**Report: Data Analysis of Aged Care Facility**

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**Regards,**

**Sandesh Devkota**

**EXECUTIVE SUMMARY**

The report is an in-depth reflection of the Aged Care Facility Data Analysis Project that intended to change unstructured information about residents into significant information by cleaning, classifying, and visualizing data. It entailed the demographic and health status combined with the risk factor of mobility and dementia of the residents to determine the high-risk population and enhance the care in aged-care management.

The inconsistency of data was cleaned and standardized using Microsoft Excel to provide integrity and accuracy. SQL was used to categorize the residents by risk and subgroups by age and Power BI used to model and visualize the data using dynamic dashboards with global filters and interactive visuals. The outputs presented factful information that can guide staff and management in providing proactive and informed care.

In addition to technical achievements, the project contributed to a lot of personal and professional development. It developed the ability to work with data analytics, critical thinking, effective communication, and reflective practice as well as strengthened the sense of ethical responsibility and awareness on data security. With the help of Goal-Setting Theory and Growth and Exploration Theory, this project helped me feel more confident and understand the ultimate career objective of becoming a data analyst or data security specialist in the area of ICT and Health Sector.

**Keywords:** *Data Analysis, Aged Care, Power BI, SQL, Excel, Risk Classification, Data Visualization, Reflective Practice, Goal-Setting Theory, Growth and Exploration Theory, Data Analytics, ICT, Ethical Data Management.*

Contents

[**1. INTRODUCTION** 1](#_Toc211679279)

[1.1 Purpose of the Report 1](#_Toc211679280)

[1.2 Context of the Project 1](#_Toc211679281)

[1.3 Significance to Professional and Academic Development 1](#_Toc211679282)

[**2. PROJECT OVERVIEW** 2](#_Toc211679283)

[2.1 Project Objectives and Scope 2](#_Toc211679284)

[2.2 Dataset Description and Data Sources 2](#_Toc211679285)

[2.3 Tools and Methodologies 3](#_Toc211679286)

[2.4 Analytical Framework and Key Questions 5](#_Toc211679287)

[**3. PERSONAL GROWTH AND SKILL DEVELOPMENT** 5](#_Toc211679288)

[3.1 Technical Competencies Gained 5](#_Toc211679289)

[3.2 Soft Skills and Professional Attributes Developed 6](#_Toc211679290)

[3.3 Reflection on Learning Experience 6](#_Toc211679291)

[3.4 Evidence of Competency and Placement Outcomes 6](#_Toc211679292)

[**4. SUMMARY OF PROJECT OUTCOMES** 7](#_Toc211679293)

[4.1 Key Analytical Findings 7](#_Toc211679294)

[4.2 Major Achievements and Contributions 8](#_Toc211679295)

[4.3 Challenges Encountered and How They Were Addressed 8](#_Toc211679296)

[**5. APPLICATION OF CAREER DEVELOPMENT THEORY** 9](#_Toc211679297)

[5.1 Overview of Relevant Career Theories 9](#_Toc211679298)

[5.2 Application of Theories to Project Experience 9](#_Toc211679299)

[5.3 Alignment with Long-Term Career Goals in Data Analytics and ICT 10](#_Toc211679300)

[**6. APPLICATION OF REFLECTIVE PRACTICE PRINCIPLES** 10](#_Toc211679301)

[**7. CONCLUSION** 11](#_Toc211679302)

[**8. REFERENCES** 12](#_Toc211679303)

[**9. APPENDICES** 13](#_Toc211679304)

# **1. INTRODUCTION**

## 1.1 Purpose of the Report

The Aged Care Facility Data Analysis Project has been initiated with the view of making sense of unstructured data of residents into actionable insights that aid in evidence-based decisions in the aged-care industry. The project aimed at examining the trends in resident demographics, health conditions, and various risk factors including mobility constraints, dementia status, and fall incidents through the use of Microsoft Excel, SQL and Power BI. The project will allow care staff and management to make informed, proactive, and person-centered decisions to improve the level of safety and quality of care since it will transform non-consistent data into structured visual analytics.

## 1.2 Context of the Project

This project entailed the examination of historical and demographic information in an aged care facility with a view of establishing the trends and patterns in the risk factors among the resident (falls, dementia, and mobility limitations). The overall aim was to transform incomplete and inconsistent data to precise and interactive dashboards, which would inform care planning and management decision making. The project tried to provide actionable information to enhance the quality of care and resident safety by using Excel to clean the data, SQL to classify and structure data, and Power BI to visualize the data.

## 1.3 Significance to Professional and Academic Development

The project was a bridge between academic education and practice. It enabled me to combine ICT notions, statistical reasoning, and data ethics in one analysis process. It enhanced my ability to manage sensitive datasets in an ethical and responsible manner, which is another essential competency in the field of Data Security and ICT. It further developed my skills in research, critical reflection, and communication, which are required in my future data-driven jobs, on an academic level.

# **2. PROJECT OVERVIEW**

## 2.1 Project Objectives and Scope

The Aged Care Facility Data Analysis Project was developed with the aim of transforming the raw and inconsistent aged-care residents data into structured and meaningful data. The primary objective was to come up with a data-driven system, which would be able to allow the aged-care professionals to identify the extent of risk among the resident, the fall patterns and take proactive measures that would result in quality of care and safety outcomes.

The project was aimed at achieving five key goals:

1. **To Standardize and Clean** aged-care data in order to ensure accuracy, completeness and reliability at all levels of analysis.
2. **To Classify the residents Data** into the High, Medium and Low groups using quantifiable variables containing the dementia status, mobility, and the number of falls.
3. **To present the essential performance indicators (KPIs)** like age distribution, prevalence of dementia, and trends of falls on dynamic dashboards.
4. **To create interactive Power BI dashboards** to allow managers and other staff to visualize data, explore it by risk factors and derive meaningful conclusions.
5. **Developing technical and professional skills** through experience and reflection through relating academic knowledge to the industry standards of operation.

The project scope covered all the processes of data analysis lifecycle including data extraction, cleaning, transformation, modelling, and visualization. All stages were fulfilled in the iterative mode, which takes into consideration how professionals in data work optimize their activity in the real environment of ICT. The process has not only provided a professional product of analysis but has also developed self-reliance, attention to details and problem-solving abilities.

## 2.2 Dataset Description and Data Sources

The dataset, Aged\_Care\_Residents\_Cleaned.xlsx consisted of about 380 records of residents with variables of age, gender, dementia, mobility type, assist type, fall count, location, state, preferred language, and country of birth. The first one was some of the values were missing, others were duplicated, and some were of inconsistent cases and format (e.g. YES/yes/No/N/A), which might be biased unless it was addressed (see Appendix A, Screenshot 1).

Using Excel, I applied a series of data preparation steps to enhance the dataset’s reliability:

* **Duplicate Removal:** Eliminated redundant rows using the shortcut ALT + A + M.
* **Blank Imputation:** Filled missing data using contextual logic (e.g., if “Double Assist” then “Bedridden”; if “Single Assist” then “Walker”).
* **Standardization:** Converted categorical fields (e.g., “YES/yes” → “Yes”) to maintain consistency.
* **Date Formatting:** Unified admission dates into ISO format (DD-MM-YYYY).
* **Data Validation:** Ensured numerical accuracy in *age* and *fall count* fields by checking for outliers or invalid entries.

These cleaning methods made sure the dataset was correct and prepared for Power BI modeling and SQL-based transformation, which served as the basis for the analytical stage (see *Appendix A, Screenshot 2*).

## 2.3 Tools and Methodologies

This project adopted a three-tier analytical approach combining Excel, SQL, and Power BI, each serving a distinct but interconnected function.

1. **Microsoft Excel - Data Preparation and Validation:**

Excel was used as the initial point of converting raw data into a clean and structured table. The detection of anomalies and confirmation of consistency was done using conditional formatting, logic formulas (IF, PROPER, TRIM) and pivot tables. This made the point that data quality is insight quality.

1. **SQL - Data Extraction, Modelling, and Classification**

Cleaned data was extracted and manipulated using SQL to produce new analytical dimensions. I created 2 critical variables, namely, Risk Level (High, Medium, Low) and Age Group (under 60, 60 69, 70 79, 80 89, 90+) using CASE WHEN statements *(see Appendix B, Screenshot 3).* These categorizations were used to divide residents to identify patterns and get a better analysis.

This experience too replicated a real database environment which enhanced my capacity to reason in an algorithmic manner as well as troubleshoot logical conditions skills that are directly applicable in the ICT data modelling job.

1. **Power BI – Data Modelling And Visualization**

The last integration tool was power BI which helped to interconnect all the processed data and design models and create interactive dashboards. There are five dashboards that were developed to visualize the insights in key areas:

* **Overall Summary:** KPIs displaying total residents, high-risk percentage, dementia rate, and total falls.
* **Risk Analysis:** Visualization of fall frequency by risk level and fall location.
* **Resident Profile:** Breakdown of demographics including gender, country of birth, and language.
* **Care & Assistance:** Analysis of mobility vs. assist type and their influence on risk.
* **Trends & Insights:** Long-term patterns in fall incidents and admission trends.

A screenshot of a computer screen

AI-generated content may be incorrect.

*Screenshot: Power BI Overall Dashboard Displaying KPIs and Trends* (see *Appendix C, Screenshot 5*)

Dynamic filters (e.g. by age group, dementia status, or risk level) were also added to Power BI Dashboard, which enabled the user to visually investigate patterns, similar to what a real-world data analytics dashboard would look like used by managers in the healthcare sector.

## 2.4 Analytical Framework and Key Questions

The data analysis was based on a systematic data-to-decision approach, starting with the collection of data and stopping at visual storytelling. The guiding questions were the following:

1. *What demographic and clinical characteristics define the resident population?*
2. *Which factors (age, mobility, dementia) most strongly influence fall risk?*
3. *How do fall incidents vary by location, time, and risk level?*
4. *How can data visualization support proactive and equitable aged-care management?*

Answering these questions in a systematic manner, the project proved that properly structured data analytics can give valuable information to evidence-based decision-making in aged care, which determines the primary focus of improvement in terms of resident safety and quality of life.

# **3. PERSONAL GROWTH AND SKILL DEVELOPMENT**

## 3.1 Technical Competencies Gained

The project developed a solid base in data analysis and business intelligence. I gained skills of manipulating raw, inconsistent data in Excel via using sophisticated functions (IF, PROPER, TRIM), conditional formatting, and the use of something that would make sense to fill in missing data, and the topic of data quality and validation was raised to a higher level.

SQL made me more proficient in querying, manipulating and modeling data in a systematic way. I came up with queries to subdivide the residents (High, Medium, and Low) according to fall risk and nested queries to come up with Age Subgroups to focus on the demographics. This increased my knowledge on database logic, relation structures and SQL problem solving.

I enhanced my data modelling, relationship management and visual communication skills using Power BI. I have created various interactive dashboards incorporating the level of risk, status of dementia, and fall trends. The construction of global filters could be a highly worthy challenge. This necessitated the establishment of correct table relationships in Model View. so as to achieve visual interactivity. I was also taught how to utilize the visual elements in communication of findings to the non-technical stakeholders i.e., pie charts, KPIs, and bar graphs.

## 3.2 Soft Skills and Professional Attributes Developed

This initiative increased my soft skills and professional qualities especially in critical thinking, communication, and resilience. The assumption-validating and data-pattern-interpreting processes helped me to become more analytical and attentive to detail. Having to work with incomplete records also taught patience and problem-solving, whereas being left on my own to work through the guidance taught me to better manage myself and be responsible.

I learned to communicate complex technical outcomes clearly for non-technical audiences, especially through Power BI dashboards tailored for aged-care staff. Challenges like broken relationships in Power BI and inconsistent SQL joins tested my perseverance, but through continuous learning and research, I developed adaptability and a growth mindset—essential qualities for success in data analytics and ICT professions.

I also got to know how to translate technical complex outcomes to non-technical audiences and using Power BI dashboards that are designed to serve aged-care staff. Difficulties such as failed relationships in power BI and irregular SQL joins tested my perseverance, yet with the help of constant learning and research, I was able to become flexible and with the growth mentality, which is the key to success in data analytics and ICT careers.

## 3.3 Reflection on Learning Experience

The project taught me that successful data analysis needs accuracy, curiosity, and moral accountability besides technical implementation. Integrity, privacy and confidentiality are also important in aged-care sector because every row is a person.

The constant evaluation of what worked and what did not and how I can improve made me be more self-conscious and strategic in my approach. The experience of getting feedback and experience of learning my own mistakes contributed to my growth as a reflective practitioner, prepared to accept a more intricate analytical problem.

## 3.4 Evidence of Competency and Placement Outcomes

The results of this project can be considered the testimony of my professional and technical skillfulness. The cleansed data set, SQL classification tables and Power BI interactive dashboards all illustrate that I can oversee the entire end to end analytics process i.e. data acquisition to insight generation. This experience has contributed to my confidence in working with actual datasets, and it has equipped me directly to work in the placement and future jobs as a data analyst in the aged-care and ICT industries.

# **4. SUMMARY OF PROJECT OUTCOMES**

## 4.1 Key Analytical Findings

**Resident Demographics and Health Patterns**

Demographic analysis revealed that a high percentage of patients fell in the Age categories below 60 to above 90, with increased susceptibility of falls on residents above 60 years but also exhibiting dementia. The walking-aid resident especially the walking stick and wheelchair residents were very susceptible causing the necessity to consider mobility-focused care plans and safer justifications *(see Appendix C, Screenshot 8).*

The resident population was a multicultural group which included UK, Italy, Vietnam, India, China, and it focuses on culturally sensitive, personalized care that can promote dignity, wellbeing and inclusion.

**Risk Analysis and Care Needs**

With the help of SQL, the residents were divided into the High (350), Medium (22), and Low (6) risk groups according to dementia status, mobility, and the fall history. Bathrooms (30 percent) and bedrooms (25 percent) were found to be the most frequent places of falls that might be a result of slippery floors and lack of supervision *(see Appendix C, Screenshot 6).* These findings provided suggestions on non-slip flooring, sufficient lighting, and frequent mobility tests, and resources will focus on the most at-risk residents.

**Performance Indicators and Trends**

KPI dashboards represent the summary of fall frequency, mobility status, and prevalence of dementia in terms of year-by-year trends. The number of incidents declined in 2018-2020 and then rose slowly after 2021, which may indicate that it is sensitive to conditions of facilities, training, and safety practices (see *Appendix C, Screenshot 7*).

The seasonal trends were greater in the winter with less mobility and cold weather restriction (e.g., heavy clothing). Risk level, dementia status and state global filters allowed to explore the subgroups in more depth and enhance the transparency of decisions.

These results endorse preemptive staffing, periodic safety checks as well as specific physiotherapy at periods of elevated risk. The excessive number of falls in residents with dementia indicates that combined cognitive and physical health interventions are necessary to ensure both safety and wellbeing.

## 4.2 Major Achievements and Contributions

The project led to some major milestones that exhibit technical expertise as well as professional development.

* **Developed five interactive Power BI dashboards**: Overall Summary, Risk Analysis, Resident Profile, Care and Assistance, and Trends and Insights which transformed complex data into simple visual stories that could be understood by non-technical personnel.
* **Created an SQL based risk categorization model** which classified residents into High, Medium and Low risk groups. This grouping resulted in more on-targeted and earlier care interventions which enabled the management to concentrate efforts in those residents who require the most.
* **Developed age and demographic categories** to break down complicated data to uncover trends in resident health and falls that used to be challenging to identify.
* **Enhanced data quality and transparency** through systematic Excel cleaning, ensuring accuracy, completeness, and standardization across all fields.
* **Produced practical insights** that will increase operational efficiencies in the real-world aged-care processes- fall prevention, staffing, and long-term strategies on risk management.

## 4.3 Challenges Encountered and How They Were Addressed

Like most real-world data projects, this analysis involved several technical and conceptual challenges.

1. **Incomplete and Inconsistent Data:** There were blanks and irregular records in the dataset especially in Mobility Category and Dementia Status. I have dealt with this by using contextual imputation in Excel and SQL, i.e. matching resident of Double Assist with the statuses of Bedridden or Wheelchair to improve data completeness and analytical reliability
2. **Power BI Relationship Conflicts:** At first, dashboards generated wrong results because of wrong table joins. Through in-depth examination of the Model View in Power BI and proper establishment of correct one-to-many relationships, the global filters were kept in line and the visuals on all pages were aligned with each other.
3. **Balancing Technical Detail and Clarity:** To transform complicated SQL outputs into easy-to-read dashboards, visual optimization was necessary. I reduced the layouts, changed the color schemes, and emphasized the interpretability.

These obstacles were overcome, which made my independent research, persistence, and reflective problem-solving stronger, proving that successful analytics is impossible without technical proficiency and ethical judgment.

# **5. APPLICATION OF CAREER DEVELOPMENT THEORY**

## 5.1 Overview of Relevant Career Theories

Career development is the constant learning and correspondence of personal values and professional objectives. **The Goal-Setting Theory** (Locke and Latham, 2002) stresses that specific challenging goals that are clear and specific improve motivation, persistence and performance.

In **the Growth and Exploration Theory** (Kosine & Lewis, 2008), experiential learning and interest in learning are pointed out and suggested that one can perfect career interests by exploring and reflecting.

Combined, the theories describe how systematic goal-setting and adaptive learning contribute to the ongoing development of professionals when it comes to data analytics and ICT.

## 5.2 Application of Theories to Project Experience

My approach to the project was formed by the **Goal-Setting Theory**. I set some specific goals: at first, I planned to clean and validate data in Excel, create SQL risk classification queries, and build Power BI visual dashboards. Every one of the stages demanded dedication, attention and solving problems. Any time I faced some troubles, e.g. when I met inconsistent datasets or unresponsive filters on Power BI, I went back to these objectives as a motivator and guide. This result-driven approach enhanced my time management and self-discipline which is essential to professional development in the ICT sector.

Using the **Growth and Exploration Theory**, the project was an exploration process where learning took place because of active experimentation and contemplation. The investigation of complex SQL queries and trying the Power BI options allowed me to understand better the integration of data systems. Every challenge served as a new chance to learn about new tools I had not used before and build resilience to solve problems. This practical experience also served as an aid in refining my career focus and recognizing that my talents and interest are in data analytics and security analysis, with technical accuracy and moral obligation being of critical importance.

## 5.3 Alignment with Long-Term Career Goals in Data Analytics and ICT

The project identified the potential of analytics to propel the operational efficiency and quality assurance in aged care. The sensitive information addressed the aspect of privacy, decision-making, and ethical design in ICT. Goal-Setting Theory will serve to guide my professional growth by organizing it into specific learning objectives that can be measured, whereas Growth and Exploration will allow me to maintain flexibility and life-long learning as technologies change.

Collectively, commit to a path of becoming Data Analyst or Business Analyst specialized in secure, evidence based change in healthcare.

# **6. APPLICATION OF REFLECTIVE PRACTICE PRINCIPLES**

Reflective practice was a primary part of my learning experience in the Aged Care Facility Data Analysis Project. The use of Gibbs Reflective Cycle of (1988) helped me to review experiences in a systematic way, recognize my strengths, and be able to learn out of the challenges. As an example, in the case, when Power BI dashboards first showed a wrong data relationship, I thought about the problem, performed a search and used the new information again to obtain a correct and interactive visualization. Such a process of description, analysis, and action enhanced my analytical confidence and abilities to solve problems.

Similarly, Johns Model of Structured Reflection (2000) helped to enhance the level of self-awareness affecting me to think about the aspects that impacted me and contributed to my outcomes and emotions. The teachings regarding the need to remain persistent, patient, and ethically accountable when working with professional data were made possible through the ability to reflect on the frustration that comes with the profession, such as having to troubleshoot SQL errors.

These reflective frameworks helped me to form an attitude of constant improvement. Reflection would turn the problems into learning experiences, improve my technical accuracy, and promote accountability, which are all ingredients of professional competence in data analytics and ICT field.

# **7. CONCLUSION**

The Aged Care Facility Data Analysis Project was both challenging technically but also a personally transformative process. Excel, SQL and power BI were used successfully to transform the existing data of unstructured type into interactive and evidence-based dashboards and identify the risks of falls, demographic trends, and care priorities in the aged-care environment.

The project has reinforced my analytical skills, awareness of ethics, and reflective practice to bridge academic knowledge with practical data usage. The use of Gibbs Reflective Cycle (1988) and Johns Model (2000) helped me to become more self-aware and resilient, whereas the Goal-Setting Theory (Locke and Latham,2002) and Growth and Exploration Theory (Kosine and Lewis, 2008) helped me to focus on my motivation and career choice.

This experience has made me realize that my ultimate future objective is to work in data analytics and ICT, in which I will use data-driven knowledge to improve care quality, operational safety, and human wellbeing in multifaceted, human-oriented settings and quality and standardized data.

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# **9. APPENDICES**

**Appendix A – Data Preparation in Excel**

**Screenshot 1: Raw Dataset before Cleaning**

A screenshot of a computer

AI-generated content may be incorrect.

* Shows the raw unstructured data with missing values, duplicate entries, and incoherent text formats (e.g., YES/yes/No/N/A).
* Identifies the necessity of cleaning the data and validating it to provide analytical reliability.

**Screenshot 2: Cleaned Excel Data Table after Standardization**

A screenshot of a computer

AI-generated content may be incorrect.

* Shows data following the steps of removal of duplicates, blank imputations, and standardization of text (e.g. Yes/No).
* Uses Excel formulas: =IF, PROper, TRIM and Conditional formatting to be valid.

**Appendix B – SQL Data Modelling and Queries**

**Screenshot 3: SQL Query for Risk Classification and Age Grouping**

A screenshot of a computer

AI-generated content may be incorrect.

A screenshot of a computer

AI-generated content may be incorrect.

* Illustrates the use CASE WHEN statements to classify residents by their level of risk as High, Medium and Low risk.
* Shows how Age Groups (60 -69, 70 -79, 80 -89, 90 +) were created and compared in terms of demographics.

**Appendix C – Power BI Modelling and Dashboards**

**Screenshot 4: Power BI Data Model Relationship View**

A screenshot of a computer

AI-generated content may be incorrect.

* Shows the connection of fact and dimension tables (one-to-many relationships) to create data integrity.
* Shows the solution of relationships conflicts solved through Model View.

**Screenshot 5: Power BI Overall Dashboard (KPIs and Trends)**

A screenshot of a computer screen

AI-generated content may be incorrect.

* Displays visual summaries of the total residents, number of falls, and proportion of high risks.
* States, Dementia, and Mobility category, Age group, and Risk Level are global filters.

**Screenshot 6: Risk Analysis Dashboard – Fall Locations**

A pie chart with numbers and a few percentages

AI-generated content may be incorrect.

* Illustrate the place of falls (Bathrooms 30% and Bedrooms 25%) in order to back safety recommendations.
* Combines data of SQL classification with Power BI visuals to detect patterns.

**Screenshot 7: Fall Trends Over Time (Line Chart)**

A graph of a number of people

AI-generated content may be incorrect.

* Displays the changes in falls over the years, showing declines between 2018-2020 and slow increases after 2021.
* Shows seasonal analysis (greater incidents in winter months).

**Screenshot 8: KPI Summary and Risk Segmentation Dashboard**

A screenshot of a computer

AI-generated content may be incorrect.

* Integrates the fall rates, High Risk with dementia, risk level with Assist Type and mobility parameters into a small dashboard.
* Allows fast management decision making and resource allocation.

**Screenshot 9: Resident Profiles**

A screenshot of a computer

AI-generated content may be incorrect.

* Visualize the Resident Profile, Risk level, Assist type, Language they speak and Resident Profile by birth.
* Show the number of falls by the language of choice.

**Screenshot 10: Care & Assistance**

A screenshot of a computer

AI-generated content may be incorrect.

* Resident by Assist Type, High risk, Mobility and Risk level are visualized for the highly care assistance
* Fall count by location