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Monitoring Report on the Respect of the Rights of Institutionalized Persons with Intellectual and/or Psychosocial Disabilities in the "Sfântul Gabriel cel Viteaz" Social Care Home for Adult Persons with Disabilities, Ilfov County

Project conducted by:
THE CENTER FOR LEGAL RESOURCES



In partnership with
THE PUBLIC MINISTER



Preliminary Observations

1. Representatives from the Center for Legal Resources (CLR) organized several unannounced monitoring visits to private residential facilities (NGOs and LLCs) that are also publicly funded, providing social care for individuals with intellectual and/or psychosocial disabilities in Ilfov County, between September and November 2022.

This report presents the CLR's findings following the visit conducted on September 7, 2022, to the "**Sfântul Gabriel cel Viteaz**" (*the "Saint Gabriel the Brave"*) **Social Care Home for Adults with Disabilities in Voluntari, Ilfov County.**

2. The "**Sfântul Gabriel cel Viteaz**" **Social Care Home for Adults with Disabilities** is located in a luxurious residential area in the Pipera zone, at 38 Stefan cel Mare Street, Voluntari city, Ilfov County. The villa, a building with a ground floor, two upper floors, and a spacious yard both in front and behind the building, is surrounded by other residential houses. There is no information available about public transportation options near the social care home.

3. With an apparent capacity of 27 places (later, according to official documents, 30 places), at the time of the visit, the facility was housing 27 adult residents with intellectual and/or psychosocial disabilities. According to the social care home's staff, the primary difficulty of the residents was either an intellectual disability (or issues with understanding or learning) or a primary mental health diagnosis. Reportedly, some of the residents living in the social care home's attic were dependent, with reduced mobility or were elderly persons bedridden; none of the residents were mentioned as having urinary incontinence.

4. Reportedly, at the "**Sfântul Gabriel cel Viteaz**" Social Care home, 4 employees provide services to the 27 or 30 residents. The care shift is covered by three employees: a generalist nurse, a nursing assistant, and a caregiver (one of whom has worked in landscaping in a city from another county, and another was employed as a "social mother" at the "SOS Satele Copiilor" (*Children Villages*) organization in Bucharest); the third, by profession, is a medical assistant with experience working in an ambulance and previously worked in another private social care home funded with public money; the fourth employee is a professional social worker with higher education. The nurse has been working in this social care home since December, previously having worked in a prison in Caracal and at the "[Sf. Toma social care home in Mogosoia](#)". Regarding the "[transfers of the residents and experience in providing services in the private sector](#)", it is mentioned that some of the residents were "brought" from "Sf. Vasile" to "Sf. Toma" in March 2020. The reason for the transfer was the closure of the social care home due to the lack of an operating license. She mentions having a good collaborative relationship with the residents, having managed to persuade some not to undress anymore, "by communicating with them, I get on their good side." She specifies that she is the only nurse and lives mostly in the social care home.

5. All three employees responsible for care and medical assistance have the status of "internal staff" (they live in the social care home and work around the clock). None of the employees have completed a training course in the field of providing services for persons with intellectual and psychosocial disabilities, the right to community life, or social inclusion. The social worker mentioned that even the university courses were not helpful in this matter because "the practice during college consisted only of a signature on a certificate, and that was it," and she did not access other sources of information or training (individual courses, online, exchanges of experience, etc.). Discussions with them and observing how they interact with the residents demonstrated an immediate need for specific training.

6. The residents (6 individuals) come from the [Social Care Home in Aldeni commune, managed by the "Alexandru Ioan Cuza" Association](#) from Buzău County, the psychiatry section of Ojasca from the Psychiatry Hospital and for Safety Measures in Săpoca, Buzău County, and the psychiatry hospitals in Bălăceanca, Ilfov County, and Obregia, Bucharest, Sector 4. No information was provided regarding the proper and adapted informing of the beneficiaries about the location and services that will be provided to them, obtaining informed consent for the transfer to this social care home prior to institutionalization. The transfer from "Alexandru Ioan Cuza" is most likely a consequence of the large number of residents kept in improper conditions in a village in Buzău County (over 100 at the time of the CLR visit). The

"transfer" of residents from psychiatric hospitals (some reporting they have been institutionalized for over 22 years) represents one of the consequences of the lack of community psychiatry services and interinstitutional collaboration.

7. During the September visit, two residents were hospitalized in the psychiatric hospital in Bălăceanca (C. since September 3, M. since August 16). The reason for their hospitalization, as stated by the social care home's staff, was their aggressive behavior. No further information was provided regarding the reasons for such a prolonged hospitalization, the context in which these behaviors occurred, or whether other therapeutic interventions, besides medication, were attempted. One young woman comes from a family but was abandoned in the psychiatric hospital and considered a "social case". Once again, the staff could not provide information regarding collaboration with specialists from the hospitals where the residents are hospitalized or come from, nor about the collaboration between social workers from the social assistance system and those from psychiatry; no information about the involvement of case managers/social workers from the general directorates of social assistance and child protection, responsible for managing social services.

8. The " Sfântul Gabriel cel Viteaz " Social Care Home was established by the " Sfântul Gabriel cel Viteaz " Association and operates under a license issued by the National Authority for the Protection of the Rights of Persons with Disabilities (ANPDPD) for the period July 14, 2021, to July 13, 2026¹.

9. **Accreditation of social service providers and licensing of social services.** The procedure for accrediting social service providers and licensing social services is established by Law no. 197/2012 regarding the assurance of quality in the field of social services, as well as the Implementation Norms of this law, adopted by Government Decision no. 118/2014. According to these regulations, in order to provide social services, a private entity must undergo an **accreditation procedure**, which concludes with the issuance of an accreditation certificate.

According to Art. 9, para. (2) of Law no. 197/2012, "the criteria used for accrediting providers primarily concern the following: a) identification data regarding the provider; b) information regarding knowledge in the management of social services; c) conditions provided by Law no. 292/2011, mandatory for the establishment, administration, operation, and financing of social services."

The evaluation of the provider consists of verifying the fulfillment of the criteria, based on supporting documents. If these criteria are found to be met, an accreditation certificate is issued for an indefinite period. The accreditation of the provider is carried out at their request and only if, at the time of application, they commit that within a maximum of 3 years from the date of obtaining the accreditation certificate, they will have at least one licensed social service. The accreditation application is submitted to the registry of the Ministry of Labor and Social Protection, and it will be processed accordingly.

The **licensing of social services** can only be done by an accredited provider and consists of evaluating the requested social service based on the approved minimum quality standards and developed in accordance with Law no. 197/2012, referred to as minimum standards, and certifying compliance with them through an operating license.

According to Art. 16 of the Methodological Norms for the Implementation of Law no. 197/2012, the initial licensing of a social service is carried out in two stages, as follows:

a) Verification by the accreditation department of the supporting documents and the self-assessment form completed in accordance with the provisions of Art. 9, paragraph (5) of the law, as well as the data and information from the application for accreditation of the social service, based on which a provisional operating license, hereinafter referred to as a provisional license, is issued or, as the case may be, the decision to reject its granting.

b) On-site verification by social inspectors of compliance with the minimum standards, based on which the operating license is issued or, as the case may be, the decision to reject its granting. Social inspectors take into account the observation of the legal operating conditions and the conformity of the data presented in the supporting documents and in the self-assessment form with the reality on the ground.

¹ Operating license LF series no. 0000097 issued on 07.07.2022 by ANPDPD

As such, the provisional license is issued following a procedure conducted exclusively in writing, **without any on-site verification**, and the provisional license can be issued with a validity of up to 1 year (according to Art. 11, paragraph (6) of Law no. 197/2012). The on-site evaluation concludes with an evaluation report, which will be filed in the licensing dossier of the social service.

It is concerning how, during the 1-year period while the social care home operates under a provisional license,

According to Art. 23 and subsequent ones of the Methodological Norms for the Implementation of Law no. 197/2012, the second stage of the licensing procedure is initiated within a maximum of 7 days from the date of issuance of the provisional license. The accreditation department within the Ministry of Labor and Social Protection sends, via email, to the territorial agency whose administrative-territorial jurisdiction includes the headquarters or operation of the respective social service, a copy of the provisional license and the self-assessment form of the respective social service. Within a maximum of 30 days from receiving the documents, the territorial agency plans the on-site evaluation, which will be conducted at the premises of the social service by a team consisting of 2 social inspectors, without prior notice to the social service provider regarding the date of the visit.

no one actually verifies the living conditions of the individuals in the social care homes.

Throughout Romania, there is an impressive number of social service providers established under the provisions of Law no. 197/2012 that operate solely under a provisional license:

- Out of a total of **1002 providers of services for persons with disabilities**,
- **274** operate on the basis of a **provisional license**,
- Of these, for **43 providers, the provisional licenses are older than 1 year**, and although they do not have licenses for 5 years, they still appear as active on the Ministry of Labor's website².

In this context, based on the provisions of Law no. 197/2012 and the Methodological Norms of February 19, 2014, for the application of the provisions of Law no. 197/2012 regarding the assurance of quality in the field of social services, in order to obtain a 5-year license, a preliminary procedure is initially followed,

Art. 11(1) The licensing of the social service involves the following stages: [...] c) issuing the provisional operating license or, as applicable, the notification of rejection of the licensing request;
And (6) The initial licensing of the social service involves: a) verifying the supporting documents and the self-assessment form submitted by the provider and granting the provisional operating license for a maximum period of one year.

within which a provisional license can be issued for a maximum period of one year.

Furthermore, it is very clearly stated in the legislative framework that it is necessary for evaluation visits to be conducted within a maximum of 3 months prior to the expiration of the provisional operating period in order to verify the conformity of the data from the accreditation documents with the information from the field.

However, considering the situation provided by the legislation in question, we address the authorities with a question that is as legitimate as possible: **What happens during this extremely extended period of one year, in which persons with disabilities may be living in conditions that endanger their lives, more than precarious, even squalid, in social care homes riddled with infections, surrounded by parasites, and lacking adequate food?** The question is formulated in the context of non-compliance observed in the field, in many social care homes for persons with disabilities.

² b) Conducting, at least 3 months before the expiration date of the provisional operating license, the on-site evaluation visit(s) to verify the conformity of the data presented in the supporting documents and in the self-assessment form with the reality on the ground; if it is found that the minimum standards are met, as well as the conformity of the data presented in the supporting documents with the reality on the ground, the operating license is issued.

Therefore, we believe that it is necessary to amend the one-year period to a much shorter one, so that non-compliances can be identified and remedied within the shortest possible time frame. This measure would represent a guarantee of human rights compliance and is necessary to protect individuals who are already extremely vulnerable, whose interests should be safeguarded precisely by the persons responsible for verifying and accrediting the social care homes.

In light of the above, we are unaware of the documents and verifications based on which social service providers were accredited and subsequently licensed for the respective social services, especially since following the monitoring visit conducted, CLR representatives observed a series of blatant violations of relevant legislation, detailed below.

We also draw attention to the procedure and purpose of issuing operating licenses for licensed social service providers. Therefore, based on the legal provisions (both the provisions of Law 197/2012 and the Methodological Norms of February 19, 2014, for the application of the provisions of Law no. 197/2012 regarding the assurance of quality in the field of social services, as presented earlier, as well as Law 448/2006 on the protection and promotion of the rights of persons with disabilities - Art. 51 and 53), individuals with intellectual and psychosocial disabilities **are entitled to guaranteed quality services that meet their specific needs and minimize the vulnerabilities associated with their disabilities, ensuring a minimum level of safety to lead a dignified life.**

Art. 51:

(1) A person with disabilities may benefit from social services provided in day social care homes and residential homes of various types, public, public-private, or private.

(2) Day social care homes and residential homes represent social services provided to adult persons with disabilities, with qualified staff and adequate infrastructure; residential homes are social services where the person with disabilities is accommodated for at least 24 hours.

(4) The capacity of residential homes for adult persons with disabilities cannot exceed 50 places.

(8) Public and private day social care homes and residential homes for adult persons with disabilities operate in compliance with specific quality standards.

Art. 53:

(1) In a day social care home or residential home, social services can be provided in an integrated system with medical, educational, housing, employment, and other similar services.

(2) Persons with disabilities in day social care homes or residential homes benefit from medical services within the package of basic medical services supported by the budget of the National Health Insurance Fund, according to the Framework Contract regarding the conditions for providing medical assistance within the social health insurance system.

Similarly, all social care homes for persons with disabilities should operate in consideration of the provisions of Art. 7 of Law no. 7/2023, aiming to prepare beneficiaries in social care homes for the deinstitutionalization process, encourage independent living, and intensify social-community administration activities.

10. Admission Procedure for Beneficiaries in Social Care Homes Providing Social Services (Resident Transfer)

According to Art. 4 of Law no. 292/2011³, every citizen has the right to social assistance under the conditions of the law, including the right to be informed about the content and methods of providing social assistance measures and actions. The right to social assistance

³ (1) All Romanian citizens who are on the territory of Romania, have domicile or residence in Romania, citizens of the European Union Member States, of the European Economic Area, and citizens of the Swiss Confederation, as well as foreigners and stateless persons who have domicile or residence in Romania, have the right to social assistance, under the conditions of Romanian legislation, as well as the regulations of the European Union and the agreements and treaties to which Romania is a party.

(2) Persons referred to in paragraph (1) have the right to be informed about the content and methods of providing social assistance measures and actions.

Art. 7

(1) The deinstitutionalization process and prevention of institutionalization of adult persons with disabilities aim to ensure the exercise of the right to independent living of adult persons with disabilities.

(2) Achieving the objective provided in paragraph (1) includes:

- a) Increasing the efficiency and effectiveness of policies for the protection and support of persons with disabilities;
- b) Promoting collaboration and cooperation between local public administration and central public administration and between local public administrations, as well as intensifying social-community administration activities in the interest of adult persons with disabilities;
- c) Strengthening the case management method within the system of protection of adult persons with disabilities and the role of the case manager, ensuring appropriate training with the incorporation of person-centered planning method;
- d) Developing, diversifying, and consolidating community services;
- e) Ensuring quality and person-centered services, which provide adequate and integrated support to adult persons with disabilities to live independently and integrated into the community, through a properly trained staff;
- f) Promoting employment perspectives for adult persons with disabilities, through actions to combat prejudices;
- g) Improving access for persons with disabilities from residential homes and the community to education and health systems;
- h) Diversifying and coordinating actions for raising awareness, consciousness, and combating prejudices related to disabilities to increase public trust in the potential of persons with disabilities and the value they can bring to the community.

is granted upon request or ex officio.

The same rule is derived from Art. 28 and subsequent ones of Government Ordinance no. 68/2003, according to which the procedure for providing social services is initiated at the request of the person, their family, or their legal representative, following the reporting of a situation of social need by any other person, as well as ex officio.

Whether the social assistance service is provided at the request of the beneficiary (personally or through a legal representative) or ex officio, the provision of the service will be made in accordance with the **principles of social assistance**, including considering:

- e) Individual approach, according to which social assistance measures must be adapted to the particular life situation of each individual; this principle takes into account the nature and cause of emergencies that may affect individual abilities, physical and mental condition, as well as the level of social integration of the person; support addressed to individual difficulty also includes measures to support the beneficiary's family members;
- l) Respect for the right to self-determination, whereby each person has the right to make their own choices, regardless of their social values, ensuring that this does not threaten the rights or legitimate interests of others;
- v) Right to free choice of service provider, according to which the beneficiary or their legal representative has the right to freely choose among accredited providers.

Moreover, according to Art. 89, paragraph (1) of Law no. 292/2011, the admission of persons with disabilities to residential homes is carried out only when their assistance, care, recovery, or protection cannot be provided at home or within community-based day social care homes.

However, concerning the individuals who spoke with CLR representatives, a considerable number of them stated that they do not know the reason for residing in the respective social care homes, that they would like to leave and live elsewhere, that they were not asked if they wished to live in the respective social care homes, nor were they offered multiple options to choose from.

Based on the information received, the procedure through which beneficiaries ended up in these social care homes was non-transparent and involved either: (i) the relocation of patients interned in psychiatric hospitals to these care and social care homes or (ii) the relocation of residents from other social care homes to the visited care and social care homes, for various reasons such as reorganization, closure, and so on.

We have not identified in Law no. 96/2006 or Law no. 487/2002 any procedure allowing the transfer of patients from psychiatric hospitals to social care homes providing social services -

(3) The right to social assistance is granted upon request or ex officio, as appropriate, in accordance with the provisions of the law.

without informed consent. We do not know the procedure by which these patients were transferred to the social care homes we visited and how the responsible persons determined the social care homes where the transfer was deemed appropriate.

However, what we found from discussions with some residents was that their admission to these social care homes was made without adhering to the principles mentioned earlier, according to which:

- Admission to such social care homes is only done if assistance and care cannot be provided at home or within community-based day social care homes.
- Provision of social services is done while considering the principle of self-determination.
- Provision of social services is done through individualized approaches, meaning that measures taken must be tailored to the particular life situation of each individual.
- Provision of social services is done respecting the right to freely choose the service provider.

Specifically, residents were merely informed that they would be relocated (either from other social care homes or from psychiatric hospitals, depending on their current location), being notified of where they were going and being transported to the allocated social care home without involving them in any way in choosing the place where they would live.

Furthermore, we do not know the procedure by which the responsible authorities came to procure the social services provided by the concerned providers, nor are we aware of the contracts concluded between the social service providers and the responsible authorities, even though such contracts should have been concluded in accordance with the provisions of Law no. 98/2016, and the procedures should have been public on the Electronic Public Procurement System. However, from the checks made on the e-licitatie.ro website, we did not identify any public procurement contract concluded between the "Sfântul Gabriel cel Viteaz" Association (or Grandma's House Anastasia S.R.L.) and any social assistance directorate or other contracting authority.

Therefore, considering that we did not identify the procurement procedures underlying the admission of beneficiaries and did not have access to the award documentation underlying the procurement of these services, we could not identify the reasons why the responsible authorities for the care and protection of these beneficiaries assessed that they needed social services provided in care and social care homes.

SERVICIUL SOCIAL DE ÎNCĂLZIRE ÎN BAZA LEGII 147/2012 - 11 Ianuarie 2022

No. crt.	Public / Privat	CUI	Tip beneficiar	Denumirea furnizorului	Adresa furnizorului	Denumirea serviciului social	Cod servitiu	Tip serviciu social	Adresa serviciului social	Cod Sita	Localitatea sector	Indic. serviciu	Modul de plată	Capacitate nr. de locuri	Data începerii activității	Data încetării activității	Proiect de lege privind modificarea și completarea Legii nr. 147/2012
3.331	Privat	33569819	4	Asociația Pentru Îngrijirea și Recuperarea Vărstnicilor Armonia	Ilfov	"Clădire viciușilor Armonia - sala C. Clinceni	8730 C.R. V-I	Centru rezidențial de îngrijire și asistență pentru persoanele vârstnice cu dizabilități	sat Clinceni sat. Monumental strada nr. 48 A.	162033	Clinceni	Ilfov	Rural	33	14.02.2020	18.11.2020	LF-0009134
3.332	Privat	8724211	4	Asociația Primitia	Ilfov	Locuință Maxim Proiectată pentru Persoane Adulte cu Dizabilități Casa Lovrești	8730 C.R. D-VI	Centru rezidențial pentru persoanele adulte cu dizabilități	sat Sf.Gheorghe, nr.46	179513	Pantelimon	Ilfov	Urban	10	24.11.2021	06.09.2022	LF-0000146
3.333	Privat	8724211	4	Asociația Primitia	Ilfov	Centrul de Zi pentru Persoane Adulte cu Dizabilități Primitia Fundulea	8699 C.Z. V-I	Centru rezidențial pentru persoanele adulte cu dizabilități	sat Sf.Gheorghe, nr.46	179513	Pantelimon	Ilfov	Urban	18	05.02.2016	16.12.2016	LF-0005192
3.334	Privat	33883874	4	Asociația Primitia Oamenii	Ilfov	Centrul Viteaz	8730 C.R. V-I	Centru rezidențial de îngrijire și asistență pentru persoanele vârstnice cu dizabilități	sat. Răcoasa din 1907, nr. 39	179513	Pantelimon	Ilfov	Urban	14	16.10.2020	02.11.2021	LF-0010176
3.335	Privat	43637547	4	Asociația Sf. Gabriel cel Viteaz	Ilfov	Centrul de Îngrijire și Asistență "Sfântul Gabriel cel Viteaz"	8730 C.R. D-I	Centru rezidențial pentru persoanele adulte cu dizabilități	sat. Ștefan cel Mare, nr.38	179551	Volantari	Ilfov	Urban	30	14.07.2021	07.07.2022	LF-0000087
3.336	Privat	43637547	4	Asociația Sf. Gabriel cel Viteaz	Ilfov	Centrul de Îngrijire și Asistență pentru Persoane Adulte cu Dizabilități "Armonia"	8730 C.R. D-I	Centru rezidențial pentru persoanele adulte cu dizabilități	Sosman București-Urezești nr.36A	100034	Alături	Ilfov	Rural	50	12.07.2021		
3.337	Privat	34614384	4	Asociația Sfântul Iosif	Ilfov	Centrul de Îngrijire și Asistență "Sfântul Iosif"	8730 C.R. V-I	Centru rezidențial de îngrijire și asistență pentru persoanele vârstnice cu dizabilități	sat. Răcoasa, nr. 3	179513	Pantelimon	Ilfov	Urban	49	28.11.2016	05.09.2017	LF-0008200
3.338	Privat	20933417	4	Asociația Sora Mea	Ilfov	Centrul rezidențial de îngrijire și asistență pentru persoanele dependente Sfântul Andrei	8730 C.R. PD-4	Centru rezidențial de îngrijire și asistență pentru persoanele dependente cu dizabilități	sat. (Domeniul Buchaneni), nr. 45 bis, cod poștal 077100	179551	Volantari	Ilfov	Urban	30	07.03.2022		
3.339	Privat	4174341	4	Asociația Spirit De Viață	Ilfov	Centrul Autism Sora by Step	8691 C.Z. C-II	Centru rezidențial pentru persoanele adulte cu dizabilități	Sos. Otopeni, nr. 40-44	179170	Sector 4	București	Urban	20	09.02.2022		
3.340	Privat	20901016	4	Asociația Sana Ta	Ilfov	Centru social	8699 C-II	Centru rezidențial pentru persoanele adulte cu dizabilități	Calda Grădina, nr. 355 - 357	179141	Sector 1	București	Urban	450	05.01.2021	11.03.2021	LF-0010153
3.341	Privat	20901016	4	Asociația Sana Ta	Ilfov	Centrul de zi pentru copii "Sana ta"	8691 C.Z. C-II	Centru rezidențial pentru persoanele adulte cu dizabilități	sat. Dăneștii, nr. 212, sat Bilișeni	66403	Băicoresceni	Dâmbovița	Rural	25	06.11.2019	09.11.2021	000135742
3.342	Privat	45164542	4	Asociația Tiberius Îngrijiri în Domiciliu	Ilfov	Unitate de îngrijire în domiciliu a persoanelor vârstnice	8910 D-I	Centru rezidențial pentru persoanele adulte cu dizabilități	sat. Mo. Ion Băncăștii, nr. 6, et. 1, ap. 2	179169	Sector 3	București	Urban	25	23.02.2022		
3.343	Privat	45164542	4	Asociația Tiberius Îngrijiri în Domiciliu	Ilfov	Serviciu Social de Îngrijire în Domiciliu pentru persoanele adulte cu dizabilități	8910 D-I	Serviciu social de îngrijire în domiciliu pentru persoanele adulte cu dizabilități	sat. Mo. Ion Băncăștii, nr. 6, et. 1, ap. 2	179169	Sector 3	București	Urban	25	31.03.2022		
3.344	Privat	37166992	8	Balkan Medixim S.R.L.	Ilfov	Centrul pentru persoanele vârstnice Rural Ilfov	8730 C.R. V-I	Centru rezidențial pentru persoanele vârstnice cu dizabilități	sat. Clămpăuș nr. 23	103570	Târnari	Ilfov	Rural	38	12.12.2019	18.06.2020	LF-0009110
3.345	Privat	30912322	8	Bibitoseji Longești Paps și Măia S.R.L.	Ilfov	Centru rezidențial Bibitoseji Longești Paps și Măia	8730 C.R. V-I	Centru rezidențial de îngrijire și asistență pentru persoanele vârstnice cu dizabilități	sat. Erna Ionescu Nicolae, nr. 109 A, T33, P. 716	179551	Volantari	Ilfov	Urban	30	18.10.2019	30.03.2020	LF-0009109
3.346	Privat	36725280	8	Care Center Sf. Maria S.R.L.	Ilfov	Care Center Sf. Maria	8730 C.R. V-I	Centru rezidențial de îngrijire și asistență pentru persoanele vârstnice cu dizabilități	sat. Pipers, nr. 188 A-B	179551	Volantari	Ilfov	Urban	54	15.04.2020	02.02.2021	LF-0009147
3.347	Privat	36725280	8	Care Center Sf. Maria S.R.L.	Ilfov	Care Center Sf. Maria Primitia	8730 C.R. V-I	Centru rezidențial de îngrijire și asistență pentru persoanele vârstnice cu dizabilități	sat. Pipers, nr. 188 C	179551	Volantari	Ilfov	Urban	26	26.04.2022	30.10.2022	LF-0011640
3.348	Privat	43059276	8	Casa Armonii Soraștii S.R.L.	Ilfov	Centru rezidențial pentru persoanele vârstnice Casa Armonii Soraștii	8730 C.R. V-I	Centru rezidențial de îngrijire și asistență pentru persoanele vârstnice cu dizabilități	sat. Dăneștii Voia, nr. 2A - 2B, Pâinea	179551	Volantari	Ilfov	Urban	24	05.08.2021	20.06.2022	LF-0011623

"Sfântul Gabriel cel Viteaz" Social Care Home and "Armonia" Social Care Home apparently have the same management. Upon leaving the "Sfântul Gabriel cel Viteaz" Social Care Home, the CLR program manager had a phone conversation with the administrator, Mr. Godei Ștefan Cristian. The CLR representative provided him with information regarding the legal framework for conducting unannounced monitoring visits and the main observations, reports and recommendations resulting from the visit. The discussion was conducted in an amicable manner, with CLR explaining to him that what was observed

indicated human rights violations and that urgent appropriate services were needed. Subsequently, a few hours later, Mr. Godei violently refused CLR access to the "Armonia" Social Care Home in Afumați ([details in the Armonia CIA report](#)).

11. At the "Sfântul Gabriel cel Viteaz" Social Care Home, CLR did not receive any accusations of physical abuse of residents by staff; however, CLR observed **9 residents who were housed in the basement of the building and received information raising suspicions about the conditions under which at least two of the transferred residents died.**

12. Although the space was considered to be a basement based on the information received, the windows were very narrow, did not serve each room, and opened onto a sidewalk in a lateral area of the house, not ensuring the requirements for providing adequate natural light and fresh air, as per Annex no. 1 to Order no. 82/2019.

13. From the information received at the "Sfântul Gabriel cel Viteaz" Social Care Home, **employees communicated that there was a death in November 2021 that occurred as a result of an accident.** From their descriptions, the resident "had a crisis, fell backwards, hit himself, and was taken to the hospital," where the death occurred. We are not aware of the procedure under Art. 13 of Law no. 8/2016 being initiated. Examination of the documentation provided by the social worker showed that despite CLR 's recommendations and current legislation, there is no information as to whether an autopsy was performed following the resident's death, Mr. V. In this context, CLR representatives found it difficult to understand the circumstances surrounding his death.

Conversation with social care home employees:

Employee: He had a seizure and somehow fell on his back, hit himself, and was taken to the hospital as he should, and there he died.

CLR: I see you had a contract between you and him, but he couldn't give his consent, he was incapable of giving his consent. They are placed under guardianship, V., C., N.. How did he fall? What happened to him?

Employee: He had a sudden agitation crisis.

CLR: This resident never had epilepsy seizures, did he have them here? Have you seen his medical record?

Employee: No, when he died, the file was closed, and I didn't inquire anymore. He died in November, and I came in December.

Discussion about another deceased resident:

Employee: She trembled, bit her tongue, and convulsed. She lost consciousness, her jaw clenched.

CLR: Don't residents have medical investigations?

Employee: I don't know. I sent her... to have a CT scan done. I don't have their medical history to know.

CLR reiterates its opinion that, similar to other institutions where individuals can be deprived of liberty by a public authority, when a resident of a social care home dies unexpectedly, an autopsy should be performed, except when an independent medical authority indicates that an autopsy is not necessary. Additionally, when a resident of a social care home dies after being hospitalized in an external medical unit, the clinical causes of death (and, if an autopsy is conducted, its conclusions) should be systematically communicated to the residential social care home.

CLR requests ANPDPD to take necessary measures - including at a legislative level - to ensure that whenever a resident dies in a social care unit or as a result of a transfer from a social care unit to a hospital:

- the death is promptly certified by a physician based on the patient's medical history, the circumstances of death, and a physical examination;

- an autopsy is performed, except when a physician has established a clear diagnosis of illness before death and if that illness led to the death. To prevent any potential conflict of interest, this evaluation should be conducted by a medical authority independent of the social care institution;
- whenever an autopsy is performed, its conclusions are systematically communicated to the leadership of the social care unit, to establish if there are lessons to be learned regarding operational procedures;
- the social care unit maintains records of the clinical causes of residents' deaths.

Furthermore, when a resident dies under suspicious circumstances or as a result of an injury, relevant investigative institutions must always be informed (prosecutors, police).

Regarding the numerous unrecorded deaths that occurred in the social care homes for persons with disabilities, discussions with the staff revealed that they not only failed to adhere to the procedure⁴ but were also unaware of it.

"(2) The forensic autopsy of the deceased is carried out at the request of judicial authorities, only by the forensic physician, and is mandatory in the following cases:

1. Violent death, even when there is a certain period between causal events and death;
2. The cause of death is unknown;
3. The cause of death is suspicious. A death is considered suspicious in the following situations: [...]
 - d) Death occurring in custody, such as the death of persons in detention or deprived of liberty, deaths in psychiatric hospitals, deaths in penitentiary hospitals, in prison or police custody, death associated with police or military activities if death occurs during public demonstrations, or any death raising suspicion of human rights violations, such as suspicion of torture or any other form of violent or inhuman treatment;
 - e) Multiple deaths repeated in series or concomitantly; [...]

(3) The autopsy of the deceased, or parts of the corpse or skeletal pieces, is performed only if judicial authorities provide the forensic physician with:

- a) The prosecutor's order or the court's decision to carry out the autopsy, which includes its objectives;
- b) The on-site investigation report;
- c) A copy of the complete clinical observation sheet, in the case of persons who died during hospitalization."

In this context, it was noted that although several residents had died in social care homes for persons with intellectual and psychosocial disabilities, the registers had no records, and the authorities responsible for criminal investigations were not notified. Consequently, no investigation was conducted because, according to those "responsible," there were no cases of "suspicious death."

A similar situation occurred in the case before the European Court of Human Rights (ECHR) "[CLR on behalf of Mr. V. Câmpeanu v. Romania](#)." In this case, the Center for Legal Resources was granted active procedural status in representing vulnerable individuals without representation. Romania was condemned in 2014 by the Grand Chamber of the ECHR for violating Art.s 2, 3, and 13 of the European Convention on Human Rights and Fundamental Freedoms, respectively: the right to life (Art. 2), the prohibition of torture, inhuman or degrading treatment (Art. 3), and the right of individuals to effectively access a national court, even when the violation is due to persons acting in the performance of their official duties (Art. 13).

Residents' Life in the Accommodation Spaces.

Regardless of the living conditions (rooms with pink blinds or in spaces from the basement of the building), institutionalization of persons on the grounds of intellectual and/or psychosocial disabilities constitutes an act of discrimination and must be sanctioned according to the law. Persons with disabilities must be informed, counseled, assisted to live in the community, where, when, and with whom they desire. At no time did CLR perceive from discussions with the employees of this social care home

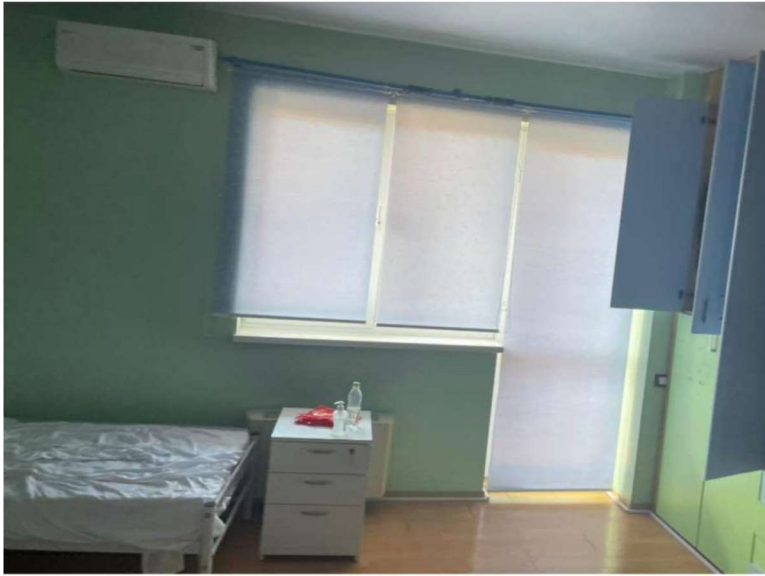
⁴ Regulated by the provisions of Art. 34 of the Procedural Norms of May 25, 2000, regarding the conduct of expertises, findings, and other forensic works, as per Order No. 1134/C of May 25, 2000, approving the Procedural Norms on the conduct of expertises, findings, and other forensic works.

or even with the management, the intention to contribute to the community inclusion of these individuals. It is at least surprising the decision of some general directorates of social assistance and child protection to contract social services in such locations, given that the Government of Romania has adopted the National Strategy for Persons with Disabilities. There is no legal or humane excuse that would allow a state to confine individuals for over 22 years in a psychiatric hospital describing improper conditions and then confine them in another space called a social care home. Persons with disabilities have the right to be supported, trained, helped to lead a dignified life. The residents encountered by the CLR team in this social care home appeared unkempt, very weak, sad, or resigned to the fact that they had no other solution. The description of the accommodation spaces in the following paragraphs does not represent CLR's intention to call for improvement of living conditions, but rather an appeal to ensure quality services, in accordance with the law - **in the community, with adequate staff.**

The " Sfântul Gabriel cel Viteaz " Social Care Home operates in a villa with a basement, ground floor, first floor, and an attic. It has a courtyard paved with stone at the entrance and in the back an undeveloped garden space. All rooms have a worn-out appearance, without personal belongings, giving the impression of a temporarily inhabited space, similar to a hospital.



On the mattresses of the beds, one can observe the plastic film, with some residents sleeping directly on it (the mattresses do not have covers to protect them, and when they move, the sheets fall or gather on one side and remain on the plastic film).



In the ground floor hallway, there are several tables and chairs for dining, surrounded by two sofas. Also on the ground floor is a kitchen (not used for cooking) and the social worker's office. The bedrooms on the first floor and attic are colored in pink, green, and blue, with some having their own bathroom. There are between 3 and 5 residents per bedroom. One bedroom with its own bathroom was equipped with a refrigerator and television. In the attic, in the open space serving as a hallway, there were four beds occupied by immobilized individuals. From another room in the attic, a young woman emerged who appeared sedated and unable to stand on her own. She repeated several times that she did not know why she was there, believing that her mother had died and that's how she ended up in the hospital and then in this social care home. She begged tearfully to be taken away from there.



The image of the spaces where some of the residents were "accommodated" in the basement of the "Sfântul Gabriel cel Viteaz" social care home is difficult to describe. In the open space (a large hallway), there are two low metal beds and a mattress on a wooden frame on the floor. One of the residents was lying on the mattress when we arrived, and in the other three rooms, there are three white metal beds each, with white bedside tables, and no other storage space for personal belongings. The beds have no pillows, blankets, or duvets. They are all covered with white bed linens. Natural light enters through a gap about the height of a hand. Two bathrooms serve the residents housed here (toilet, sink, and bathtub for shower). Two other rooms are used for storage, including the heating system.

Also in the basement is a room tiled with tiles, empty, and with an opening the size of an air vent, no wider than a palm. On the door to this room was a poster with the message "**ISOLATION**".



Although the residents reported that some of them were locked in this room, the social worker responded that the room is used only for medical purposes, quarantine. However, regardless of the reason for isolation, quarantine, or management of aggressive behavior, the space in the basement of the building is not only inadequate but also endangers the lives and integrity of the residents.

Accommodating residents in unventilated spaces, devoid of natural light, on tile floors, and with a high risk of being locked in a room, shows that we are witnessing inhuman and degrading treatment. However, the authorities responsible for authorization, licensing, and control did not acknowledge that the residents are not receiving adequate treatment at the "Sf. Gabriel cel Viteaz" social care home.

Regarding the isolation room, the social worker stated that:

“*He stayed when he was brought from the hospital. They don't stay here due to aggressive behavior because the doctor tells the nurse what to give them to calm them down. The isolation room is only for medical cases when they come from the hospital.*”
“When we can't deal with them anymore, we call the ambulance, and they are taken to the hospital.”

One resident reported that he arrived at Sf. Gabriel cel Viteaz from the Bălăceanca nursing home where he had been for 8 years, previously spending almost 4 years in the psychiatric hospital in Bălăceanca.

“*I was brought here by the nursing home's car. I didn't know where I was coming. He keeps in touch with his mother and sister. He's from sector 3. He has a phone but hasn't paid for the internet. I haven't been out on the street yet because my mom needs to give a statement that I'm allowed.*”

The gentleman mentioned above has only gone as far as the gate in front of the villa to help with transporting cooked food brought from the "Armonia" social care home in Afumați. He wishes to walk outside the social care home, but without authorization from his guardian (his mother), he does not receive permission from the staff. The gentleman is nearly 48 years old and says he receives medication because he trembles, but he does not know his diagnosis. He has a court decision placing him under guardianship, with his mother appointed as his guardian. He is unaware of the changes brought about by Law no. 140/2022 regarding the review of guardianship decisions. He mentions that "the nursing home here is smaller and cleaner. In Bălăceanca, we had to clean outside too, and the nursing home was bigger." He also adds that they had scabies, but "they were given ointment, and they got better."



CLR expert, talking to a resident she has known since he was a child

Another gentleman mentions that he arrived at the social care home in February, also under guardianship, and also from Bălăceanca. Another one says he didn't sign anything and didn't know where he was going, also from Bălăceanca. He doesn't know if he's under guardianship. *"I like everything here, but being free is different from being here."* All interviewed residents hope to be free one day. Some were told that further steps are needed, but the employees don't know the procedural steps. Another resident told CLR representatives: *"I'm probably too new here and need to get used to the situation."*

One man says he spends his time smoking and concludes: *"I've been at Bălăceanca for 22 years, ma'am! I didn't get along with my family. It's good to be free..."*. He describes the "transfer procedure" from Bălăceanca to the Sfântul Gabriel cel Viteaz social care home:

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"I packed my bags the day before. I came by car with a fellow resident from Bălăceanca and the driver. I've heard of the Voluntari home, but I didn't know the place. Arriving here, like at any hospital, before being admitted, I was checked for lice, although I was already closely shaved. A woman supervised me in the bathroom until I washed. They gave me clean clothes and showed me where to stay. I have nothing to say. We must be understanding with what we receive."

From the upper floor corridor, surrounded by metal bars up to the ceiling, several residents are seen sitting on the sofas in the hallway/dining room, dressed scantily and shabbily (old clothes, some faded tracksuits probably from multiple washes, pants tied with shoelaces, blouses hanging loosely on many of them). Most residents, both men and women, have short hair, cut with a man's hair clipper. Most of them look frail, very weak. The caregiver can be heard saying, **"Whoever behaves gets biscuits from mama"** - [video 1](#), **"an elephant was swaying, he called another elephant, two elephants were swaying..."** - [video 2](#). The residents are between 30 and 50 years old.

CLR observes that the lack of information about residents' needs, as well as the lack of staff and specialized knowledge, can contribute to the deterioration of their emotional and mental health. Infantilizing adults and treating them as if they were beneficiaries of a "daycare" service rather than adults in a social care facility goes against both domestic and international obligations.

1. Staffing and Care Provided to Residents

According to the provisions of Annex 1 to Order No. 82/2019, the social service provider must develop an *Annual Training and Professional Development Plan for the employed staff and maintain a Register of Continuous Staff Training, where training sessions for staff will be recorded.*

According to Annex 1 to Order No. 82/2019, depending on the activities in which beneficiaries should be involved, the social service provider should have employed and trained staff responsible for the following activities:

- Psychological counseling - personnel involved may include psychologists/psychotherapists.
- Information and social counseling activities - personnel involved may include social workers.
- Enablement and rehabilitation activities - personnel involved may include speech therapists, physiotherapists, masseurs, occupational therapists, rehabilitation educators, occupational therapy instructors, educational instructors, social workers, nurses, and other therapists.
- Care and assistance activities - personnel involved may include social workers, nurses, social educators, rehabilitation educators, occupational therapy instructors, and other therapists.
- Development/maintenance of cognitive skills activities - personnel involved may include psychologists, psychotherapists, speech therapists, occupational therapists, rehabilitation educators, social educators, educational instructors, occupational therapy instructors, and other therapists.
- Maintenance/development of daily living skills activities - personnel involved may include psychologists, psychotherapists, occupational therapists, rehabilitation educators, social educators, social workers, occupational therapy instructors, educational instructors, and other therapists.
- Maintenance/development of communication skills activities - personnel involved may include psychologists, psychotherapists, speech therapists, occupational therapists, rehabilitation educators, social educators, educational instructors, occupational therapy instructors, social workers, and other therapists.
- Maintenance/development of mobility skills activities - personnel involved may include doctors, occupational therapists, physiotherapists, masseurs, rehabilitation educators, occupational therapy instructors, social educators, social workers, and other therapists.
- Maintenance/development of self-care skills activities - personnel involved may include occupational therapists, physiotherapists, rehabilitation educators, occupational therapy instructors, nurses, social workers, social educators, and other therapists.
- Maintenance/development of personal health care skills activities - personnel involved may include doctors, nurses, psychologists, psychotherapists, occupational therapists, social workers, social educators, occupational therapy instructors, and other therapists.
- Development/strengthening of self-management skills activities - personnel involved may include psychologists, psychotherapists, occupational therapists, rehabilitation educators, social educators, social workers, nurses, educational instructors, occupational therapy instructors, and other therapists.
- Development/strengthening of interaction skills activities - personnel involved may include psychologists, psychotherapists, speech therapists, occupational therapists, rehabilitation educators, social educators, social workers, educational instructors, and other therapists.
- Education/training level improvement for employment activities - personnel involved may include psychologists, psychotherapists, occupational therapists, social workers, vocational guidance counselors, supported employment specialists, vocational

- assessment specialists, vocational counselors, rehabilitation educators, social educators, educational instructors, occupational therapy instructors, and other therapists.
- Decision-making assistance actions - personnel involved may include lawyers, legal advisors, social workers, psychologists, vocational counselors, psychiatrists, and other specialists, as appropriate.
- Social and civic integration and participation activities - personnel involved may include social workers, social assistance technicians, social workers, psychologists, psychotherapists, occupational therapists, physiotherapists, rehabilitation educators, social educators, occupational therapy instructors, educational instructors, art therapists, educational animators, and other therapists.

As it can be observed, in the visited social care homes, there should have been staff responsible for at least all the activities mentioned above. However:

- In the "Sfântul Gabriel cel Viteaz" social care home, we identified only 1 nurse, 1 medical assistant, 1 social worker, and 1 administrator, these individuals being responsible for the care of 27 residents.
From discussions with these individuals, except for the medical assistant, all other employees had no experience in working with persons with disabilities. It should be noted that in this social care home, there are several residents with severe disabilities who require assistance and care tailored to their needs. We believe that the staff should have been properly trained and recruited based on similar experience in working with individuals with intellectual or psychosocial disabilities.
From the observations made, it did not appear that the staff was sufficient or adequately trained to manage the needs of the beneficiaries.

14. Regarding the contribution of medical staff in the visited social care homes, the information provided at the time of the visit indicated that residents did not benefit from psychological services, social assistance, regular and consistent psychiatric and somatic care.

15. Furthermore, despite the fact that residents in the social assistance system are more prone to physical health problems such as inadequate nutrition, hypertension, diabetes, etc., there were no indications that regular and systematic monitoring of blood pressure, weight, nutritional status, and fluid intake was being carried out. Dental services were not provided to residents.

16. As for the daily routine, the existence of a range of occupational and recreational activities offered to residents was not observed, only activities that tended to infantilize them (coloring templates with animals, lullabies, etc.). Although employees communicated that recreational or occupational activities were being conducted for residents, from discussions with them, it was found that they actually had no activities all day and that the majority had not left the social care home since their arrival.

17. CLR observed that residents were not encouraged to participate in activities, there was nothing structured, and any activities did not follow any resocialization plan. Indeed, the main part of the activity seemed to be simply spending time in the courtyard or in bed.

18. In the social care home, the main objective seemed to be isolation, maintaining order, and attempting to meet only the basic needs of the residents at a minimal level. The situation was aggravated by the fact that, although there were no restrictions on daily outdoor exercises within the premises, opportunities to go to the market, shop, walk on the street, visit parks, or go on recreational outings outside the social care homes did not exist. Most residents spent a large part of their days subjected to a rigid regimen that only allowed them to walk in the backyard if the weather was favorable, or stay confined in the basement rooms or in the entrance hall used for serving meals; a crowded, noisy space, watching television; rather than engaging in any meaningful activity.

19. Multidisciplinary teams were not presented to conduct individual assessments of each resident's needs and develop individual support plans. Apparently, these were generally updated annually and in a "copy and paste" manner by the case manager within the DGAPSC.

20. Existing provisions for contact with the outside world were generally unsatisfactory in the visited social care homes. Residents cannot maintain contact with persons from the outside environment, with most of them being unable to access mobile phones or the internet.

21. Complaint mechanisms and provision of information regarding residents' rights were lacking. Residents reported not having access to paper and writing tools to file complaints, and no registers were identified documenting complaints filed by residents. They also reported not being provided with a phone for their use as needed.

22. In these conditions, we also consider that the right to petition has been violated, as provided and regulated by Government Ordinance 27/2002: "*Art. 1 (1) This ordinance regulates the exercise by citizens of the right to address petitions to public authorities and institutions in their own name, as well as the manner of their resolution*" - for persons with disabilities in social care homes. Thus, just because the petitioner is a person with intellectual or psychosocial disabilities institutionalized, does not mean that their rights or the deadlines for resolving their complaints should not be respected.

CLR reiterates its opinion that, although some residents have difficulties in understanding and communicating, whenever possible, they should be informed about their rights, if necessary, using repeated, simplified, and individualized verbal formulas. Additionally, accessible and intelligible complaint systems should be in place.

5. Means of Restraint - Restriction and Isolation

23. Regarding isolation, although this measure remains illegal in social care units in accordance with national legislation, it has been found that such restrictive practices still occur at the "**Sfântul Gabriel cel Viteaz**", where there is an isolation room.

24. In the basement of the building, there is a room designated as an "isolation ward." According to social care home staff, this is only used in urgent situations when residents pose a danger to themselves or others. Examples provided were when residents are aggressive or when they are contagious for various reasons. No restraint tools were identified.

25. According to Art. 39 and 40 of Law no. 487/2002, the measure of restraint or isolation can be ordered exceptionally and proportionally, only if other less restrictive methods have been exhausted. Additionally, from Art. 21 and 22 of the Implementing Rules of Law no. 487/2002 on Mental Health and the Protection of Persons with Mental Disorders, it follows that this measure can only be ordered by a psychiatrist. Therefore, the use of the isolation room in a care and assistance home cannot be ordered by the social care home's staff.

26. Even if the use of the isolation room in a care and assistance home were legal, the isolation room in the social care home's basement was operating under improper conditions - only tiled floor, without any other furniture, and with a hole in the wall instead of a window, which was more of an inadequately ventilated airhole.

Based on the findings on-site by CLR representatives, it can be concluded that what is happening in this social care home is nothing but a concrete translation of the material element within the objective aspect of the offense provided and punished by the provisions of Art. 205 of the Penal Code, which regulates the offense of "illegal deprivation of liberty." Moreover, we can discuss specifically about "persons unable to express their will or defend themselves." The provisions of the current Penal Code must be interpreted in accordance with the provisions of the Romanian Constitution - Art. 23, which guarantees the inviolability of a person's freedom.

6. Interdiction, Sequestration

27. The social worker reported that "probably" 10 individuals are institutionalized with a court order for interdiction, without knowing the real number with certainty.

28. One of the residents recounted how he ended up in this social care home, believing he was placed under interdiction at the request of his relatives. However, from the information obtained from his file, he was not placed under interdiction and ended up living in this social care home after applying for housing. His consent was not obtained to be moved to this social care home, and during an admission to a psychiatric hospital in Bucharest, he was only informed that he was going to be transferred to a social care home in the town of Voluntari, where he subsequently arrived and stayed, although he would like to return home or receive housing.

Another particularly important observation is the general position noted in the monitored social care homes (also supported by the position of AJPIS Ilfov - according to response No. 24542 of 17.11.2022), according to which, even more than half a year after the entry into force of Law 140/2022, representatives of public authorities and private entities do nothing but maintain the claim that "certain beneficiaries are placed under interdiction," and consequently, they cannot be communicated with, cannot be the subject of "eligible interview lots," or any other communicational anomalies that suggest that these individuals are nothing more than objects, devoid of life, feelings, or suffering.

In this context, addressing those who still easily use the term "judicial interdiction," we inform you (even through this means) that by the Decision of the Constitutional Court dated July 16, 2020, Art. 164 of the Civil Code, which regulated interdiction, was declared unconstitutional. The situation of individuals whose capacity to exercise rights has been restricted (totally or partially) has been regulated by Law 140/2022. Thus, within 3 years from the entry into force of the aforementioned law, all persons who have been placed under interdiction will undergo, automatically or upon request, the re-evaluation procedure. Consequently, representatives of the entities in question should once again be aware that they are responsible for the lives of citizens with rights.

Requests addressed to institutions with competence in the matter:

1. We request the President of ANPDPD and the director of ANPIS to verify the legality of transfer procedures and the presence of individuals with intellectual/psychosocial disabilities in the " Sfântul Gabriel cel Viteaz" Adult Care and Assistance Home for Persons with Disabilities; ensuring that all residents in this social care home will benefit from quality, adequate services urgently IN the community and not in smaller-sized social care homes that contribute to the deterioration of the physical and mental health of residents. Ensuring that no resident will be sanctioned for speaking with representatives of CLR.
2. We request the Minister of Health to verify whether the procedure for maintaining involuntary hospitalization is respected for individuals admitted to Bălăceanca Hospital.
3. We request the Director of DGASPC Ilfov to verify the manner in which residents are institutionalized in the " **Sfântul Gabriel cel Viteaz " Adult Care and Assistance Home for Persons with Disabilities** - taking into account suspicions of arbitrary institutionalization and considering Romania's conviction in the [case of N. against Romania](#).
4. We request the Public Ministry to investigate the fact that there are cases of "suspicious death" in social care homes in Romania that are not properly recorded and investigated - taking into account Romania's conviction in the case of [CLR on behalf of Mr. V. Câmpeanu against Romania](#).
5. We request the Ministry of Labor and ANPDPD to make public and transparent the procedures for transferring beneficiaries from one social care home to another, the number of beneficiaries in each social care home (including social care homes operating on a provisional license basis), the place of origin of the beneficiaries, and who is responsible for the services provided to them. Additionally, we request the Ministry of Labor and the Monitoring Council to provide the Public Ministry with data regarding deaths recorded in privately funded and/or public-funded social care homes (number, causes), as well as data

regarding the number of institutionalized persons with disabilities in social care homes for the elderly.

Material developed within the AdaptJust project - Accessible Justice for Persons with Disabilities, implemented by the Center for Legal Resources in partnership with the Public Ministry - the Prosecutor's Office attached to the High Court of Cassation and Justice, a project benefiting from a grant worth €1,324,994, offered by Iceland, Liechtenstein, and Norway through the EEA Grants 2014-2021, under the Local Development Program. The material is provided free of charge and can only be distributed by mentioning the source. Any modification, sale, or use of the content for commercial purposes is strictly prohibited. Its content does not reflect the official opinion of the Program Operator, the National Contact Point, or the Financial Mechanism Office. The information and opinions expressed are the sole responsibility of the author/authors. We are working together for an inclusive Europe.