

Better daily living. Time returned to people. A stronger Assisted Living community.

A move into Assisted Living brings new routines, relationships, and questions. genus connects residents, chosen supporters, staff, and partners through knowledge, resources, and practical workflows from first inquiry through everyday life and changing needs. Public resources, the care app, and the partner portal provide connected places to prepare, communicate, and follow through. Your organization's knowledge and service commitments shape the experience, while each resident's preferences give that support its personal meaning.



Illustration of a person, family, and care worker connecting; not actual residents or Daniel's story.

Residents feel heard

Keep familiar routines, interests, and choices in view. Ask residents directly what helps, invite chosen supporters appropriately, and follow through when a preference or need changes.

Families stay connected

Provide reviewed updates, orientation resources, and a clear contact for questions. Agree what each audience can see, so involvement supports the resident and respects personal boundaries.

Prepared, supported staff

Connect role-based learning, approved guidance, and practical preparation. Clarify who receives a concern and who follows through, helping teams learn across shifts.

Time for useful support

Reuse appropriate content, prepare reviewed communications, and reduce avoidable chasing. Check complete effort and quality, then verify any effect on organizational costs or contribution.

Shared direction. A personal sense of home.

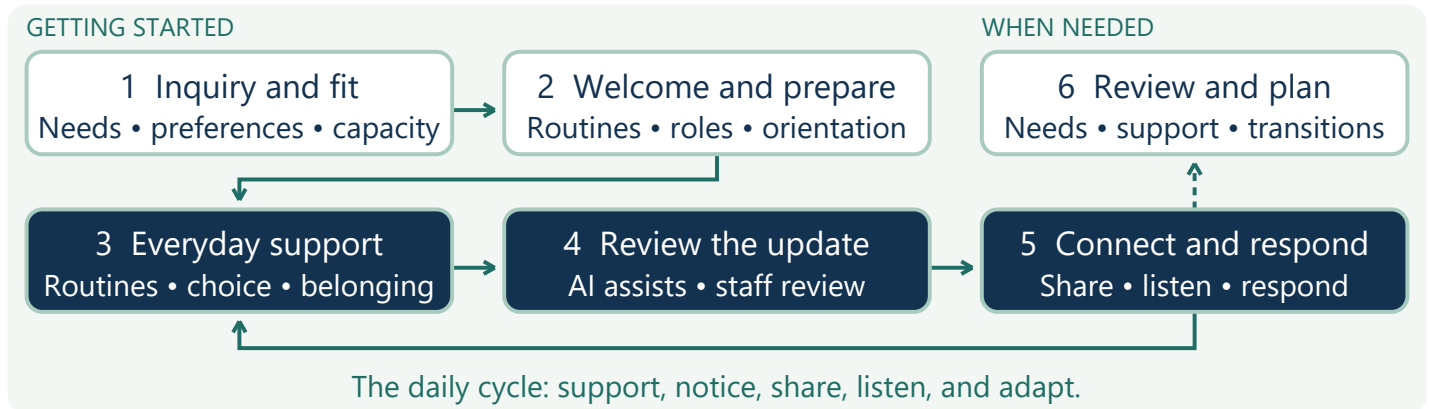
Across configured locations and teams, coordinate branding, approved knowledge, research, care strategies, and governance. Local teams contribute their service context and residents' priorities. Agree access, content distribution, comparable measures, and reporting coverage. Bring reviewed learning back into shared preparation while preserving local responsibilities and each resident's choices.

A familiar routine makes room for connection

In a fictional example, Daniel prefers a quiet morning and conversation later. A family member raises a timing mismatch with the agreed contact. Staff ask Daniel directly, adjust the invitation within the service, and check back. His preference becomes useful learning for future welcomes, with permission and without making family responsible for directing staff.

One connected care journey

Connect inquiry, move-in preparation, daily life, communication, and review. Everyday support repeats; reviews and transitions happen as needed. Agree the systems, service boundaries, and responsible people behind each stage.



1. Referral, inquiry, and fit

Respond, understand needs and preferences, confirm service fit and capacity, and name the next responsible contact.

3. Everyday support

Support agreed routines and chosen activities; record useful preferences, observations, and concerns through authorized processes.

5. Connect and follow through

Share relevant updates and resources, receive feedback, and confirm who follows through on an agreed change.

Supporting work: governance, knowledge, training, staffing, service records, billing, and accounting. Confirm systems and integrations; this map does not establish medication administration, clinical charting, or facility-management automation.

Feedback → accountable review → shared learning → better everyday support. Resident choices guide changes; AI drafts do not make clinical decisions or assign staff.



Illustration: the person and chosen supporters help shape an agreed arrangement.

2. Move in and settle in

Prepare orientation, sharing agreements, familiar routines, and staff readiness with the resident and chosen supporters.

4. Review before sharing

AI can help prepare drafts from approved information; staff verify accuracy, context, permissions, and recipients.

6. Review and transition

Revisit preferences and service fit; prepare family discussions, doctor-conversation questions, and appropriate handoffs as needs change.



Illustration: prepared staff review context and responsibilities together.

Personal communication across configured communities

Place contacts and pathways in one or selected communities. Review uploads, validation, and exceptions. Keep resident permissions distinct; agree location coverage, connections, and responsible people before use.

Measure what makes the organization stronger

Connect resident experience and staff capacity with financial sustainability. Agree comparable baselines, owners, sources, and review windows. These are proposed local measures, not a live dashboard, promised savings, or customer results.

Area	Practical measures and decisions
Referrals and access	Time to human response; eligible referrals reaching an appropriate move-in within the agreed window. Show pending cases and barriers to a suitable welcome.
Quality and experience	Usefulness reported by residents and families, separately; preferences followed through; corrections before sharing. Ask whether the resident feels heard and supported.
Time and efficiency	Staff effort per complete welcome or reviewed-update workflow; estimated hours returned. Include preparation, review, correction, sharing, and follow-up across roles.
Training and readiness	Current role requirements and observed readiness, assessed separately. Check practical understanding and follow-through, beyond training completion.
Resident and staff retention	Resident retention and staff retention as separate starting-cohort measures. Report reasons separately, including planned moves, higher-support transfers, deaths, and staff departures.
Partners and community	Accepted handoffs; resident-confirmed useful introductions among cases due. Check actual follow-through and welcome, rather than counting invitations sent.
Learning and captured wins	Reviewed improvements tested; decisions and learning returned to contributors. Carry useful resident, family, and frontline ideas into the next routine.
Financial value	Verified expense reduction plus incremental contribution, less applicable costs. Verify value after delivery costs; occupancy or retained revenue alone is not net benefit.

Time returned is capacity, not automatically cash saved. Incremental contribution is additional earned revenue less variable delivery costs. Deduct implementation and ongoing costs only where not already counted; count each benefit once.

Use consistent cohorts, periods, and location coverage. Keep missing evidence visible. Pair numbers with residents' and staff members' experience; an appropriate transition can be success. Check other changes before attributing an improvement to technology.

Start with one practical improvement

1. Choose one complete workflow. 2. Establish a comparable baseline. 3. Name a responsible owner. 4. Agree a quality check. 5. Review results with the people involved.

Start with one everyday routine, listen to the people living and working with it, and improve the next step together.

Discuss your Assisted Living workflow →