



RCare Needs Assessment

This survey is designed to assist in the process of comparing your prospect's current system to the Rcare platform, assessing their needs/wants, and to enable building a quote for Rcare as a replacement solution.

Site Information

Corp. Name/Entity: Oakwood Group

Facility Name: Oakwood Green

Facility Address: 8791 Meadowview Rd., Clive, IA 31204

Facility Contacts: Charlotte Smith

of Beds 120

of Units 100

of Nurse Stations 0

Care Staff per Shift

AM: 5

PM: 5

NOC: 3

Level of Care/Facility Type

☐ Skilled Nursing Facility

☐ Independent Living

☐ Assisted Living

☒ Memory Care

☒ Life Plan Community (CCRC)

☐ Rehab, Hospice, Psychiatric

☐ Affordable Housing/HUD

☐ Other _____

Facility and Grounds

Construction Type (New Construction/Retrofit): Retrofit

New construction

Projected open date: 5/1/2023

Current building stage: No Drywall



Outdoor Coverage Required (Y/N): N

If yes, indicate specific areas or full site coverage:

Existing outlets to utilize indoor/outdoor? Y

Existing rack in place? Y

Rack space available: Y

Drawings/Layouts Provided

- ☒ Site Drawing
- ☐ Architectural
- ☐ Evacuation Routes/Plans
- ☐ Existing Systems Layout
- ☐ None

Current Call System

Brand of call system: Tektone

☒ Wired ☐ Wireless

If wired:

Does it use relay contacts? (Y/N): N

Is there a wiring scheme? (Y/N): Y

2-way Audio or tone-visual?: Tone-Visual

Type of cable in place: 22/4

Age of current system: 12 years

Dome Lights? (Y/N): Y

LED Requirements (#, colors required): Just red and white LEDs



UPS required to power Dome Light Controllers?: _____

Zone Lights or Duty Stations required?: _____

Code blue (Existing/desired?): _____ No _____

Current system stable?: _____ Intermittent Issues _____

Pendants Utilized (Y/N): _____ N _____

Type of location information: _____ None _____

Existing device types

☒ Bath pull cords

☒ Bedside pull cords

☒ Common area pull cords

Caregiver Notification

of Nurse Call Masters: _____ 1 _____

of Pagers: _____ 10 _____

of Radios: _____ 10 _____

Model: _____ Motorola _____

of Phones: _____ 0 _____

Type of phone notifications (Call, text, app): _____

Resident Monitoring (Leave blank if unused)

Check-In (Motion Sensors/Other): _____

of Units: _____

Fall Detection: _____

of Units: _____

Bed/Chair Sensors: _____ Used in SNF _____

of Units: _____ 10 _____

Door/Window Sensors: _____

of Units: _____

Keypad or button bypass: _____

of Units: _____



Summarize any specific pain points or reasons for switching systems:

System is unreliable, would like to have pendants for AL residents and to upgrade from pagers to a mobile application for caregiver alerts.

Integrations and Interoperability

EMR being used? (Y/N): Y

System used: PointClickCare

Resident Activity Monitoring/Engagement System? (Y/N): N

System used: _____

Fire panel integration (Existing or desired?): Not at this time

Model: _____

Point IDs being utilized?: _____

Quantity (Above or below 250 points?): _____

Smoke Detector integration/monitoring (Existing or desired?): Not at this time

Model: _____

New RCare smoke detectors or integrate to existing?: _____

If integrating, relays available?: _____

Delayed Egress Integration (Existing or desired?): No

of doors: _____

Wander management integration (Existing or desired?): Would like to integrate to MC system

Make/Model: Accutech

Local door or central alarming?: Beeps at door

of zones: 8

Telephone Integration (Existing or desired?): No

System used: _____

Outside lines used? (Y/N): _____

If Yes, explain PBX: _____

VOIP: _____



Number of lines connected to existing system: _____

Paging system (Existing or desired?): _____ Existing _____

Plan to re-use existing paging encoder?: _____ No _____

If yes, TAP accepted?: _____

Access Control Integration (Existing or desired?): _____ No _____

System used: _____

Nurse call system integration (Existing or desired?): _____ No _____

Wired or Wireless: _____

System type: _____

Brief summary of device types and desired functionality:

Smart Home/Devices (Alexa, etc.): _____ No _____

External System Alerts

☐ Security Panel

☐ RTLS

☐ Camera System

☐ Other: _____

Central Station Monitoring (Existing or desired?): _____ No _____

If existing, across community or individual residents?: _____

Service provider: _____

Mass Notification (Existing or desired?): _____

If existing, service provider: _____

Regulatory (Select all that apply)

Does your DOH have specific requirements?: _____

Does your state require?: ☒ UL1069 ☐ UL2560 ☐ Other: _____



New System Wants/Needs

Type of caregiver/staff notification desired (Select all that apply)

- ☐ Voice calls
- ☐ Text messaging/Email
- ☒ Caregiver consoles at nurse stations
- POE+ desired?: _BCube+_____
- ☐ Pagers
- ☐ PA system
- ☒ Mobile application

Android/IOS: RCM Android_____

Pendants (Y/N): Y

Advanced locating (Y/N): Y

Environmental Monitoring (Select all that apply)

- ☐ Temperature sensors (Refrigerators, freezers, etc.)
- Quantity:_____
- ☐ Water sensors
- Quantity:_____
- ☐ Generator Monitoring (On/Off)
- Quantity:_____

Additional wireless device interest (Select all that apply)

- ☒ Resident check-in (Motion sensors or push buttons)
- ☐ Smoke detectors (Can tie into existing devices)
- ☐ Door/Window monitors

Quantities: 12_____

Pull Cord locations

Utilize existing pull cord locations (Y/N): Y

Existing devices using backbox or surface mounted?: Back boxes



If backboxes, explain size and material type: Single gang, low voltage rings

Wet locations that require gaskets?: Bathroom devices are near shower

Operational Goals Discussion

Admin (Select all that apply)

- | | |
|---|---|
| ☒ Reduce call times | ☒ Workflow Improvements |
| ☐ Cost of ownership | ☒ Serviceability |
| ☐ Scalability | ☐ Staff Identification |
| ☐ Training | ☐ Other: _____ |

Nursing/Staff (Select all that apply)

- | | |
|---|---|
| ☒ Mobile Capabilities | ☐ Serviceability |
| ☒ Incident Location | ☐ Ease of Use |
| Detection | ☐ Training |
| ☒ Reducing Handheld | ☐ Other: _____ |
| Devices | |

Resident (Select all that apply)

- | | |
|---|---|
| ☐ Aesthetics | ☒ Response Time |
| ☒ Campus Wide Coverage | ☐ Other: _____ |
| ☐ Reliability of Locating Services | |

Corporate (Select all that apply)

- | |
|---|
| ☐ Continuity Across Facilities |
| ☐ Remote Support |
| ☐ Local Support |
| ☒ 24/7 Support |
| ☒ Interoperability |
| ☐ Corporate Overview |
| ☒ Ongoing Costs |
| ☐ Disaster Recovery |
| ☐ Training |
| ☐ Other: _____ |