GUIDE

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A Practical Guide to Evaluating Senior Living Technology Solutions

How to run a vendor evaluation that ensures your choice delivers the outcomes your residents, staff, and organization need.

Purpose

This guide is built for senior living operators who want to select technology that delivers measurable clinical and operational outcomes — not just the most features on a checklist.

What's Inside

Define Outcomes First

Start with what your organization needs to move.

Map Coverage Needs

Understand where incidents actually occur.

Apply the Evaluation Framework

Six weighted categories with specific questions and guidance.

Score, Select & Contract

Reference checks, finalist scoring, and contract terms.

INTRODUCTION

Before You Begin:
Why Most Evaluations Miss What Matters

Most senior living technology evaluations start in the wrong place. Operators issue RFPs focused on feature lists, pricing, and integration checkboxes — and end up selecting a vendor that checked the most boxes on paper but delivered little clinical impact in practice.

The vendors who benefit most from that approach are the ones selling narrow, familiar solutions.
The operators who suffer are the ones who signed three-year contracts before discovering the gaps.

This guide is structured differently. It starts with resident and operational outcomes and works backward to the technology, infrastructure, and partnership model required to achieve them. Use it to frame your evaluation criteria, design your RFP, and run your finalist conversations.

The Typical Evaluation Trap

RFP issued around feature lists & pricing → Vendor with most checkboxes wins → Contract signed before gaps discovered → Little clinical impact in practice

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WATCH FOR

If a vendor responds to outcome questions with projected ROI models rather than actual customer data, treat that as a meaningful signal.

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PART 1

Define the Outcomes You're Buying

Before you evaluate a single vendor, write down the five outcomes your organization most needs to move in the next 12 months. Most assisted living and memory care operators are solving for some combination of the following:

Fall Reduction

Reducing falls with injury — and the liability, hospitalization, and family trust costs that follow.

Revenue Capture

Capturing care service revenue that is being delivered but not billed.

Acute Care Reduction

Reducing 911 calls and acute care transitions.

Staff Retention

Retaining staff and reducing the documentation burden that drives turnover.

Clinical Quality

Demonstrating clinical quality to families, insurers, and capital partners.

List your own.

The technology you select should have a clear, evidence-based mechanism for moving each outcome you identify. Don't let a vendor define your priorities for you.

The Essential Question to Ask Every Vendor

"Show me how your system has moved this outcome, with a specific customer, in a community with similar acuity and staffing to ours."

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PART 2

Map Your Community's Coverage Needs

Most solutions are designed around specific spaces — room, common area, pendant activation point. Before evaluating sensors and devices, map where incidents occur in your community.

Answer These Before Your RFP

Bathroom, Room, or Common Area Falls
What percentage of your falls occur in bathrooms, resident rooms, and common areas?

High-Acuity Resident Movement
Where do your highest-acuity residents spend time outside their rooms?

Unusual Layouts
Do you have courtyards, memory care wings, or spaces with unusual layouts that may affect coverage?

Wi-Fi Infrastructure
What is your current Wi-Fi infrastructure? Are there coverage gaps?

The Coverage Gap Test

"Walk me through exactly which spaces in a 125-unit community would have zero coverage or monitoring under your system. Show me on a floor plan."

This question surfaces the most consequential gaps. A vendor whose system has no presence in bathrooms — where nearly half of falls occur — should be required to explain that tradeoff explicitly, in writing, before any contract is signed.

40–60%

of falls occur in bathrooms.

Most solutions cover none of that space. Require vendors to map every gap against your actual floor plan.

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PART 3 — THE EVALUATION FRAMEWORK

Use this scoring matrix as the foundation of your RFP and finalist process. Weight categories based on your organization's priorities.

CATEGORY 1

Clinical Coverage & Accuracy

Criterion	Question to Ask	What Best-in-Class Looks Like
Bathroom Monitoring	Does the system monitor bathrooms? If so, with what device and what technology?	Camera-free radar coverage of all bathrooms; automatic detection of falls and extended stays
Fall Detection Accuracy	What is your independently validated fall detection accuracy rate?	Documented accuracy with independent third-party validation; not self-reported
Location Precision	How precisely can your system locate a resident when an alert fires?	Room-level (1–3 meter) accuracy using resident-side and staff-side hardware
Alert Context	What information does a care team member receive when an alert fires?	Resident name, location, and live visual context — not just a push notification
Coverage Gaps	What spaces have no monitoring?	Vendor maps every gap against your specific floor plan

A note on fall detection accuracy: Ask vendors to distinguish between fall detection (identifying a fall after it happens) and fall prevention (detecting elevated risk before a fall occurs). These are meaningfully different capabilities, and the accuracy claims around each are different. Require the vendor to be specific.

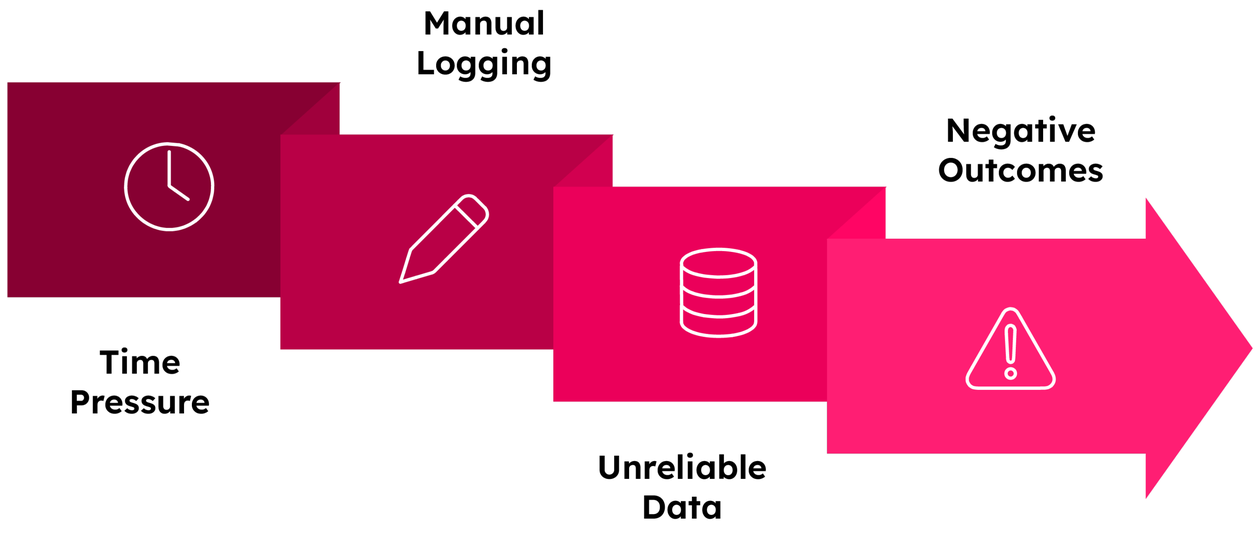
CATEGORY 2

Care Documentation & Staffing Intelligence

Inaccurate care documentation is one of the most common and costly problems in assisted living. Staff manually logging care interactions — under time pressure, on short-staffed shifts — produces unreliable data that leads to under-billing, poor care plan accuracy, and legal exposure.

Criterion	Question to Ask	What Best-in-Class Looks Like
Documentation Method	How is staff care time captured — manual logging or automatic?	Passive, automatic capture through wearable staff hardware; no manual entry required
Compliance Rates	What is your typical care documentation compliance rate across your customer base?	Documented, not self-reported; comparison against manual logging benchmarks
Audit Readiness	Is the care data your system produces defensible in a survey, family dispute, or litigation?	Passive, timestamped capture with no manual override; chain of custody documented
Care Plan Optimization	How does your system support care level reassessment?	Clinical data tied directly to EHR, with clinician-reviewed recommendations

The Core Risk



The Compliance Question

"When a care team member doesn't log an interaction, what does your system show? And how often does that happen in typical deployments?"

This question cuts to the heart of manual-logging systems. A system that relies on staff input is only as accurate as staff compliance. Ask to see actual compliance data from reference customers — not projected or estimated figures.

CATEGORY 3

eCall & Emergency Response

Emergency call systems are the most regulated, most legally scrutinized part of this evaluation. Understand both the regulatory floor (your state requirements) and the operational ceiling (what best-in-class response looks like).

Criterion	Question to Ask	What Best-in-Class Looks Like
Redundancy	What happens when the internet goes down?	Independent network path (e.g., LoRaWAN with cellular failover) that keeps eCall operational independent of Wi-Fi
Alert Escalation	How does the system escalate an unanswered alert?	Configurable, automatic escalation with SMS/text fallback for management
Two-Way Voice	Is two-way voice hardware-embedded in the room or app-dependent?	Hardware-embedded in the room; resident can communicate without a care team member answering an app call
Visual Context	Can staff see what's happening before they enter the room?	Live view from multiple room sensors; care team member can assess the situation before arrival
Response Documentation	How are response times captured and reported?	Automatic, timestamped log with no manual entry; exportable for state surveys

CATEGORY 4

EHR Integration & Data Interoperability

Integration claims deserve careful scrutiny. "We integrate with [EHR]" can mean anything from a full bidirectional data exchange to a nightly occupancy sync that confirms which rooms are occupied.

Criterion	Question to Ask	What Best-in-Class Looks Like
Integration Depth	What specific data flows between your system and our EHR? In which direction?	Named data types, documented API connection, and reference customers using it in production today
Bidirectionality	Is the integration bidirectional? What exactly flows in each direction?	Bidirectionality confirmed in vendor documentation and verified by EHR
ADT Sync	Does the system update automatically when a resident moves in, moves out, or changes rooms?	Yes, in real time
Future Roadmap	What integrations are on your public roadmap, and what is the committed delivery date?	Written commitments with expected delivery windows; not "we plan to"

VERIFY INDEPENDENTLY

For any EHR integration a vendor claims, contact the EHR vendor directly and ask them to confirm the nature of the integration. Bidirectionality claims in particular are frequently overstated. Do not rely solely on the technology vendor's representation.

PART 3 — THE EVALUATION FRAMEWORK

CATEGORY 5

Infrastructure & Total Cost of Ownership

The sticker price rarely reflects the actual cost of a technology system. Require vendors to disclose total cost with no exceptions, and model all scenarios below.

Cost Disclosure Checklist

- ✓ **Wi-Fi Infrastructure** — Does your system require enterprise-grade Wi-Fi? What upgrade investment does that represent for our community?
- ✓ **Care Team Devices** — Does your system require managed phones for every care team member? At what cost per month?
- ✓ **Implementation Fee** — What is included and excluded in the implementation fee?
- ✓ **Device Replacement** — What happens when a device fails or is lost? Who pays?
- ✓ **Hidden Recurring Fees** — Are there fees for cellular backup, data storage, additional integrations, or feature tiers?

Model the True 36-Month Cost

For a 125-unit community, require vendors to itemize: monthly subscription, care team member device costs (if applicable), infrastructure upgrades required, implementation fee, and device replacement.

The Invoice Question

"If we have 35 care staff, walk me through every line item we'll see on a monthly invoice. Is there anything we'd pay that isn't in this proposal?"

Some vendors present a low per-unit cost that balloons significantly when care team member device requirements are included.

PART 3 — THE EVALUATION FRAMEWORK

CATEGORY 6

Clinical Partnership Model

Technology alone does not drive outcomes. The operational partnership that sits alongside the system is equally important — and it's where the greatest differentiation exists in this category.

Criterion	Question to Ask	What Best-in-Class Looks Like
Clinical Team Credentials	Who is your client-facing success team? What are their clinical backgrounds?	RNs and PTs who can partner strategically with clinical leadership; not account managers
Engagement Cadence	How often does your team meet with our clinical leaders?	Regularly with the DON and regional clinical leadership; escalation path to senior clinical leadership
Outcome Accountability	Does your team have performance targets tied to our outcomes?	Shared success metrics with defined review cycles
Data Interpretation	Does your team help us translate system data into care plan recommendations?	Yes, with documented workflows for resident reassessment and care level changes

The Defining Question

"Walk me through exactly what happens when your system flags a resident whose care consumption has changed significantly. Who sees that data, who acts on it, and what does your team do to support that process?"

The difference between a system that generates data and one that drives outcomes is almost entirely determined by the answer to this question.

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PART 4

The Reference Check Framework

References are often the most underutilized part of a vendor evaluation. Use these questions to go beyond the standard call.

Ask the Reference Operator

- ✓ **Outcome Delivery** — What outcome were you trying to solve when you selected this vendor, and did the system deliver on it? With data?
- ✓ **Unmet Promises** — What did the vendor tell you the system could do that it couldn't — or didn't — in practice?
- ✓ **Support Responsiveness** — How responsive is their support team when something breaks at 2am?
- ✓ **Coverage Gaps** — Are there spaces in your community where the system has no coverage? Did you know that before you signed?
- ✓ **Hindsight Questions** — If you were evaluating again today, knowing what you know now, what questions would you ask that you didn't ask the first time?

Ask for References That Match Your Situation

MATCHING ACUITY

Communities with similar acuity levels (memory care, assisted living, or mixed)

MATCHING SIZE

Communities with similar size (within 20% of your unit count)

SELF-SELECTED REFERENCES

References you selected from a list the vendor did not curate; ask for a full customer list and pick your own

Never work exclusively from vendor-curated case studies.
Require a full customer list and select your own references.

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PART 5

Scoring and Finalist Selection

After finalist presentations, score each vendor against your weighted criteria. Recommended weighting for most operators — adjust based on your specific priorities:

Category & Recommended Weight

Clinical coverage and accuracy	25%
Care documentation and staffing intelligence	20%
eCall and emergency response	20%
Infrastructure and total cost of ownership	10%
EHR integration and interoperability	15%
Clinical partnership model	10%

One Additional Test Before You Sign

Ask your finalist vendor to walk you through the last time a major customer had a significant incident — a serious fall, a system outage, a data accuracy dispute — and explain exactly what happened and what changed as a result.

Why this matters: How a company responds to its worst moments tells you more about the partnership you're entering than any reference call. A vendor who can answer this question with specificity and candor is a fundamentally different partner than one who deflects or generalizes.

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PART 6

Contract and Implementation Considerations

Before You Sign

- ✓ Confirm the warranty covers the full initial term, not a subset of it
- ✓ Confirm device replacement at no cost (lost, damaged, or failed devices)
- ✓ Confirm what happens to your data if the vendor is acquired, goes out of business, or terminates the contract
- ✓ Confirm SLAs for critical (Level 1) incidents — look for a two-hour response commitment with 24/7 coverage
- ✓ Confirm that the implementation timeline is contractual, not estimated

Implementation Questions

- ✓ What does a typical implementation look like for a community our size?
- ✓ What do you require from our team during implementation, and how much staff time does that represent?
- ✓ How do you handle resident consent?
- ✓ What does your training program include, and is it role-specific?
- ✓ What support is available in the first 90 days after go-live?

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APPENDIX

Quick-Reference Discovery Questions

These questions can be used verbatim in sales conversations or finalist presentations.

Coverage

"Walk me through which spaces in a 125-unit community have zero monitoring under your system."

"Where do most falls happen in senior living communities? How does your system address that space?"

Documentation

"When a care team member doesn't log an interaction, what does your system show? What is your typical compliance rate?"

Emergency Response

"What happens when our internet goes down? Does eCall still work?"

"When a resident activates an alert, what does the care team member see before they walk into the room?"

Cost

"If we have 35 care staff, walk me through every line item on our monthly invoice."

"What infrastructure upgrades does your system require that we would need to purchase separately?"

Integration

"For each EHR integration you've listed — is it bidirectional? What exactly flows in each direction? Can we verify that with the EHR directly?"

Partnership

"What are the clinical credentials of the team that will be working with our DON? How often do they meet with clinical leadership?"

References

"Can you share a customer list? We'd like to check references rather than work from just documented case studies."

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Evaluate with Confidence

This guide gives you the framework to move from feature-list evaluations to outcome-driven vendor selection.

Define Outcomes

Identify the 5 outcomes your organization needs to move in the next 12 months

Map Coverage

Build a coverage requirement table before issuing your RFP

Score Vendors

Apply the six-category weighted framework to every finalist

Check References

Select your own references from a full customer list

Negotiate & Sign

Confirm contractual timelines, SLAs, and data portability before signing

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The Core Principle

The technology you select should have a clear, evidence-based mechanism for moving each outcome you've identified. If a vendor responds with projected ROI models rather than actual customer data, treat that as a meaningful signal.

The difference between a system that generates data and one that drives outcomes is almost entirely determined by the clinical partnership model that sits alongside it.

Questions?

Inspiren partners with senior living operators to deliver measurable clinical and operational outcomes through purpose-built technology and embedded clinical expertise.

Learn more at inspiren.com