highlights "psychomotor agitation". The factual situation ascertained as well as the allegations of the staff suggest that T.I.'s wound is old and continuously reopened because of self-aggression. The situation found indicates the medical staff of CRRN Sasca Mică assumed the medical condition of T.I. in the sense that it is considered that for both the open plague and the self-aggressive behavior there is no other solution than psychotropic medication and the cleaning of the wound. In view of the important and interconnected risks (Clozapine-agranulocytosis-open and unpaired wound for a long time and in contact with the non-sanitized bed /space - risk-of-infection) under TI's medical condition, in addition to the psychiatric diagnosis - which cancels any autonomous self-care and reaction strategy - we believe that the factual situation, even if singular, requires urgent medical attention and initiation of steps to find a consistent, effective and lasting solution to T.I. wound management to prevent future plagues and for managing its self-aggressive behaviors.

THE RIGHT TO EDUCATION AND TRAINING

Near the CRRN Sasca Mica, there is the social cooperative "Wood Therapy" where 5 residents of CRRN Sasca Mică are employed. According to the education instructors, the materials used in the workshops are received as donations and the products are destined for internal use in the center as well for exhibitions. For example, residents are rebuilding footwear, bedding, carpets, wooden furniture, crosses, coffins, handicraft items. At the time of the visit, Christmas decorations were made for a fair to be held on the 3rd of December on the occasion of the International Day of

Disabled Persons. CRRN Sasca Mica has a presentation space but according to the staff's statements, the products made in Center are not marketed. Staff members CRRN Sasca Mică says that one of the reasons for not selling products made by residents is that CRRN Sasca Mică lacks legal personality, the money resulting from these sales would be taken over by D.G.A.S.P.C. Suceava ("it would be extrabudgetary, it is strict therapy, we are not allowed to cash in, all the money goes to the cashier and all the money is taken by the County Council.") The staff of the center seems to know the value of the goods made by the residents, woven carpets, to beautifully embroidered and paintings that cost hundreds or thousands of lei. All these activities take place in the context of occupational therapy, even if the outcome of this therapy is exposed in the presentation space / shop

5 of the center's residents are employed, with individual labor contracts, at The Social Cooperative Wood Therapy. The individual labor contracts are concluded for a fixed period of 4 months from the moment of its conclusion, 03.09.2015 until 31.12.2015, to which are signed additional acts that change the working period and the salary, but not the duration of the contract, as follows:

1. **1. CB-** signed the contract with number 199 / 03.09.2015, through which he is employed as an unqualified worker, for a period of 4 months, with a program of 4 hours a day, 20 hours per week, and a salary of 800 RON per month, at The Social Cooperative Wood Therapy. At the expiration date of the contract, 31.12.2015, an additional act no. 28 / 31.12.2015, through which the salary is changed from 800 RON / month to 525 RON / month. No other contractual provision is changed. This is because the individual labor contract expired on 31.12.2015. By the additional act no. 17 / 01.04.2016, the working time is changed from 4h / day to 2h / day and the letter J, the salary decreases from 525 RON to 265 RON, the salary is modified by the additional act no. 29 / 01.05.2016 from 265 RON to 350 RON, all other contractual provisions remaining unchanged.
2. **C.M.R-** concluded the contract with the number 200 / 03.09.2015, contract which is not signed by the beneficiary, through which he is employed as an unqualified worker, for a period of 4 months, with a program of 4 hours a day, 20 hours per week, and a salary of 800 RON per month at the Social Cooperative Wood Therapy. At the expiration date of the contract, 31.12.2015, an additional act no. 29 / 31.12.2015, addendum signed this date, where the salary is changed from 800 RON / month to 525 RON / month. No other contractual provision is changed. This is because the individual labor contract expired on 31.12.2015. By the additional act no. 18 / 01.04.2016, the working hours change from 4h / day to 2h / day and the letter J, the salary decreases from 525 RON to 265 RON, the salary is modified by the additional act no. 30 / 01.05.2016 from 265 RON to 350 RON, all other contractual provisions remain unchanged.
3. **M.C.G.** concluded a contract with the number 201 / 03.09.2015, a contract that is not signed by the beneficiary, through which he is employed as an unqualified worker for a period of 4 months with a program of 4 hours a day, 20 hours a week, and a Salary of 800

RON per month at the Social Cooperative Wood Therapy. At the expiration date of the contract, 31.12.2015, an additional act no. 30 / 31.12.2015, addendum signed this date, where the salary is changed from 800 RON / month to 525 RON / month. No other contractual provision is changed. This is because the individual labor contract expired on 31.12.2015. By the additional act no. 19 / 01.04.2016, the working hours change from 4h / day to 2h / day, and the letter J, the salary decreases from 525 RON to 265 RON, the salary is modified by the additional act no. 31 / 01.05.2016 from 265 RON to 350 RON, all other contractual provisions remain unchanged.

4. **C.I.** signed a contract with the number 202 / 03.09.2015, through which he is employed as an unqualified worker, for a period of 4 months, with a program of 4 hours a day, 20 hours per week, and a salary of 800 RON per month, at Social Cooperative Wood Therapy. At the expiration date of the contract, 31.12.2015, an additional act no. 31 / 31.12.2015, signed addendum, whereby the salary is changed from 800 RON / month to 525 RON / month. No other contractual provision is changed. This is because the individual labor contract expired on 31.12.2015. By the additional act no. 20 / 01.04.2016, the working time is changed from 4h / day to 2h / day and the letter J, the salary decreases from 525 RON to 265 RON, the salary is modified by the additional act no. 32 / 01.05.2016 from 265 RON to 350 RON, all other contractual provisions remain unchanged.
5. **B.P.C.** - Concluded a contract with the number 203 / 03.09.2015, a contract that is not signed by the beneficiary, through which he is employed as an unqualified worker, for a period of 4 months, with a program of 4 hours a day, 20 hours per week, and one Salary of 800 RON per month at the Social Cooperative Wood Therapy. At the expiration date of the contract, 31.12.2015, an additional act no. 32 / 31.12.2015, addendum signed this date, where the salary is changed from 800 RON / month to 525 RON / month. No other contractual provision is changed. This is because the individual labor contract expired on 31.12.2015. By the additional act no. 21 / 01.04.2016, the working time is changed from 4h / day to 2h / day and the letter J, the salary decreases from 525 RON to 265 RON, the salary is again modified by the additional act no. 33 / 01.05.2016 from 265 RON to 350 RON, all other contractual provisions remaining unchanged.

The CLR monitors state that, according to the legal provisions in force, the individual fixed-term employment contract may be prolonged, under the conditions stipulated in art. 83 of the Labor Code, and after the expiration of the original term, with the written consent of the parties, for the period of carrying out a project, program or work (Article 82 of the Labor Code). Under these circumstances, the contracts concluded between Therapy Wood and residents have not been duly extended and cannot be considered as in force on that date.

As a result of the analysis of these contracts, it can be noticed that they are no longer in force, and they cease by reaching the deadline. Other work contracts or additional papers were not provided to CLR monitors, but from the staff's statements, presently 5 residents work for Wood Therapy.

In the case of B.P.C., M.C.G. and C.M.R, the individual employment contracts were not signed by them, which leads to the nullity of the contract. According to the provisions of art. 16 para. (1) of the Law 53/2003 - Labor Code, republished, the individual labor contract is concluded on the basis of the written consent of the parties, in Romanian. At the same time, according to the provisions of art. 17 of the Labor Code, before the conclusion or modification of the individual labor contract, the employer has the obligation to inform the person selected for employment or, as the case may be, the employee, about the essential clauses which he / she intends to enroll in the contract or to modify them. The obligation to inform the person selected for employment or the employee is considered to be fulfilled by the employer at the time of signing the individual employment contract or the additional act, as the case may be. Thus, the individual labor contract must be signed before the start of the employee's activity and after the employee has been informed in advance.

In case of non-observance of the mentioned legal provisions, the provisions of art. 260 paragraph (1) lit. E) of the Labor Code, according to which the employment of up to 5 persons without the conclusion of an individual labor contract, according to art. 16 par. (1) is a contravention and is sanctioned by a fine from 10,000 lei to 20,000 lei for each identified person.

At the same time, according to art. 260 paragraph (1) lit. F) of the Labor Code, the performance of work by a person without the conclusion of an individual labor contract is a contravention and shall be sanctioned with a fine from 500 lei to 1,000 lei.

It should also be mentioned that in the individual labor contracts concluded on 03.09.2015, the work program is 4 hours a day, from **15:00 to 19:00**. At the same time, however, from the program displayed at the Knitting Workshop, it appears that the C.M.R resident is in the workshop from 1:30 pm to 3:30 pm. It can be concluded that there is an overlap of 30 minutes of the two programs.

LIFE IN COMMUNITY

- According to the CRRN Sasca Mică personnel, the residents leave the unit on the basis of the consent recorded in a register of consents. During the monitoring visit we noticed a certain independence of the residents who could move. Upon our arrival at the center, we gazed at the residents outside the center, walking alongside a wagon;
- From the words of the residents and the social worker M.I., a large number of residents go to the church, accompanied at the Sunday service. Also, according to staff statements, residents participate in shows, in festivals and competitions. In the room at the attic of Erika House - art therapy, ludo therapy - are displayed the medals obtained by some of the residents at Special Olympics Romania. At the time of the monitoring visit, rehearsals were held for two events: 1 December and 3 December (the day of people with disabilities), about 15 residents singing in chorus or reciting poems, 2 residents singing in the rhythm

section, an instructor educator / melothesapist accompanying at the keyboard and coordinated the rehearsals with a second educator. Center staff said there were two dance teams. Besides these activities, cards were made to be exhibited, but also to be sent to the sponsors and staff of D.G.A.S.P.C. Suceava.

- As for relations between residents, a resident residing in the Oskar House confessed having a friend in Erika House. She told us that her boyfriend is jealous if she talks to other residents.
- There is no intimate room, but the former isolator is used both as an intimate room and as a drug store or, if necessary, as a quarantine for the infected person (not the case recently).
- Many of the residents in the monitoring visit are very involved in many of the center's activities, such as the CMR resident, which I encountered in the tailoring workshop, the rehearsals of the choir, singing at the drum, as well as in the workshop. C.M.R. Is 33 years old, has a certificate of disability classification with clinical diagnosis of DM I / II with severe behavioral disorders. The individual record is framed with slight mental retardation and in a medical certificate in the file the diagnosis is oligophrenia grade I with behavioral disorders. In the somatic diagnosis in the individual record, sequelae of post TBC are mentioned. The resident lives during the period of consent to his friend, who is also resident in the CRRN Sasca Mică Center.
- The level of socio-familial and professional reintegration is very low in CRRN Sasca Mica, about 1.75% / year in the last 2 years.
- Staff says that ergotherapy workshops should have been designed to train residents, support them to develop some skills that contribute to their socio-professional reintegration but, given the progress of society, it is difficult for someone to take them home when families are poor. And the more difficult it is for the residents to engage and become autonomous given that the center is in a region of the country where "things are working hard." It would probably work in a society where the economy would go differently;
- Article OBJECTIVE SUCEAVA, dated 31.08.2015¹.

¹<http://www.obiectivdesuceava.ro/local/lasat-nesupravegheat-un-pacient-de-la-centrul-de-recuperare-sasca-mica-s-a-aruncat-pe-geam/>, „A 29-year-old man from Lisaura arrived on Friday evening, August 28, 2015, at around 19.00, in a serious condition at the Emergency Unit of the Suceava County Hospital. The man was admitted to the Neuropsychiatric Recovery and Rehabilitation Center in Sasca Mică, being diagnosed with psychiatric problems. On Friday morning, as revealed in Center staff's statements, the patient left without any problem from employees, to walk around. He was searched and found after about two hours when a caretaker led the young man back to the drawing room. By the evening, however, the patient, under the pretense of going to the bathroom, took advantage of the inattention of the service staff and dropped out of the second floor. It was taken over by an Ambulance crew who transported it to the County Hospital. Emergency physicians diagnosed him with a poly-haematopoietic hypocalcemic shock by falling from a height. Law enforcement officers opened a criminal investigation file on the issue of negligence in the service.”

THE STAFF OF THE INSTITUTION

Ms. L. - Specialist Inspector of the Human Resources Department told CLR monitors that there are 403 approved positions in CRRN Sasca Mică, out of which 120 are vacant because they are not budgeted, with 283 employees at present. The staff is in the area of the Sasca Mica Center: from Cornul Luncii, Mălini, most of Fălticeni.

- As of August 2016 there are 120 vacancies, but the problems related to staff shortages are 25 years old. Although the standards set out in Order no. 67 of January 21, 2015 regarding the approval of the Minimum Quality Standards for the accreditation of social services for adults with disabilities, require staff requirements of 1 employee / 1 resident, requests for additional staff to the Suceava County Council have not been approved due to lack of funds . CRRN Sasca Mică staff unambiguously declares that these staffing requirements of 1 employee / 1 resident are also to be observed in the center of Sasca Mică and there is not enough staff in any compartment. For example, an employee died at the heating plant, the other retired and the post was put out very hard;
- ♣ According to the statements of CRRN Sasca Mică staff, the two REGIO projects did not lead to an increase in staffing because the buildings were not enlarged but only upgraded. Ms. L.M. told monitors that there is probably a minor motivation among employees as a result of changing working conditions and, since they have not gone abroad, they are probably satisfied. Until 2009, Sasca Mica had legal personality. Due to the fact that he no longer has legal personality, some documents are at D.G.A.S.P.C. Suceava. During the years 2008-2009, a massive reduction of staff (50 employees) took place in CRRN Sasca Mică, from 330 people employed to 280 employees. Since then, with no sufficient funds, the posts have not been supplemented and, although there have been several additional proposals, they have not been approved. Now, in the context of standards that require 1 employee / 1 resident, the need for additional is stringent;
- Asked about the staff center's discontent, the specialist inspector stated that the staff is generally satisfied with the wages, especially because of the difficulty of work; There is discontent among the caregivers and specialists who benefit from a 50% increase in basic salary and auxiliary staff, who benefit from an increase of only 15% of the basic salary, considering that there is no need to award a benefit Higher because the auxiliary staff does not come in contact with the residents. However, she was given the example of a hairdresser who, although working only with the beneficiaries, receives a 15% increase in her basic salary, because, according to her, before the bonuses were

granted after the job and now it is granted by function. Another dissatisfaction about pay is that employee bonuses are calculated at "2009 salaries, i.e. 690 LEI";

- From our findings as well as from the statements of the CRRN Sasca Mică residents and staff, the relationship of the residents with the staff is good, residing already with the employees, given that the majority of the staff is employed for a long time, 70% of the staff being employed Since 1999, the Specialist Inspector states that the 4 center psychologists and social workers are employees who speak to residents when they face a problem, these being the people in which residents can complain. At the same time, during the monitoring visit, we found that the open attitude of the staff encouraged residents to "tell their concerns".

According to the organizational staff chart, CRRN Sasca Mică has the following staffing plan (including fixed periods and ½ norms, vacancies budgeted and unskilled, determined and undetermined). Inconsistencies with the information presented above arise from the difficulties of synchronizing information from different sources, with different reporting indicators, as well as the incomprehensibility of certain headings:

- 417 posts out of which:
 - o 145 vacancies (budgeted and unemployed)
- total of 272 jobs.
- Three of the positions occupied are fixed-term contracts (nurse, nurse, carer).

The following table lists all posts (full-time and ½ norms, budget holidays, unpaid vacations and the undefined and determined period respectively):

No.	Position	Filled	Vacant	Total
1	Head of the Center	1	0	1
2	Specialty Inspector	4	3	7
3	Referent I	5	0	5
4	Referent II	0	4	4
5	Cashier	0	1	1
6	Sorekeeper	1	1	2
7	Guard	6	3	9
8	Driver	2	3	5
9	Qualified worker	46	17	63
10	Unqualified worker	5	0	5

11	Laundry worker	7	2	9
12	Carer	22	6	28
13	Coordinator of specialty staff	1	0	1
14	Doctor/Physician	0	10	10
15	Physical Therapist	0	1	1
16	Registered nurse	46	24	70
17	Massage worker	1	1	2
18	Nurse	94	50	144
19	Social worker/assistant	4	6	10
20	Educator	3	3	6
21	Psychologist	4	6	10
22	Psycho-pedagogue	1	1	2
23	Rehabilitation pedagogue	2	1	3
24	Ergotehrapy instructor	1	1	2
25	Education Instructor	16	1	17
TOTAL		272	145	417

The table shows the significant shortage of specialist staff (1 physician, 4 psychologists, 1 psycho-pedagogue, 2 recovery teachers, 1 occupational health instructor, 4 social workers, and 46 nurses). Thus, the load is very high, this situation having a direct impact on the quality and efficiency of medical, psychological and social care services and programs. Also due to the staff shortage, there are situations where the night shift is provided by 1 nurse / 60-100 residents.

Employee training courses, incentive and motivation courses

- The staff at the center declares that no such courses have taken place, and employees take part in courses that they pay of their own funds. During 1994-1997, there were courses organized by the old institution - the Territorial Inspectorate for Person with Handicap: courses for nurses, which were supported by the Inspectorate, but nowadays, although there were organized nursing courses (that they needed) , the employees paid them out of their own budget;

- According to statements by CRRN Sasca Mică employees, certain categories of employees (e.g. psychologists who are enrolled in the College) may be required to attend training courses (for professional points and annual endorsement) but cannot specify whether and how many employees have received training or other training;
- There have been exchanges of experience between centers, and some of the employees went to work in Germany, more precisely in the center belonging to the Oskar Association. It has been said that many ideas have been taken up there, including workshops.

DECEASES

The number of deceases registered at CRRN Sasca Mică in the year 2016, until 16.11.2016, is 9, of which 3 died due to terminal cancer. Four of the deceased were buried by the family, and 5 were buried at the expense of the center.

In neither of the cases of deaths in the center was the police notified nor was the forensic expertise carried out. The Social Assistant I. said she was unaware of the need to report any death and to request forensic expertise, given that the center is a closed facility. She said that only after receiving an information note from D.G.A.S.P.C. Suceava - that asked them to report the number of deaths in the center, she had to add the death certificate to the resident's file.

The autopsy is done only for hospital dying residents, and from her statements, only the three cases of hospital dying residents were having autopsy this year.

These are the deceased files that were made available to CLR monitors: **B.P.V** – deceased on 30.10.2016. Cause of death: heart failure. The resident suffered from chronic schizophrenia. The death certificate is on her file.

1. C.E. - date of death 16.10.2016, age 66 years. Cause of death: cardio-respiratory arrest. The resident suffered from uterine cancer. She has a medical certificate for the file.

2. G.M. - There is no forensic medical certificate.

3. D.M.O. - deceased on 06.01.2016, 31 years of age. Diagnosis: septic status with a pulmonary starting point, bronchopneumonia, meningitis, spastic paraparesis. She has an embalming certificate and she was given autopsy. This resident was hospitalized in 2008 in CRRN Sasca Mica with diagnosis of mental retardation grade III and spastic paraparesis and weighing 34 kg.

The CLR monitors state that they have not been presented with the files of the deceased residents below:

The names of people deceased in HOSPITAL:

1. D.M.O.

2. B.F.

3. O.G.

4. C.C.

The names of deceased persons in CENTER:

1. B.P.V.

2. C.E.

3. C.S.

4. D. E.

5. A.A.

PRIVATE AND FAMILY LIFE

In the Oskar House there is no intimacy in the shower, because in the washing rooms there are 4 to 6 persons at the same time;

- There is no intimate room. For intimate encounters, the former isolator room is used (in the winter), and in the summer residents are allowed to go "on the meadow" (according to the staff, this is a vegetation area located behind the center, in the immediate vicinity of the center) Or in the yard and in the park of the center;
- Some residents have mobile phones. Residents can contact their family and send letters;
- Many of the residents have contraceptive treatment;
- Erika's sections are for women and men, respectively;
- Menstruation tracking and conceptual treatments are available;
- Psychologist R. and the social worker I. believe that there are couples in the center, and during the last ten years there was only one pregnancy in CRRN Sasca Mică, the child of the two residents being "given for adoption" because both parents were diagnosed with severe mental retardation, and when the pregnancy was detected, the fetus was too large for the abortion procedure;
- Unit staff declares that structured information meetings are not organized, but discussions have been held with residents about contraceptive methods and the importance of their use in personal life. The staff informed CLR monitors that many residents do not understand the meaning of contraceptives, but they do not oppose taking them. Typically, information talks are held with residents with the nurses and the group leader, receiving materials that they are trying to convey to the residents.

OTHER RIGHTS

The right not to be exploited

- We have not encountered situations that suggest violation of this right. However, we suggest that it is necessary to clarify the context in which residents participate in the workshops of occupational therapy workshops, since in some of these workshops

(tailoring, weaving, shoemaking, carpentry) goods are made or repaired (bed linen, coffins, shoes for residents) that are used in the institution and thus DGASPC Suceava makes savings. Therefore, through some of their activities, the residents contribute to the improvement of the living conditions of CRRN Sasca Mică without being rewarded / paid for their direct contribution both to the improvement of the living conditions in CRRN Sasca Mică and to the realization of savings at the level of the Suceava County Council and DGASPC Suceava. We consider necessary and timely all the activities in which residents are involved, but underline the importance of bringing them direct benefits (therapeutic or otherwise) and legal to residents rather than to the social assistance institutions.

The right not to be discriminated against

- In view of the renovation of the Erika House (REGIO), at this time, there is considerable contextual discrimination between residents residing in the Oskar House and those living in the Erika House.
- The criteria for distributing residents in the two pavilions are not clear. The only criterion provided by unit staff is the historical argument of the arrival of residents in the center: most people living in the Oskar House came to the center when they were minors and grew up in the Oskar House. We express the need to elucidate the suspicion of discrimination based on diagnostic criteria;
- The women in the Oskar House are all hair cut in the same way (short), and the ones in Casa Erika do not.
- The deaf or deaf-non-verbal resident does not have specialized personnel to communicate with them properly in the context of his / her own disability.

L.RECOMMENDATIONS

Judicial authorities:

- We recommend that the competent guardianship courts carry out effective and continuous control over the way in which the guardians of the residents perform their duties in respect of their person and their assets.

DGASPC Suceava County Council Suceava:

- To provide clarifications and responses to the situations noted and described in this report;
- Not to use European or national funds to invest exclusively in building renovation, as there is a lack of significant, quantitative and qualitative human resources deficit;
- Not to implement projects that violate the rights of persons with disabilities, as these rights are stipulated in the 2007 UN Convention on the Rights of Persons with Disabilities, which is part of the national law by ratification by the Romanian Parliament;

- To issue a point of view as to why the House Erika elevator has been included in the project without being able to be used for which the project objectives are not or cannot be met - according to the observations of CLR monitors in this report;
- Provide financial support to the Center for the purchase of goods for occupational therapy / occupational therapy workshops or to initiate / intensify the efforts to bring CRRN Sasca Mică into contact with potential sponsors;
- To budget / finance the personnel scheme at CRRN Sasca Mică, taking into account the minimum quality standards regarding accreditation of social services, the casuistry and pathology of the residents and the excessive number of vacancies;
- To actively support, through sustained actions and adequate funding, access to the most efficient medical and related services for CRRN Sasca Mică residents, especially medical treatments, medical investigations, dental services;
- To accelerate the deinstitutionalization process of the residents of CRRN Sasca Mică, especially residents of the Oskar House, considering their living conditions as observed and described in this report and given that, at the present-day Report, there is obvious contextual discrimination between residents residing in Oskar House and residents residing in the Erika House.
- To budget bedside equipment of CRRN Sasca Mică rooms given the value of their private personal space.

Center for Neuropsychiatric Recovery and Rehabilitation Sasca Mică:

- To ask a point of view to DGASPC Suceava on the issues identified by CLR monitors in this report, as well as a plan to solve these problems;
- To initiate and monitor carefully the procedure for the bans;
- Carefully follow the way the guardians perform their guardianship duties and take the necessary measures in case of non-compliance with the legal provisions;
- By understanding the difficulties resulting from the overload caused by the significant staff shortage and the non-observance of the minimum quality standards regarding the accreditation of social services, to continue the efforts to provide the most effective treatments to the residents of CRRN Sasca Mică, respecting their right to life and to the best medical services;
- To exercise special medical vigilance with regard to the widespread use of psychotropic active substances, particularly those substances that are associated with significant adverse effects and potentially fatal (e.g. Clozapine) significant health risks;
- Ask for local, national or international professional support with regard to the management of the extreme medical situations involving residents' self-harm in order to identify the best medical, psychological and environmental solutions to diminish or eliminate either the occurrence of these self-harming symptoms / behaviors, or their effects on residents;

- To cooperate actively with the psychiatrists of CRRN Sasca Mică and ask them to adjust the psychiatric treatment schemes as accurately as possible in order to avoid the situations in which they (by the combinations of psychotropic substances included in the structure of the treatment scheme or as a result of doses used) could become a chemical restraint means to compensate for staff shortages or the lack of complementary therapeutic interventions (psychological, occupational, other);
- To ensure that they have specialized personnel who can communicate appropriately with the residents who have disabilities in the sphere of speech and / or hearing (deafness);
- To reflect on the CRRN Sasca Mică's mission in relation to the social and professional reintegration of residents, given the very low percentage of performance on this indicator (1.75% / year in the last 2 years). Analyze and identify the causes of this state of affairs and initiate any necessary steps (including systematic and repeated questioning of these causes at DGASPC Suceava) in order to accelerate the deinstitutionalization and / or integration, reintegration, family, social and professional rehabilitation of CRRN Sasca Mica residents.

SOS: NGOs in Romania, together for the rights of people with mental disabilities in institutions.

Place:

NEUROPSYHIATRIC RECOVERY AND REHABILITATION CENTER SASCA MICĂ

Cornu Luncii Commune, Sasca Mică Village, Suceava County, Postal Code: 0727147

No.	Name and surname (PIN optional)	Type of problem	Identified solution and service provided	Person Responsible	Follow-up
1.	Social assistant I.	Which are the persons referred to in Article 2, para. (1) of the Methodology for the application of Order no. 1887 of 15.09.2016 of the Ministry of Labor, obliged to pay the monthly maintenance allowance due by disabled adults assisted in public residential centers?	A solution of immediate applicability would be that, corroborating Article 2 (1), Article 5 (2) and Article 7 (3), where the assisted person cannot pay for maintenance at the center, the following persons should be accessed: the spouse and if he or she has no income, then the children and if they do not have any income, the parents of the assisted person will be approached. The second solution (probably lasting but also feasible) would be an address to the Ministry of Labor to clarify the terminology and the procedure so that there are no doubts of interpretation by issuing an Order for its amendment (Which is in force since November 7, 2016).	Anca Teodora Muir, Paula-Dora Călian	Monitors make recommendations for steps to be taken by CLR
2.	Social assistant I.	None of the cases having as object the release of ban on residents of the CRRN Sasca Mică was initiated by the representatives of the center. In the center, it is customary for the social worker to sign for the beneficiaries even if they are not appointed as legal representatives, or the group assistant sign in the presence of the social assistant or signs "cannot sign" when the beneficiary	D.G.A.S.P.C. Suceava is entitled to initiate the court-banning procedure in the name of C.R.R.N. Sasca Mică, for all the beneficiaries in the center for which no such measure has been taken so far and the appointment of a special curator from the lawyers on the list of the curators from the Suceava Bar, until the above mentioned civil process has been settled, and all the acts performed in the name of the beneficiaries to be signed by the legal	Anca Teodora Muir, Paula-Dora Călian	Not the case

		has no tutor / curator / .	representative, after prior study by the latter.		
3.	CRRN Sasca Mică	The beneficiary of B.P.V, since 1996, had a curator, named G.V., who also appears as a social assistant, but in the personal file of the beneficiary there is no decision to appoint the curator.	The designation of the employees of the center as curators of the beneficiaries is contrary to the legal provisions, and they are placed in a situation of conflict of interest. The decisions appointing the curators of the beneficiaries and the documentation underlying their issue should be studied, analyzed and archived by the staff of the institution and attacked by the competent body if necessary. The service contracts and any documents bearing the imprint of the beneficiaries do not produce legal effects. The residence of beneficiaries in the center of Sasca Mica by using such a mechanism, including the payment of the contribution and the provision of the necessary daily subsistence, has no legal basis	Anca Teodora Muir, Paula-Dora Călian	Not the case
4.	Beneficiary S.I.G.	The beneficiary S.I.G. has been placed under judicial interdiction by civil order no. 3895 / 20.08.2015 pronounced by the Suceava Court in file no. 294/314/2015 at the request of the applicant, S.M.L., the beneficiary's sister. The court did not rigorously check whether, indeed, the future guardian - called T.R. "Has sufficient material and moral guarantees that legitimize it to fulfill this task", when at the time of the settlement of the case it was in England.	The Sasca Mică Center must ensure that the person to be a guardian will be able to carry out the task of guardianship, and in this respect the Sasca Mică Center can work with the ex officio lawyer who can oppose the admission of the application and formulate points of view. The Sasca Mică Center has to verify whether the named T.M.R, the person who has been appointed as beneficiary's guardian has returned from England to Romania and takes care of the beneficiary. The Sasca Mică Center should constantly check the concrete manner in which the guardian TMR reports to the guardianship court about the way she cared for the beneficiary and about the	Anca Teodora Muir, Paula-Dora Călian	

			<p>management of the beneficiary's assets, according to the above-mentioned legal texts.</p> <p>The Sasca Mică Center must inform the T.R.M. about the civil and criminal penalties to which she is liable if she has not returned from England or does not perform her proper guardianship duties.</p>		
5.	Beneficiary M.I.	<p>By civil judgment no. X / y filed in the file x / y / z of the Court of Câmpulung Moldovenesc, with the object of placing under the legal ban of the beneficiary M.I., the applicant J.M. - as a second-degree cousin of the recipient of the M.I., is appointed as his tutor. The court did not appoint a curator for him, resulting in his lack of representation. The tutor of the IM, the JM, has so far not responded to the Center's requests to pay the social security service's contribution to the care institution, and he also refuses to provide a certificate stating that it does not make any income needed to conclude contracts of services</p>	<p>1. Missing curator. If a court order is requested from the beneficiaries in Sasca Mică and they cannot be heard or do not understand the course of the civil process, it is necessary for the court to designate a special curator of the lawyers specifically designated for this purpose Suceava bar, so that the beneficiaries are sheltered from any possible forms of legal abuse.</p> <p>2. Non-involvement of the tutor. The attitude of Tutor J.M. is contrary to the legal provisions in force, he exercises his duties as legal representative of the beneficiary M.I</p> <p>The Sasca Mica Center must inform him of the civil and criminal sanctions that he makes in case of non-compliance, including the return of the request to submit the requested certificate.</p> <p>The Sasca Mică Center must constantly check the concrete way in which the tutor J.M. presents to the guardianship body (at this time the guardianship authority) the manner in which the beneficiary has been taken care of, as well as the administration of his assets, according to the above-mentioned legal texts.</p> <p>Particularly important, the verification must also be carried</p>	Anca Teodora Muir, Paula-Dora Călian	The monitors make recommendations for further actions on part of CLR.

			out with regard to the fate of file no. 2775/206/2014 of the Câmpulung Moldovenesc Court, having as its object the exiting from the joint tenancy, by which a lot with the area of 1.6825 ha of land with forest vegetation amounting to 57.197 lei was assigned to the MI beneficiary. The way in which this judgment is enforced, since it provides for an increase in the beneficiary's patrimony.		
6.	Beneficiaries from Erika house	Although a high-amplitude and impact project was approved – “ <i>A normal life in the center – a gate open to society</i> ” REGIO project, in reality its objectives are not being met; considering, for instance, the elevator newly built in the center which does not work.	<p>The Sasca Mică center should monitor how the “<i>A normal life in the center – a gate open to society</i>” REGIO project is being implemented and insistently submit requests to the Suceava County Council in order to receive the necessary financial support for the elevator to be functional.</p> <p>The following recommendations for D.G.A.S.P.C. Suceava and Suceava County Council arise:</p> <ul style="list-style-type: none"> - not to use European or domestic funds for an investment exclusively in building rehabilitation, when the human resources lack; - not to implement projects that go against the rights of people with disabilities, rights foreseen in the UN 2007 Convention for the rights of people with disabilities (Romania ratified the Convention). 	Anca Teodora Muir, Paula-Dora Călian	Monitors recommend steps to be taken by CLR
7.	Beneficiary P.M.	By the answer given to the court in the file at the Court of Câmpulung Moldovenesc, having no. xyx, although “the person whose legal ban is requested is not in a position to appear in court”, CRRN Sasca Mică has not requested, the	D.G.A.S.P.C. Suceava through C.R.R.N. Sasca Mică must formulate, on the basis of Art. 940 of N.C.P.C., an application to the Câmpulung Moldovenesc Court, requesting the benefit of P.M. to be heard at the headquarters of the care institution. Even if the beneficiary does not speak, this	Anca Teodora Muir, Paula-Dora Călian	Monitors recommend steps to be taken by CLR

		<p>PM's right to be heard at "the place where she is" As provided by the provisions of art. 940 of the new Code of Civil Procedure. Also, the appointment of a special curator for the beneficiary P.M was not requested, although she has a poor health status and cannot represent her own interests.</p>	<p>fact must be ascertained by the judge, not just through expertise. D.G.A.S.P.C. Suceava through C.R.R.N. Sasca Mica must formulate on the basis of art. 938 par. 3 of N.C.P.C. And art. 58 N.C.P.C., a request to the Câmpulung Moldovenesc Court, requesting the appointment of a special curator of the lawyers specifically designated for this purpose by the Suceava bar, representing the interests of P.M. Until the settlement of the application for judicial ban. Also, the Prosecutor's Office must file a petition to the court, based on the provisions of art. 940 par. 3 of N.C.P.C., requesting the defense of the rights of P.M. by appointing a special curator of the lawyers specifically appointed for this purpose by the Suceava bar.</p>		
8.	Social Assistant I.	<p>For deceased beneficiaries in the center no autopsy is done and no judicial bodies are notified. The autopsy is only for the deceased beneficiaries in the hospital. Only two beneficiaries are found in the file of death certificates. The Social assistant does not know the procedure to be followed in case of death of the beneficiaries in relation to the police notification, the forensic expertise and the archiving of the death certificate.</p>	<p>The Sasca Mică Center must notify the judicial bodies for the purpose of performing the autopsy every time a beneficiary dies in the center. The Sasca Mică Center has to archive the death certificates of the beneficiaries in the personal files of the beneficiaries.</p>	Anca Teodora Muir, Paula-Dora Călian	Not the case
9.	Beneficiaries: C.B., C.M.R,	<p>According to the Center's staff, at the time of the visit, at least in fact, 5 beneficiaries work for</p>	<p>The Sasca Mica Center must monitor with great care the existing contractual relations between the 5 beneficiaries of</p>	Anca Teodora Muir, Paula-Dora Călian	Monitors recommend steps to be taken my

	M.C.G, C.I., B.P.C.	<p>Therapy Wood.</p> <p>Three of the individual employment contracts have not been signed by the employees, which leads to their nullity. Moreover, the contracts are not in force, and by the deadline, the additional successive acts aimed to reduce the remuneration, the working time, as well as the increase of the salary, but not the extension of the contractual period.</p>	<p>the Sasca Mica Center and the Social Cooperative Wood Therapy;</p> <p>The Sasca Mica Center must ask for clarification to the Therapy Therapeutic Cooperative on the current working conditions and on the individual work contracts of the 5 beneficiaries, especially in the long-term relationship, the work program and the current salary of the beneficiaries.</p> <p>The CLR monitors may request in this respect the Therapy Social Cooperative, a copy of the General Register of Employees Register (which each employer is obliged to set up, complete and forward it to the Territorial Labor Inspectorate and keep it, according to Article 34 of the Labor Code, at its headquarters) for the 5 beneficiaries.</p> <p>The Sasca Mica Center must make a request to the Suceava Territorial Labor Inspectorate for the latter to make checks against the 5 employees of Therapy Wood.</p> <p>The Sasca Mică Center must ensure that the work done by the 5 beneficiaries is carried out in accordance with the legal provisions, that they each have a valid, individual contract of employment, whose terms are legal and not abusive and that all rights are legally granted to them as employees.</p>		CLR
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