AI IN SENIOR CARE

What peace of mind should actually mean

Using technology to put caregivers back in front of residents

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2:07 am

One caregiver. Thirty-two apartments. A resident is on the bathroom floor, and nobody knows yet.

Every system we bring into a building should be judged by what happens in the next ten minutes.

THE GROUNDWORK

Our residents need more, and more complex, care

44%

have Alzheimer's disease or another dementia

75%

need help with bathing; 71% with walking

58%

live with high blood pressure; 33% with heart disease

26%

have been diagnosed with depression

Assisted living today is memory care, chronic care and daily support, often for the same person.

Source: CDC/NCHS, Data Brief No. 506, residential care community residents, 2022 (National Post-acute and Long-term Care Study).

THE GROUNDWORK

Falls are common, and the wait does the harm

22%

of residential care residents fell in the past 90 days

+21%

rise in the U.S. fall death rate for adults 65+, 2018 to 2024

30%

of fallers over 90 lay on the floor an hour or more, often with an unused call alarm

Long lies drive serious injury, hospital stays and moves to a higher level of care.

Sources: CDC/NCHS, MMWR 2018;67(37), 2016 data. CDC, Older Adult Falls Data. Fleming and Brayne, BMJ 2008;337:a2227.

THE GROUNDWORK

Isolation is a health risk

1 in 4

adults 65+ living in the community are socially isolated

LONELINESS AND ISOLATION RAISE THE RISK OF

+50%	dementia
+32%	stroke
+29%	heart disease

Source: National Academies of Sciences, Engineering, and Medicine, Social Isolation and Loneliness in Older Adults (2020), as summarized by CDC.

THE GROUNDWORK

Every vacancy lands on the caregivers who stay

35% annual turnover, so nearly every shift is training someone new

98% of assisted living providers asked staff to work overtime or extra shifts

<20% of nursing time goes to direct care, while 35% goes to documentation

16% of licensed caregivers say burnout is pushing them out of the field

The staffing crisis is felt most on the floor: longer shifts, more strangers, less time with residents.

Sources: Ziegler 2026. NCAL survey, 2022. Hendrich et al., Perm J 2008. Kare survey of 3,112 caregivers, 2024.

THE GROUNDWORK

Enthusiasm is high. Proof is uneven.

76%

of operators are enthusiastic about AI's role, up from 58% a year earlier

70%

already use AI for predictive analytics

32%

of AI users report no impact on care quality

74%

cite insufficient evidence of ROI as a barrier

Source: Argentum and A Place for Mom, The State of Technology in Senior Living (late-2024 survey of ~1,000 operators and leaders), 2025.

PRIVACY AND TRUST

Residents and families are right to ask

#1 barrier

Data privacy is the top barrier to tech adoption among adults 50+

About half

of hesitant adopters name trust, privacy and data security as top concerns, especially for AI

3 in 5

say technology is not designed with their age in mind

Yet AI use among adults 50+ rose from 18% to 30% in a year. Interest is there. Trust has to be earned.

Source: AARP Research, 2026 Tech Trends and Adults 50-Plus (n=3,838, fielded Sept to Oct 2025).

PRIVACY AND TRUST

Three questions every family deserves answered

01

What is collected?

Video, audio, motion, location, notes. Raw or processed? Kept or discarded after an event?

02

Where does it live?

On the device, in the building, or in the cloud. Which country, how long, and how it is deleted.

03

Who can see it?

Which staff roles, the vendor, families. Is access logged? Is it used to train AI models?



HIPAA does not automatically cover every assisted living community. Your contract and state law may be the only protection, so put it in writing.

THE HUMAN ELEMENT

“Is AI going to take my job?”

WHEN THE PLAN IS TO CUT AN FTE

- Staff hear: “I'm being replaced”
- They work around the tool
- Problems go unreported
- The remaining team carries more
- Adoption stalls, and so do outcomes

WHEN THE PLAN IS TO GIVE TIME BACK

- Staff hear: “This helps me”
- They tell you what's broken
- Champions emerge on every shift
- Saved minutes go to residents
- Adoption grows, and so do outcomes

Buy-in follows intent, and staff can tell which plan you have.

THE HUMAN ELEMENT

Discover. Do. Document.



Discover

Gather what we already know from the EHR, engagement platform and monitoring. AI assembles it into one clear picture of who the resident is and what they need.



Do

Give care quickly and accurately: medications, interventions, ADL help, engagement, connection. This is where the rubber meets the road.



Document

Capture what happened so the picture keeps getting sharper. AI drafts, the caregiver confirms, and the next shift starts smarter.

The goal: more minutes in front of residents, fewer in front of screens.

01

SCENARIO ONE · THE FIRST NIGHT

Maria, 84, moved in on Tuesday. Tonight's caregiver is from an agency, has never been in this building, and has never met her.

Maria is anxious, a little hard of hearing, and still learning the path to her bathroom in the dark.

AT STAKE

- A missed or late medication
- A fall on an unfamiliar route
- A frightened resident among strangers

SCENARIO ONE · THE FIRST NIGHT

From stranger to someone who knows her

Discover

EHR · ENGAGEMENT · MONITORING

- The EHR auto-builds a shift handoff summary
- Meds and times, fall risk, one-person assist
- Goes by “Mimi,” retired teacher, loves Sinatra
- Up at 2 and 4 am both nights so far

Do

THE CAREGIVER, IN THE ROOM

- Evening meds on time with eMAR prompts
- Greets her as Mimi, speaks to her good ear
- Checks in before 2 am, lights the path
- Gets a fall alert on her own device if needed

Document

AI DRAFTS, CAREGIVER CONFIRMS

- A voice note becomes a draft note to review
- “Up at 2:10, calm with music” is saved
- Changes flagged for the nurse
- Tomorrow's brief is richer than tonight's

Composite scenario for illustration. Tools in play: EHR and eMAR, resident engagement platform, remote monitoring.

SCENARIO ONE · WHAT CHANGED

A caregiver new to the building gave care like someone who knew her.

Care quality

Right meds, right assist level, from the first shift

Resident

Felt known on night one, not just watched

Caregiver

Confidence without a 20-minute chart dig

02

SCENARIO TWO · THE FAMILY FAR AWAY

Ruth moved in a month ago. Her son David lives 600 miles away, calls the front desk most days, and feels guilty every time he hangs up.

Lately his calls are shorter and sharper. He only seems to hear from the community when something goes wrong.

AT STAKE

- A family's trust in the community
- Staff time spent on reactive calls
- Ruth's sense of connection

SCENARIO TWO · THE FAMILY FAR AWAY

Closing the distance, one update at a time

Discover

ENGAGEMENT · EHR · FAMILY APP

- Engagement platform auto-summarizes Ruth's week
- Activities attended, meals, mood notes
- Attendance shows three days without lunch in the dining room
- Family call notes show what David worries about

Do

THE CARE TEAM, REACHING OUT

- Invites Ruth to the music group she used to love
- Sets up a video call so David sees her there
- Sends an auto-drafted weekly update and photos, with Ruth's consent
- Nurse calls David about dining before he asks

Document

THE PICTURE KEEPS FILLING IN

- Engagement and meals logged as they happen
- David's preferences saved: Thursdays after 6
- Next week's update builds on this one

Composite scenario for illustration. Tools in play: resident engagement platform, EHR, family communication app.

SCENARIO TWO · WHAT CHANGED

David heard the good news first, and the distance felt smaller.

Family

Informed and reassured, not just called after incidents

Resident

More connection, less isolation, back at the table

Care team

Fewer reactive calls, and a partner instead of a critic

03

SCENARIO THREE · SATURDAY, 6:40 PM

No managers on site. Walter, 79, is more confused than usual, warm to the touch and unsteady on his feet.

The weekend med tech has to decide quickly: keep an eye on him, call the on-call nurse, or call 911.

AT STAKE

- A delayed escalation
- An avoidable trip to the ER
- A hard call made alone

SCENARIO THREE · SATURDAY, 6:40 PM

A confident decision, without a manager on site

Discover

EHR · MONITORING · PROTOCOLS

- EHR shows his baseline: sharp, walks with a cane
- New med this week, UTI history last spring
- Many more bathroom trips last night than usual
- Change-of-condition protocol on the device, like Stop and Watch and SBAR

Do

THE MED TECH, WITH BACKUP

- Takes vitals, offers fluids, sets fall precautions
- Calls the on-call nurse with the full picture
- Monitoring stays on alert overnight
- Family hears from the team, not from the ER

Document

MONDAY STARTS WITH FACTS

- Voice notes and alerts draft the change-of-condition note
- Handoff summary ready for the DON
- Team adds night-time bathroom trips to his watch list

Composite scenario for illustration. Tools in play: EHR and eMAR, remote monitoring, protocols and on-call routing.

SCENARIO THREE · WHAT CHANGED

No one on shift had to make the call alone.

Resident

A change caught early and acted on the same evening

Weekend staff

Confidence and backup on a hard decision

Leadership

A clear record Monday morning, not a mystery

DOES IT WORK?

Faster response, fewer trips to the hospital

8%

of falls led to an ER visit with AI video fall detection, vs 25% without

Dementia care pilot, 6 communities, 2019

-79%

hospital transfers after acoustic night monitoring was installed

UK care home pilot, 6 homes, 2026

Small, early studies. A promising direction, not proof, so measure it in your own building.

Sources: Xiong, Bayen et al., Am J Manag Care 2019;25(7) (vendor-affiliated authors). Dorset Council DiSC pilot, Jan 2026.

THE ROADMAP

Five steps to bring AI into community life

1	**Say what it is for**	Time back with residents, not a headcount cut. Tell staff in writing.
2	**Start with one problem**	Name the outcome, like night-time response, and baseline it for 90 days.
3	**Bring the frontline in**	Night caregivers, a nurse, a resident and a family member help choose.
4	**Pilot with a scoreboard**	One wing, 90 days. Privacy terms signed and measures agreed before go-live.
5	**Redesign the work, then scale**	Change rounds, roles and handoffs to match. Tech without workflow change is a gadget.

THE ROADMAP

Your pilot scoreboard

Quality of care

- Time from fall to assistance
- Share of falls unwitnessed
- Time to complete incident reports
- Alerts that were real vs false

Resident outcomes

- ED visits and EMS calls after falls
- Repeat falls per resident
- Hospital days
- Night-time disruptions to sleep

Caregiver life

- Time with residents vs time charting
- Scheduled night checks per shift
- 90-day turnover on the pilot wing
- A three-question staff pulse survey

PEACE OF MIND, DEFINED

Someone notices.

Help arrives fast.

Dignity stays intact.

The caregiver goes home whole.

Thank you

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SOURCES

Where the numbers come from

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