SENIORCRE® MEASUREMENT FRAMEWORK

How Quality Occupancy Is Measured

The four tests, the twelve components of the Quality Occupancy Score (QOS), and the reporting model.

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A building can hit full occupancy and still bleed margin. Quality occupancy is not retention alone and not acuity matching alone. It is both, plus whether the census is carried by the schedule or by agency, and whether each occupied unit is accretive at its actual rate net of concessions.

The four tests

Every occupied unit is evaluated against all four. Passing three is a finding, not a result.

1. Clinical fit

Is the resident's acuity supportable by the care model and the staffing actually present on that wing, on that shift? Not the building average.

2. Operational fit

Is the census carried by the schedule, or by overtime and agency? Fill sustained through open-shift backfill is deferred cost with clinical risk attached.

3. Financial fit

Does the unit generate accretive NOI at its actual rate net of concessions and its actual cost to serve — not the rack rate in the rent roll?

4. Durability

Will this occupancy still be here, at this rate, in twelve months? Length of stay, renewal, rate integrity, discharge reason, hospitalization frequency.

Twelve components, one score

The Quality Occupancy Score is a 100-point weighted composite. Weights below are the reference calibration; they are re-fit per operator during onboarding and versioned so any score is reproducible against the weights in force when it was computed. Bands: At Risk, Watch, Stable, Strong.

Component	Pillar	Wt.	Cadence	Data source
Acuity-fit index	Clinical	12	Nightly	Assessment + census records
Care-plan executability	Clinical	8	Nightly	Clinical SoR (integration not live)
Incident trend	Clinical	8	Nightly	Incident and risk log
Staffing supportability	Operational	12	Nightly	Scheduling (integration not live)
Med-pass load	Operational	6	Nightly	eMAR (integration not live)
Compliance posture	Operational	8	Weekly	Survey / POC register
Contribution-margin index	Financial	14	Nightly	Billing + labor (not live)
Rate-integrity index	Financial	8	Nightly	Rent roll + concession register
Level-of-care accuracy	Financial	6	Nightly	Assessments vs. billed level
Resident tenure	Durability	10	Weekly	Move-in / move-out history
Satisfaction trajectory	Durability	4	Monthly	Survey + family communications
Referral-source quality mix	Durability	4	Weekly	Referral / admissions pipeline
Total		100		

Sources marked “integration not live” describe designed intent. No integration to a third-party system of record is live today; sequencing is agreed per operator during the Operating Record Diagnostic, delivered as an off-platform consulting engagement.

Worked example: 92% can score below 86%

Two communities in the same portfolio. Ridgeline is at 92% headline occupancy, filled with rate concessions, off-target acuity, and agency backfill. Brookfield is at 86% with matched acuity, a schedule that covers itself, and stable tenure.

Component	Wt.	Ridgeline (92%)	Brookfield (86%)
Acuity-fit index	12	5	11
Care-plan executability	8	4	7
Incident trend	8	3	7
Staffing supportability	12	4	11
Med-pass load	6	3	5
Compliance posture	8	5	7
Contribution-margin index	14	5	12
Rate-integrity index	8	3	7
Level-of-care accuracy	6	3	5
Resident tenure	10	4	9
Satisfaction trajectory	4	2	3
Referral-source quality mix	4	1	3
Quality Occupancy Score	100	42 — At Risk	87 — Strong

Illustrative scenario built to demonstrate scoring mechanics. Community names and component values are hypothetical and are not representations of realized operator results.

What the score refuses to do

A component that cannot be measured is treated as unavailable and excluded from the score. It is never imputed, never estimated from a peer community, and never inherited from a sibling building. Every score publishes its own data completeness alongside the number, so a reader can tell a strong score from a thin one.

Band overrides are allowed and governed. A named senior operator can override a band with written justification; the override is recorded with actor, timestamp, and reason, and remains visible on downstream surfaces. The computed score and the human judgment are never merged into one undifferentiated number.

How it is reported

Community. Score, band, day-over-day trend, top three risk drivers, and one recommended action.

Portfolio. Ranked bands with the divergence view — where headline occupancy and quality occupancy disagree, which is where the operating decision usually is.

Enterprise and capital. Band durability over consecutive periods, override history, and action-closure record. Two portfolios at equivalent census, one with that record and one without, are different underwriting propositions.

Referral sources. Weighted by contribution margin rather than tour volume, so a source that looks productive on move-ins and is net-negative on length of stay and cost to serve is visible as such.

Build status, stated plainly

The four-test framework, the twelve-component score, the banding and override governance, and the community, portfolio, and enterprise reporting surfaces describe design intent and illustrative examples. They do not demonstrate working governance or operator validation; the operating record is designed and not yet implemented in any community. Founding Operator deployment timing remains to be determined.

Illustrative figures in this document describe the measurement framework and are not representations of realized operator results. Nothing here is an offer to sell securities or investment advice. SeniorCRE® is a registered trademark. Current as of August 4, 2026.