



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: _____

Facility Name: _____

Facility Address: _____

Facility Contacts: _____

of Beds _____ # of Units _____ # of Nurse Stations _____

Care Staff per Shift

AM: _____ PM: _____ NOC: _____

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: _____

Additional Notes: _____



Facility and Grounds

Construction Type: New Construction Retrofit

New construction

Projected open date: _____

Current building stage: _____

Outdoor Coverage Required? Yes No

If yes, indicate specific areas or full site coverage: _____

Existing outlets to utilize indoor/outdoor? Yes No

Existing rack in place? Yes No

Rack space available: Yes No

Drawings/Layouts Provided

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

Additional Notes: _____



Current Call System

Brand of call system: _____

Wired

Wireless

If wired:

Does it use relay contacts?

Yes

No

Is there a wiring scheme?

Yes

No

2-way Audio

Tone-visual

Type of cable in place: _____

Age of current system: _____

Dome Lights currently in place?

Yes

No

LED Requirements (#, colors required):

UPS required to power Dome Light Controllers?:

Zone Lights or Duty Stations required?:

Code blue (Existing/desired?):

Current system stable?:

Pendants Utilized?

Yes

No

Type of location information:

Existing device types

Bath pull cords

Bedside pull cords

Common area pull cords

Caregiver Notification

of Nurse Call Stations:

of Pagers:



of Radios: _____

Model: _____

of Phones: _____

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

Resident Monitoring (Leave blank if unused)

Check-In (Motion Sensors/Other)

Brand: _____ Quantity: _____
Fall Detection

Brand: _____ Quantity: _____
Bed/Chair Sensors

Brand: _____ Quantity: _____
Door/Window Sensors

Brand: _____ Quantity: _____
Keypad or button bypass

Brand: _____ Quantity: _____

Summarize any specific pain points or reasons for switching systems: _____

Additional Notes: _____



Integrations and Interoperability

EMR integration in place? Yes No

Integration to RCare system desired? Yes No

System used: _____

Resident Activity Monitoring/Engagement System? Yes No

Integration to RCare system desired? Yes No

System used: _____

Fire panel integration in place?: Yes No

Integration to RCare system desired? Yes No

Model: _____

Point IDs utilized?: _____

Over 250 Points? Yes No

Smoke Detector integration/monitoring in place?: Yes No

Integration to RCare system desired? Yes No

Model: _____

Utilize existing smoke detectors? Yes No

If integrating to existing, relays available?: Yes No

Delayed Egress Integration in place?: Yes No

Integration to RCare system desired? Yes No

of doors _____

Wander management integration in place?: Yes No

Integration to RCare system desired? Yes No



Make/Model: _____

Local door or central alarming?: _____

of arbiters or data bus': _____

Telephone Integration in place? Yes No

Integration to RCare system desired? Yes No

System used: _____

of lines: _____

Outside lines used? Yes No

If Yes, explain PBX: _____

VOIP Setup: _____

Paging system in place? Yes No

Plan to re-use existing paging encoder? Yes No

If yes, TAP accepted? Yes No

Access Control Integration in place? Yes No

Integration to RCare system desired? Yes No

System used: _____

Nurse call system integration in place? Yes No

Integration to RCare system desired? Yes No

Wired Wireless

System used: _____



Brief summary of device types and desired functionality: _____

Smart Home/Devices (Alexa, etc.): _____

External System Alerts

Security Panel

RTLS

Camera System

Other: _____

Central Station Monitoring in place? Yes No

Integration to RCare system desired? Yes No

Across community or individual residents?: _____

Service provider: _____

Mass Notification in place? Yes No

Service provider: _____

Does your DOH have specific requirements?: Yes No

State Requirements: UL1069 UL2560 Other: _____

Additional Notes: _____



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? Yes No

- Pagers
- PA system
- Mobile application
 - Android
 - IOS

- Pendants Yes No
- Advanced locating Yes No

Quantity: _____

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)
Quantity: _____
- Smoke detectors (Can tie into existing devices)
Quantity: _____
- Door/Window monitors
Quantity: _____



Pull Cord locations

Utilize existing pull cord locations? Yes No

Existing devices using backbox or surface mounted?: _____

If backboxes, explain size and material type: _____

Wet locations that require gaskets?: _____

Operational Goals Discussion

Admin (Select all that apply)

- Reduce call times
- Cost of ownership
- Scalability
- Training

- Workflow Improvements
- Serviceability
- Staff Identification
- Other: _____

Nursing/Staff (Select all that apply)

- Mobile Capabilities
- Incident Location Detection
- Reducing Handheld Devices
- Serviceability

- Ease of Use
- Training
- Other: _____

Resident (Select all that apply)

- Aesthetics
- Campus Wide Coverage
- Reliability of Locating Services

- Response Time
- Other: _____

Corporate (Select all that apply)

- Continuity Across Facilities
- Remote Support
- Local Support
- 24/7 Support
- Interoperability

- Corporate Overview
- Ongoing Costs
- Disaster Recovery
- Training
- Other: _____