**Analysis of Individually Owned Small Facilities:**

**1. RN Staffing Ratio:**

* **Individually Owned Small Facilities Average RN Contract Ratio:** 0.0599 (5.99%)
* **All Small Facilities Average RN Contract Ratio (from previous analysis):** 0.0607 (6.07%)
* **Overall Average RN Contract Ratio (from first-round):** 7-9%
* **Comparison & Insight:**
  + **Even Lower RN Ratio:** Individually owned small facilities have a slightly *lower* average RN contract ratio (5.99%) than *all* small facilities (6.07%), and significantly lower than the overall average (7-9%). This further strengthens the trend that smaller facilities, *especially* individually owned ones, rely less on contract RNs.
  + **Highly Consistent RN Staffing:** The summary statistics (seen in the log) are very similar to those for all small facilities, indicating a consistently low and stable RN contract ratio across days for this segment.

**2. CNA Intra-Quarter Variation:**

* **Individually Owned Small Facilities CNA Census Correlation:** -0.4077
* **All Small Facilities CNA Census Correlation:** -0.4014
* **Overall CNA Census Correlation (from first-round):** ~-0.30 to - -0.40
* **Comparison & Insight:**
  + **Slightly Stronger Negative Census Correlation:** The negative correlation between CNA contract ratio and census is slightly *stronger* (-0.4077) for individually owned small facilities than for all small facilities (-0.4014) and within the range of the overall correlation.
  + **Census Sensitivity Maintained:** This reinforces that even in this most specific segment, the inverse relationship between census and proportional CNA contract staffing holds. They still prioritize permanent CNAs when census is higher.

**3. Exclusive Contract & Outlier Facilities:**

* **Individually Owned Small Facilities - Days >= 99% Contract RN Usage:** 19,529 days; 1,890 unique facilities
* **All Small Facilities - Days >= 99% Contract RN Usage:** 21,126 days; 1,997 unique facilities
* **Individually Owned Small Facilities - Outlier Threshold (Top 5% RN Ratio):** 0.3513
* **All Small Facilities - Outlier Threshold (Top 5% RN Ratio):** 0.3587
* **Comparison & Insight:**
  + **Fewer Exclusive Contract Days (Proportionally):** While the *absolute number* of exclusive contract RN days is still high (19,529), it's slightly *lower* proportionally when considering that there are fewer individually owned small facilities than "all small facilities." This is also reflected in slightly fewer unique facilities having these exclusive-contract days (1,890 vs. 1,997).
  + **Slightly Lower Outlier Threshold:** The outlier ratio threshold (0.3513) is slightly lower for individually owned small facilities than for all small facilities (0.3587). This suggests that the "outlier" segment *within* individually owned small facilities might have slightly lower *extreme* average contract ratios compared to outliers in the broader "small facilities" group.
  + **Consistent Trend:** Despite the lower average contract ratio, the "exclusive contract day" and "outlier facility" phenomena still exist within individually owned small facilities, just perhaps slightly less pronounced than in the broader small facility category.

**4. Quality & Deficiencies:**

* **Individually Owned Small Facilities - Correlation (RN Ratio & Deficiencies):** 0.0781
* **All Small Facilities - Correlation (RN Ratio & Deficiencies):** 0.0787
* **Overall - Correlation (RN Ratio & Deficiencies):** ~0.0954
* **Individually Owned Small Facilities - Correlation (RN Ratio & Quality Score):** -0.0163
* **All Small Facilities - Correlation (RN Ratio & Quality Score):** -0.0165
* **Overall - Correlation (RN Ratio & Quality Score):** ~-0.0717
* **Comparison & Insight:**
  + **Quality Correlations Remain Very Weak:** The correlations for both deficiencies and quality scores are virtually identical to those for *all* small facilities and remain extremely weak (close to zero).
  + **Quality Link Negligible:** This further reinforces the conclusion that for small facilities, and especially individually owned small facilities, there is essentially no discernible linear relationship between average RN contract ratio and these overall quality metrics.

**5. Geographic Distribution (State-Level):**

* **Top States for Individually Owned Small Facilities (from log output):**
  + TX (Texas) - 9.09%
  + CA (California) - 7.65%
  + OH (Ohio) - 7.30%
  + FL (Florida) - 4.20%
  + PA (Pennsylvania) - 4.01%  
    ... and so on.
* **Comparison to Overall "Top 1%" State Distribution (from "Top 1% Facilities Analysis" Report):**
  + NY (New York) was dominant in the "Top 1%" analysis (both contract and employee use).
  + NY is much lower on the list for individually owned small facilities (around rank 18, at 2.07%).
  + States like TX, CA, OH, FL, PA, IL, IN, MO, NC, IA are prominent in the individually owned small facilities distribution.
* **Comparison & Insight:**
  + **Geographic Shift Away from NY:** Individually owned small facilities are *less* concentrated in New York compared to the overall distribution of "top 1%" facilities (which was heavily skewed towards NY).
  + **Sunbelt and Midwest Prominence:** States like Texas, California, Ohio, Florida, Pennsylvania, Illinois, Indiana, and Missouri have a higher *proportion* of individually owned small facilities. This suggests a geographic pattern where individually owned small facilities are more common in the Sunbelt and Midwest regions, while perhaps larger, organizationally owned facilities are more prevalent in states like New York.
  + **Regional Marketing Considerations:** Marketing efforts targeting individually owned small facilities might be more effective in states like TX, CA, OH, FL, PA, and the broader Midwest region, rather than focusing heavily on states like NY.

**Overall Insights - Individually Owned Small Facilities (vs. All Small & Overall):**

* **Most "Permanent Staffing" Segment:** Individually owned small facilities represent the segment with the *lowest* average RN contract staffing ratios we've analyzed so far. They are even more reliant on permanent RN staff than small facilities in general, and far more so than the overall nursing home population.
* **Census Sensitivity Persists:** They still exhibit the negative CNA contract ratio/census correlation, showing they adjust CNA staffing based on resident load, prioritizing permanent staff when busier.
* **"Exclusive Contract" and "Outlier" Phenomena are Reduced, but Not Absent:** While less pronounced, they still experience days of near-total contract RN reliance and have a segment of outlier facilities within their group that use contract RNs more heavily than their peers.
* **Quality Link Remains Negligible:** The already weak link between RN contract ratio and quality metrics in small facilities is even further diminished in individually owned small facilities.
* **Geographic Focus Shift:** They are geographically distributed differently than the overall nursing home population, with less concentration in NY and more in Sunbelt and Midwest states.

**Refined Marketing Recommendations for Individually Owned Small Facilities (Based on Deep Dive):**

* **Amplify "Cost-Effectiveness" and "Value" Messaging (Even More):** Given their strong tendency towards permanent staffing and likely tighter budgets, *cost-effectiveness* and *demonstrable value* should be central to marketing for this segment. Emphasize that Clipboard Health is a *smart, economical* way to fill *essential* gaps without overspending.
* **Focus on "Simple and Easy-to-Use" Platform:** Individually owned small facilities likely have less administrative overhead and may value simplicity and ease of implementation. Highlight the user-friendliness of the platform and how it streamlines staffing without adding complexity.
* **"Personalized Support" is Key:** Individual owners may appreciate a more personal touch. Emphasize dedicated support, understanding their unique needs, and building a relationship beyond just a transactional service.
* **"Fill Essential Gaps, Not Replace Permanent Staff" Positioning:** Frame Clipboard Health as a *supplement* to their existing permanent staff, ideal for weekend coverage, vacations, sick leave, and unexpected absences – *not* as a way to replace their core permanent team, which they clearly value.
* **Geographic Targeting (TX, CA, OH, FL, PA, Midwest):** Focus marketing efforts and potentially tailor messaging to resonate with the specific context of these states where individually owned small facilities are more prevalent.

By focusing on these refined messages, Clipboard Health can create marketing campaigns that are highly targeted and resonant with the specific needs and priorities of individually owned small nursing facilities, acknowledging their unique staffing patterns and ownership structure.