

# Sales Playbook for Assisted Living Facilities



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## I. Buyer Persona:

Background:

Demographics:

Identifiers:

Goals:

Challenges:

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What Can We Do:

Objections & How to Counter Them:

Elevator Pitch:

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## II. Initial Meeting Questions

1. Could you walk me through your current insurance coverage?

2. What factors led you to choose your existing insurance provider?

3. What are the most significant challenges you're facing in day-to-day operations?

4. Is there anything you wish your current broker provided that they're not?

5. Are you currently dealing with any claims or compliance issues?

6. How is your current broker helping you manage new or emerging risks?

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7. What's your facility's growth strategy for the next 3-5 years?

8. What specific insurance coverage do you think would benefit your future projects?

9. What are your communication preferences for ongoing discussions and check-ins with your broker?

## III. Pre-Close

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## IV. Rules of Engagement:

- V. "In order to present you with the most accurate and tailored insurance options, we need to conduct a full risk assessment. This will include a review of your existing policies, claims history, and operational practices. Can we count on you as our primary point of contact during this process?"

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## VI. Comprehensive Risk Assessment

### A. Company Profile:

Facility Name:	
Location and Billing Address:	
FEIN:	
Website:	
Contact Info for Decision-Makers:	
Number of Residents:	
Number of Employees:	
Annual Sales Revenue:	
Annual Payroll:	
Current Property Value:	

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Key Employees and their roles:	
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## B. Coverage Risk Assessment:

### 1. General Liability:

- Have you had any liability claims in the past three years?
- What safety protocols are in place for residents and visitors?
- Do you hold special events that might require additional coverage?
- Are you familiar with the consequences of non-compliance with local safety regulations?

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### 2. Professional Liability:

- How do you handle disputes related to care and services provided?
- Are your caregivers trained to deal with medical emergencies?
- What record-keeping systems do you have in place?
- Have you ever faced any professional malpractice claims?

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### 3. Property Insurance:

- When was the last safety and maintenance inspection of the property?
- How are valuables like medical equipment secured?
- Are there backup systems for essential services like electricity and water?
- What's your procedure for asset valuation and updating coverage?

### 4. Cyber Liability:

- How do you store sensitive data like medical records?
- What cybersecurity measures are currently in place?
- Have you ever experienced a data breach?
- What's your action plan in case of a cyber-attack?



## NURSING HOMES FYI

### DRUG STORES

Category: Health Care Providers

SIC CODE: 8051 Nursing Homes - Skilled

8052 Nursing Homes - Intermediate Care

8059 Nursing Homes (except skilled & intermediate care)

NAICS CODE: 623110 Nursing Care Facilities (Skilled Nursing Facilities)

Suggested ISO General Liability Code: 44430, 44429

Suggested Workers Compensation Code: 8829

**Description of operations:** Nursing homes provide care for those unable to care for themselves, including the elderly, those recovering from illness or injury, and those with long-term or chronic illnesses or disabilities such as Alzheimer's. The home may offer diagnostic tests, physical or occupational therapy, or short-term facilities for those whose needs are temporary. Medical assistance is available 24 hours a day. There are several types of nursing homes. Skilled nursing facilities (SNFs) provide around-the-clock physician and nursing care for patients who reside on the premises. Intermediate care facilities (ICFs) have medical facilities and services available, but patients are able to provide a degree of care for themselves and do not need around-the-clock attention. Assisted living facilities (ALFs) provide boarding facilities and access to medical attention for patients who are ambulatory. A continuing care retirement community (CCRC) offers several different types of care in one location. Residents generally start in an ALF, then move progressively into ICFs or SNFs as their need for assistance progresses. Nursing homes must be licensed by the state.

**Property exposure** are moderate. Ignition sources include electrical wiring, heating and air conditioning systems, laundry equipment, and cooking appliances. All electrical wiring must be up to code and equipment properly maintained. Hard-wired smoke detectors should be installed in all patient rooms and common areas. If alarms are battery-powered, there must be documented records of periodic maintenance. If the nursing home has been converted from other occupancies, it must meet all codes for its current occupancy, including electrical wiring, heating, and plumbing systems. If flammable gases such as oxygen are used on premises for patient care, adequate controls must be in place for patient safety. Smoking must not be permitted on premises. All kitchen grills and deep fat fryers must have fire extinguishing protection, hoods, and filters. There should be automatic fuel shut off valves and adequate hand-held fire extinguishers. Ammonia used in refrigeration units can explode. Spoilage exposure is very high. Washers and dryers must be properly maintained. Theft is a concern, as large quantities of drugs may be stored on premises. Tight controls must be in place including, but not limited to, inventory control and



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limited access to the drug room. Business income and extra expense losses can be severe due to the cost of equipment, the time it may take to repair or replace a damaged item, and unavailability of backup facilities.

**Equipment breakdown exposures** are high as operations are dependent on medical equipment being available and the property meeting requirements for elderly or disabled occupancy. All equipment should be maintained on an ongoing basis.

**Inland marine exposure** comes from accounts receivables for billings, computers, medical equipment, and valuable papers and records for employees', patients', and vendors' information. Most medical equipment is now run by computers and should be covered on a computer form. Some medical equipment may be shared with other facilities or kept in mobile care units, requiring separate coverage as it is transported between locations. Equipment in transit must be adequately secured to prevent movement during transit. Duplicates of all records should be made and kept off site. Some homes may have extensive fine arts and statuary that should be covered under a fine arts coverage form. There may be a bailees exposure if the nursing home takes custody of the goods of patients, such as cleaning wigs or doing dry cleaning or laundry.

**Crime exposure** is from employee dishonesty and money and securities. The potential for theft, directly or by means of identity theft, is great. Pre-employment checks, including criminal background checks, should be required of any employee with access to drugs or money. Inventory must be reviewed regularly and the drug areas must have limited access. Regular monitoring with cameras can be helpful in deterring employee theft and monitoring patient treatment. There must be a separation of duties between persons handling deposits and disbursements and reconciling bank statements. Regular audits must be conducted. Money and securities can be a concern if payments are accepted on premises. Deposits should be made regularly. No money should be kept on the premises overnight. Patients' property may be stolen by employees.

**Premises liability exposure** is extensive due to the large number of visitors to the premises and the impaired physical mobility of patients. Public and life safety code compliance is very important. Excellent housekeeping is required to reduce the number of trips, slips, and falls. Spills must be cleaned up promptly. Hallways, rooms, and recreational areas must be orderly and well maintained. Stairways, elevators, railings, and floor coverings should be in good condition. Exits should be clearly marked and free of obstacles. Adequate interior and exterior lighting should be available in the event of a power outage. Steps must have rails, be illuminated, marked, and in good maintenance and repair. There should be a temperature-monitoring device in all bathing and showering areas to prevent scalding. Parking lots should be maintained free of ice and snow. A major concern in the area of patient safety is the type of backup facilities available for power outages and loss of normal utilities. Emergency generators should be in place, checked and maintained periodically. Should an emergency situation arise, there should be evacuation plans in place to quickly move patients to a safe area. Security at the facility, as well as in the building, corridors, and any owned parking area, needs to be carefully checked and reviewed, as the



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facility may be held liable should a patient or visitor be attacked on the premises. Personal injury exposures include allegations of assault, breach of confidentiality, discrimination, invasion of privacy, and wrongful eviction. Maintaining a patient's privacy is critical. Examination rooms, check-in and checkout stations must be in private areas so one patient cannot view information or overhear conversations regarding another patient's confidential information. Inappropriate touching and sexual misconduct must be considered as staff members, other patients, or visitors may abuse residents. Background checks should be conducted before hiring any employee. The nursing home should be accredited and operate within the guidelines of that accreditation. If it is on probation, there should be active plans to comply with open recommendations to be taken off probationary status.

**Environmental impairment exposure** is moderate due to the potential for contaminating the air, ground, or water supply by improperly disposing of medical waste, including needles or contaminants such as hepatitis B or the AIDS virus. Disposal must be documented and meet all FDA and EPA standards.

**Professional liability, medical malpractice, and directors and officers exposures** are high. Staff turnover is high, disrupting continuity in patient care. The exposure increases if the facility fails to conduct thorough background checks to verify employees' credentials, education, and licensing. Nursing homes should be subject to regular inspections by their accreditation organization. It should also be licensed and staffed based on federal and state requirements. The staff/patient ratio should be sufficient to provide adequate care for patients. Supervision is essential along with regular training, monitoring, and well-written and followed procedures. Patients must be informed of their rights to obtain or refuse medical care as described by state and federal law. Very serious losses may result from failure to secure patient approval before performing procedures. Access to patients' records must be restricted to those having a legitimate reason for viewing them. Patients' records must be duplicated and stored off-site. Both on-site and off-site records must be safeguarded to protect patients' right to privacy. Patient plans should be in place and followed by all staff members. Only patients who are within the appropriate level of care within the nursing home's license should be admitted and allowed to remain in the facility. The facility or its staff may be held liable for neglect if patients do not receive adequate food, water, or medical care. Patients with infectious diseases should be kept isolated from other residents until cured. There should be a formal review process in place for reviewing all incidents that may give rise to a claim of medical malpractice. Access to all pharmaceuticals must be carefully controlled, with procedures in place for the proper dispensation to patients. Finally, inappropriate touching and sexual misconduct must be considered.

**Automobile exposure** is high if there is any transport of patients as some may be violent or have limited mobility. If there are owned vehicles, all drivers should be licensed with acceptable MVRs. Vehicle maintenance should be ongoing and documented in a central location. Any transport for non-ambulatory patients must include supervision. If transportation services are contracted out, the nursing home should require certificates of insurance from each provider.



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**Workers compensation exposure** is high from contact with patients, from infections, and from communicable diseases such as AIDS, COVID, hepatitis, HIV, or MRSA. Employees should have access to vaccinations to prevent diseases. Gloves and masks should be worn at all times when working around any bodily fluids. All CDC recommended procedures for handling bodily fluids must be followed. Constant cleansing with disinfectants can result in lung, eye or skin irritations, and reactions. Accidental piercings from needles are common. Back injuries, sprains, and strains can occur when assisting or lifting patients. Procedures should be in place for safely handling unruly or violent patients to minimize injury to both the patient and the employees. Slips and falls can occur from tripping over objects or slick floors. Kitchen work includes the possibility of cuts, scrapes, and burns. Since patient information and billings are done on computers, potential injuries include eyestrain, neck strain, carpal tunnel syndrome, and similar cumulative trauma injuries that can be addressed through ergonomically designed workstations.

### **Minimum recommended coverage:**

Building, Business Personal Property, Business Income and Extra Expense, Equipment Breakdown, Accounts Receivable, Computers, Mobile Equipment, Valuable Papers and Records, Employee Dishonesty, Money and Securities, General Liability, Directors and Officers, Employee Benefits, Environmental Impairment, Medical Malpractice, Professional, Umbrella, Business Auto Liability and Physical Damage, Hired and Nonownership Auto, Workers Compensation.

### **Other coverages to consider:**

Earthquake, Flood, Spoilage, Bailees Customers, Fine Arts, Computer Fraud, Forgery, Cyberliability, Employment-related Practices, Stop Gap Liability.