

2026 CSHE ANNUAL INSTITUTE

AI and Healthcare FM Compliance Documentation

**SILICON SYSTEMS:
POWERING THE FUTURE
OF HEALTHCARE FACILITIES**

MAY 13 - 15
SANTA CLARA, CA



Compliance Documentation in FM



DOCUMENT STORAGE/RETRIEVAL



SCHEDULING



PERFORMANCE OF ITM



CLOSING THE LOOP WITH DEFICIENCIES



AUDITING



SURVEY PRESENTATION



DATA

COOK COUNTY HEALTH
2022 Generator Monthly Load Test Summary
1000 KW Generator 1

JLL
GENERATOR ID #: Gas 1 (C32)
NAME PLATE RATING (KW): 1000 KW
NAME PLATE RATING (KVA): 1250 KVA, 0.8
NAME PLATE CAPACITY: 1504 Amps
30% Load Requirement: 451 Amps

MANUFACTURER: Caterpillar
ENGINE MODEL: C32
ALTERNATOR MODEL: 5RS5
DESCRIPTION: 480 VAC, 3Phase, 60Hz.
YEAR INSTALLED: 2018

FUEL TYPE: Diesel
TANK CAPACITY: 10,000 Gallon USG
FUEL CONSUMPTION: 32gal/hr @ 40% (10hr)
ATS: 5.7
EXHAUST TEMP: Not Rated

| DATE | START TIME | STOP TIME | LOAD TIME | Cool Down | End Hour Meter | Load Volts | Load Amps L1 | Load Amps L2 | Load Amps L3 | Avg AMPS | Over 30% (M51A) | ATS Start | Trans Time | Test By | Comment |
|------|------------|-----------|-----------|-----------|----------------|------------|--------------|--------------|--------------|----------|-----------------|-----------|------------|---------|---------|
| J | 01/18/23 | 8:45 | 9:25 | 40 | 5 | 223.8 | 480 | 574 | 482 | 576 | 544 | Y | 7 | 5 | JG |
| F | 02/16/23 | 9:10 | 10:00 | 40 | 5 | 230.3 | 480 | 575 | 483 | 576 | 544 | Y | 7 | 5 | JG |
| M | 03/15/23 | 9:20 | 10:00 | 40 | 5 | 233.4 | 480 | 572 | 481 | 573 | 542 | Y | 7 | 5 | JG |
| A | 04/19/23 | 9:05 | 9:45 | 40 | 5 | 237.1 | 480 | 571 | 481 | 573 | 542 | Y | 7 | 5 | JG |
| M | 05/18/23 | 8:33 | 9:13 | 40 | 5 | 240.2 | 480 | 570 | 480 | 576 | 542 | Y | 7 | 5 | JG |
| J | 06/15/23 | 8:40 | 9:20 | 40 | 5 | 247.5 | 480 | 570 | 480 | 577 | 544 | Y | 7 | 5 | JG |
| M | 07/12/23 | 9:25 | 10:05 | 40 | 5 | 251.2 | 480 | 573 | 481 | 573 | 544 | Y | 7 | 5 | JG |
| A | 08/16/23 | 10:03 | 10:43 | 40 | 5 | 254.2 | 480 | 573 | 481 | 573 | 544 | Y | 7 | 5 | JG |
| S | 09/14/23 | 9:40 | 10:20 | 40 | 5 | 256.0 | 480 | 573 | 481 | 573 | 544 | Y | 7 | 5 | JG |
| O | 10/11/23 | 9:07 | 9:47 | 40 | 5 | 256.0 | 480 | 573 | 481 | 573 | 544 | Y | 7 | 5 | JG |
| N | | | | | | | | | | | | | | | |
| D | | | | | | | | | | | | | | | |

Comments
*Monthly load test on Load Bank
*ATS Transfer and Start tested on building load
3 Yr Load Bank on 02/27/2021 4hrs at 90% (1 091 Amps) Altior Load Bank
on 06/28/2023 4hrs at 44% (525 Amps) Altior

COOK COUNTY HEALTH
Provident Hospital - Cook County Health System
2023 FPS Testing Executive Summary

Standard EC-02.03.06 - EP 3 Initiating Devices

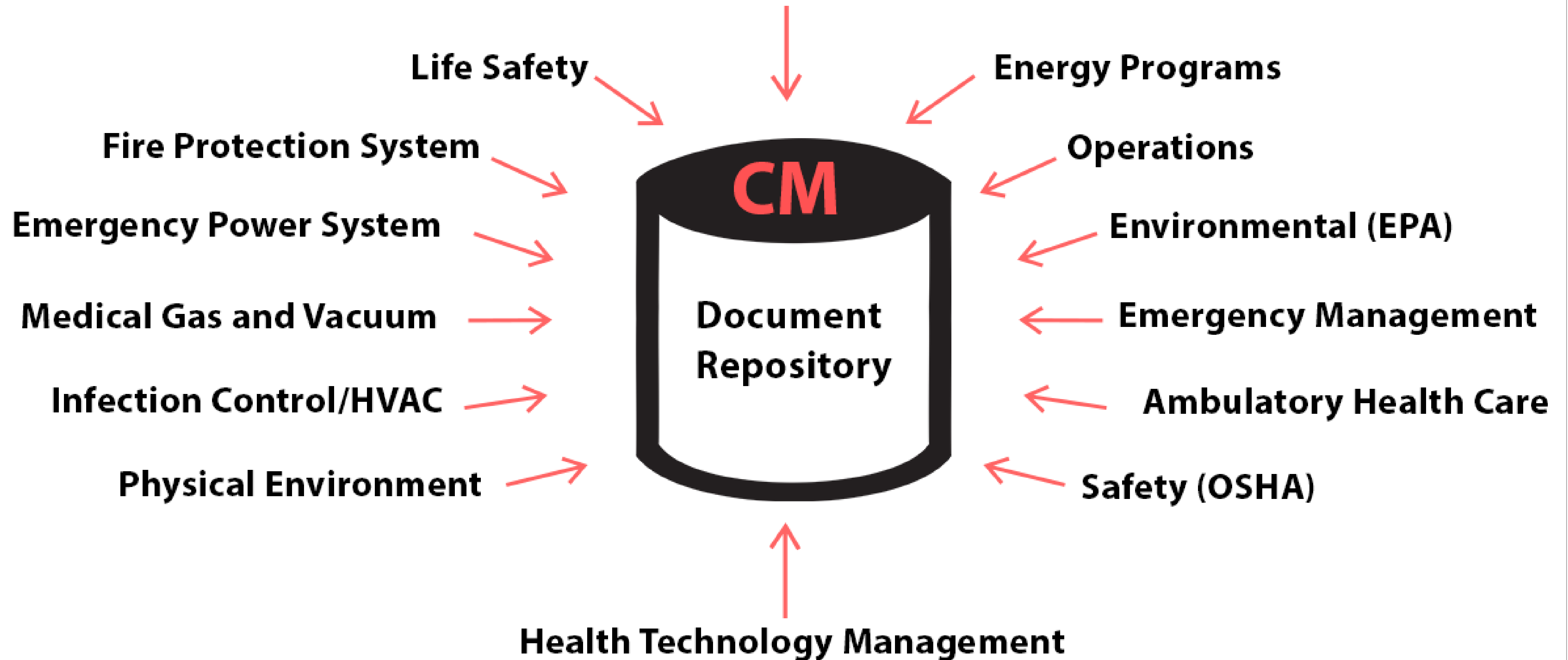
Inspected By: Johnson Controls (2023) / Convergint (2023)

| Group | Date | Previous Inventory | Add | Del | Tested | Pass | Fail | Comment |
|-------|----------|--------------------|-----|-----|--------|------|------|-----------|
| 2022 | 01/31/22 | 102 | 0 | 0 | 102 | 102 | 0 | |
| Smoke | | 220 | 0 | 0 | 220 | 220 | 0 | |
| Drct | | 12 | 0 | 0 | 12 | 12 | 0 | |
| Total | | 334 | 0 | 0 | 334 | 334 | 0 | |
| 2023 | 02/28/23 | 102 | 1 | 0 | 103 | 103 | 0 | Note 1, 4 |
| Smoke | | 220 | 0 | 1 | 219 | 219 | 0 | Note 1, 4 |
| Drct | | 12 | 0 | 0 | 12 | 12 | 0 | Note 4 |
| Total | | 334 | 1 | 0 | 334 | 334 | 0 | |

Notes:
Note 1: Inventory Reconciled with panel (JCI not EST certified)
Note 4: Device addresses updated



Compliance Management Policies and Procedures



Approximately 200 EC/LS/EM/PE/SR/AHJ Documents

- For an annual or tri-annual survey that's hundreds of documents total for one building
- Thousands of documents per hospital

Monitoring & Tracking

- Who's monitoring annual code changes?
- Are you able to access what you need, when you need it?
- How easy is it to audit documentation and confirm it's correct?
- How much time is spent annually preparing binders?



Document Management

Multiple ways to create, organize, and present documentation for retention and presentation:

- **Reliability** – Hard copy and/or digitally, access to the documents must be reliable and have set process for method of backup.
- **Dynamic/Flexible** – Requirements and frequencies can change over time so avoid document methods that could make changes difficult.
- **Ease of Use** – Keep the process intuitive so others can navigate the documentation if needed.
- **Reduction of Duplication** – Facility personnel have many hats so make it a principal process, not a difficult and redundant process.



Types of Document Management

- Paper binders of documents
- Excel spreadsheet with the requirements and dates the items were completed.
- Online electronic folders of documents, CMMS system, or a document management database.
- Combination of all above

| Item | Frequency | January | February | March | April | May | June | July | August | September | October | November | December |
|-----------------------|---------------|--|----------|---------------------|-------|------|------|------|--------|-----------|---------|----------|----------|
| Supervisory | Quarterly | DATE | | | DATE | | | DATE | | | DATE | | |
| Water Flow | Quarterly | DATE | | | DATE | | | DATE | | | DATE | | |
| Valve Tamper | Semi-Annually | DATE | | | | | | DATE | | | | | |
| Detectors | Annually | | | | DATE | | | | | | | | |
| Pulls | Annually | | | | | DATE | | | | | | | |
| Magnetic Door | Annually | | | | | DATE | | | | | | | |
| A/Vs & Speakers | Annually | | | | | DATE | | | | | | | |
| Offsite Notification | Quarterly | DATE | | | DATE | | | DATE | | | DATE | | |
| Fire Pump Run | Weekly | IIII | IIII | IIII | IIII | IIII | IIII | IIII | IIII | IIII | IIII | IIII | IIII |
| Water Storage H/L | Semi-Annually | DATE | | | | | | DATE | | | | | |
| Water Storage Temp | Monthly | DATE | DATE | NO TESTING REQUIRED | | | | | | DATE | DATE | DATE | |
| Main Drain | Annually | | | | | | | | | DATE | | | |
| FDCs | Quarterly | DATE | | | DATE | | | DATE | | | DATE | | |
| Fire Pump - Flow | Annually | | DATE | | | | | | | | | | |
| 5-Year Stand Pipe | Every 5 Years | STAIRWELL A 01/10/17 (NEXT DUE 01/10/22) | | | | | | | | | | | |
| Kitchen Auto Equip | Semi-Annually | DATE | | | | | | DATE | | | | | |
| CO2 & Other Gas | Annually | | | | | | | | DATE | | | | |
| Fire Extinguishers | Monthly | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE |
| Fire Extinguishers | Annually | | | | DATE | | | | | | | | |
| Fire Hoses | 5 then 3 | BUILDING A 3RD FLOOR INSTALLED JANUARY 2014, NEXT DUE 2019 | | | | | | | | | | | |
| Dampers | 1 then 6 | SEE DAMPER BINDER | | | | | | | | | | | |
| Ventilation Shut Down | Annually | | | DATE | | | | | | | | | |
| Rolling Fire Doors | Annually | | | | | | | | DATE | | | | |
| Fire Doors | Annually | | | | | DATE | | | | | | | |





AHJ Document Process

1

Requires easy access or online view of all compliance documents

2

Internal audit by hospital team of documents

3

Vendor ability to provide digital reports and documents

4

Dashboards and data to track status of each compliance document

5

Ability to update document process when codes change or are modified



Barriers to AI Adoption in Healthcare Facilities Management

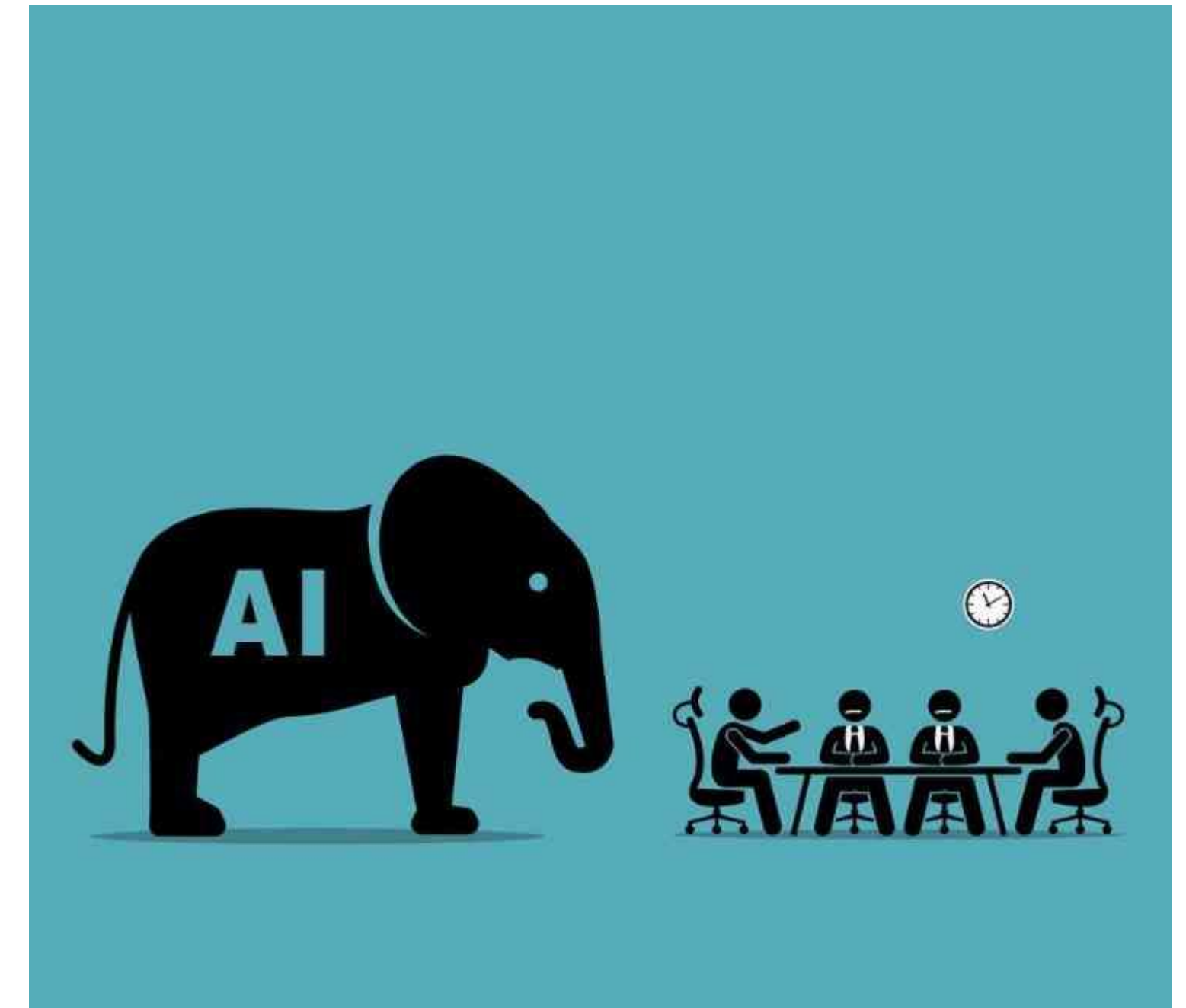
Key – AI adoption is hindered because healthcare facilities has historically operated in non-digital methods relying on engineering skills and legacy knowledge of facility.

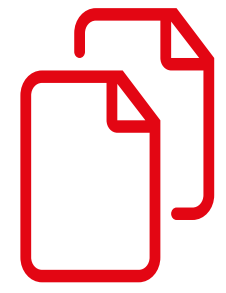
- Hospitals can operate with older Building Mgmt Systems on large facilities.
- Equipment and assets from multiple vendors.
- Current work order systems capture manually entered data where many items are undocumented.



Barriers to AI Adoption in Healthcare Facilities Management

- Critical hospital environments system failure can directly affect patient safety.
- Budget constraints and competing financial priorities for patient care, medical equipment, staffing, etc.
- Facilities teams have deep expertise in MEP systems and not focused on data science or AI implementation. Adopting AI requires training, new hiring, or external partnerships.
- Regulatory compliance: Healthcare facilities operate under strict regulatory frameworks (Joint Commission, DNV, CMS, CDPH, HCAI).

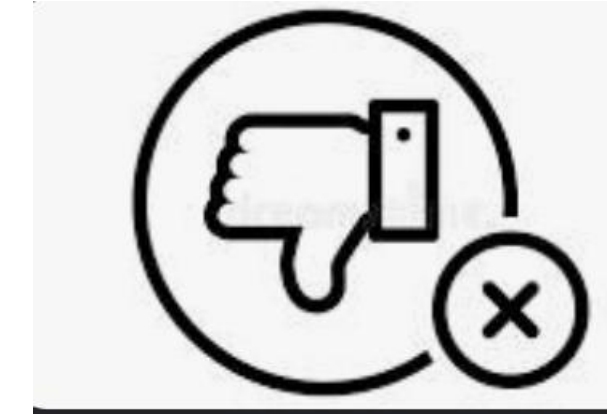




Healthcare Facilities Documentation Future



- **Reactive**



- **Acting in response to a situation rather than creating or controlling documents**

- **Proactive**



- **Acting in anticipation of future events, problems, or changes for documentation--AI will assist!**



AI Focused on Compliance Documentation

AI Inputs

| | | |
|-----------------------------|---|-----------------------------|
| Building/Campus Name | Report Period (Year) | Testing Standards Applied |
| Compliance Codes Referenced | Vendor/Company Name | Inspector / Technician Name |
| Test Dates | Equipment Types Tested | Total Inspections Completed |
| Total Number Passed | Total Number Failed | Total Number Additions |
| Total Number Retired | Testing Frequency (monthly, annual, etc.) | Comments/Notes |
| | Testing / Inspections Data List | |

Code Category (AHJ Standards)

- NFPA_10
- NFPA_12A
- NFPA_25_and_72
- NFPA_72
- NFPA_72_and_25
- NFPA_80_and_105
- NFPA_90A
- NFPA_92
- NFPA_96
- NFPA_101
- NFPA_25
- NFPA_99



AI for Asset Data

With asset data - AI will:

- Detect patterns across sets of similar equipment (e.g., 50 pumps of this series show early failure signals)
- Adjust risk categories dynamically
- AI will flag abnormalities early and prompt action before failure becomes a crisis
- Summary: Identify asset trends, check history, flag critical areas



Triggers for AI Document Checks

1 Reports In Incorrect AHJ Categories

-Equipment Types \ Devices Tested mismatch from previous period

2 Data Missing – Incomplete Documentation

-Any required data input is empty on documents

3 Deficiencies in Documentation

-Check if the document has failures and verify if the frequency period is marked and flagged deficient for follow up

4 Asset Management

-Asset inventory: location, asset identifier number/barcode number, inventory changes or mismatch over time periods



AI Compliance Detection for Each Report

Manage Documents (ATG Compliance Manager is structured to the HAP (Hospital) and CAH (Critical Access Hospital) accreditation manuals)

Select Year: 2026 | Select Site-Building: CS Site JCAP : CS Building JCAP | Selected View: Calendar View | Grid View | Document View

Platform Review: NO | Highlight Periods To Be Reviewed: NO

Document Type... | Document Category... | Standard... | EP... | Responsible Party... | New TJC Standard... | New TJC EP... | Frequency... | Asset Group... | Ktags...

Select View: Document Type | Survey View: Search Here... | Print Report | Download | Sort By: Document Category | Ascending

| Standard | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|---|-------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Governance Structure CS Site JCAP : CS Building JCAP 02.1 : - | ANNUALLY [AI] [!] | | | | | | | | | | | |
| Annual Objectives Plan CS Site JCAP : CS Building JCAP 03.1 : - | ANNUALLY [AI] [!] | | | | | | | | | | | |
| KPI/SLA Action Item(s) Review and Completion CS Site JCAP : CS Building JCAP 03.2 : - | ANNUALLY [AI] [✓] | | | | | | | | | | | |
| Account Roles, Responsibilities, and Demarcation Lines for Service Delivery CS Site JCAP : CS Building JCAP 03.3 : - | ANNUALLY [AI] [!] | | | | | | | | | | | |
| Evidence of Quality and Compliance Initiatives CS Site JCAP : CS Building JCAP 03.4 : - | ANNUALLY [AI] [✓] | | | | | | | | | | | |
| Contract/Master Service Agreement(MSA) and Training Materials/Abstract CS Site JCAP : CS Building JCAP 03.5 : - | ANNUALLY [AI] | | | | | | | | | | | |
| Client/Customer Feedback CS Site JCAP : CS Building JCAP 04.1 : - | ANNUALLY [AI] | | | | | | | | | | | |
| Account Personnel Performance Measures ANNUALLY | | | | | | | | | | | | |

Every 36 months/every 3 years = 36 months from the last event, plus or minus 45 days

Annually/every 12 months/once a year/every year = 1 year from the last event, plus or minus 30 days

Every 6 months = 6 months from the last event, plus or minus 20 days

Quarterly/every quarter = every three months, plus or minus 10 days

Monthly/30-day intervals/every month = 12 times a year, once a calendar month

Every week = once per calendar week

✓ Document Uploaded On Schedule |
 ! Document Contains Deficiency |
 ✗ Document Upload Overdue
Document Upload Pending |
 ✓ Upload Window |
 ↑ Code Within Upload Window



AI Review of Reports

Manage Documents

LS.02.01.34 : EP10au NFPA 72 Annual Testing: Initiating Devices

Ai Response: Data Missing Summary Sheet

Responsible Party: ATG ATG

Frequency: ANNUALLY

Frequency: ANNUALLY Period: 2025: 1/1/2026 - 12/31/2026 Inspection Date: 1/22/2026

+ Add Document

Installing_Aut...

Microsoft PowerPoint - INSTALLING AUTODESK DESIG... 1 / 2 92%

ATG

Start Inspection Date: 01/14/2025
End Inspection Date: 01/30/2025

EXIT DOOR - ANNUALLY **GENERAL HOSPITAL**

| Item Type | Standard Description |
|-----------|--|
| EXIT DOOR | NFPA 101-2012: 18/19.2.4 / PE.04.01.01 EP02 / EC.02.03.05 EP25 |

Testing Method

Floors or compartments in a building have two or more approved exits arranged and constructed to be located remotely from each other.

Procedures:

- NOT MAINTAINED TO BE FREE FROM THE ACCUMULATION OF ICE AND SNOW

SERVICE ORGANIZATION

Name: Door Inspections, Inc.

Address: _____

License No.: _____

Rep.: _____

Phone: _____

PROPERTY NAME (USER)

Name: Demo Medical Center

Address: 12 Lincoln Boulevard | Demo Beach, FL 33484

Owner: General Health

Contact: _____

Phone: 331-221-0832

MONITORING ENTITY

Contact: _____

Phone: _____

Monitoring Acc. Ref. No.: _____

Document Name: Exit Doors NFA sample document.pdf

Added By: ATG ATG

Date/Time Uploaded: 1/23/2026 8:49:00 AM

Notes: _____

Does this period contain deficiencies?
 Yes

SILICON SYSTEMS: POWERING THE FUTURE OF HEALTHCARE FACILITIES

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Sample Output: Annual Report Compilation

Scenario: 4 inspection results 1 for each quarter, multiple device types, 1 building



Based on the provided documents, here is the annual report in tabular format:

Section 1: Building/Campus and Organization Information

| Building Name | Address | Organization |
|--|---------------------------------------|------------------------|
| JLL University of Illinois - Specialty Care Building | 1009 S Wood Street, Chicago, IL 60612 | JLL/Kindred Healthcare |

Section 2: Device Types, Standards, and Testing Frequency

| Device Type | Standards/Codes | Testing Frequency |
|--|--|--------------------|
| Air Pressure Switch | NFPA 72-2010: Table 14.4.5 | Quarterly |
| Tamper Switch | NFPA 72-2010: Table 14.4.5, NFPA 25-2011: Table 5.1.1.2 | Semi-annually |
| Water Flow Switch | NFPA 72-2010: Table 14.4.5, NFPA 25-2011: Table 5.1.1.2 | Semi-annually |
| Water Pressure Switch | NFPA 72-2010: Table 14.4.5, NFPA 25-2011: Table 5.1.1.2 | Semi-annually |
| Main Drain - Wet/Dry/Pre-Action Pipe Valve | NFPA 25-2011: 13.2.5; 13.3.3.4; Table 13.1.1.2; Table 13.8.1 | Annually |
| Fire Department Connection | NFPA 25-2011: 13.7; Table 13.1.1.2 | Quarterly |
| City Connection Control Valve | NFPA 25-2011 | Annually |
| Pump Control Valve | NFPA 25-2011 | Annually |
| Sectional Control Valve | NFPA 25-2011 | Annually |
| System Control Valve | NFPA 25-2011 | Annually |
| Wet System | NFPA 25-2011 | Various (Weekly to |

Section 3: Inspection Vendor and Personnel Information

| Vendor | Inspector Name | Inspector License | Test Date |
|--------------------------------|------------------|-------------------|------------|
| Johnson Controls North America | Michael Ensworth | 1654120 | 02/28/2025 |
| Johnson Controls North America | Mark Naughton | 1651912 | 06/23/2025 |
| Johnson Controls North America | Michael Ensworth | 1654120 | 09/02/2025 |
| Johnson Controls North America | Michael Ensworth | 1654120 | 12/08/2025 |


Section 4: Quarterly Test Results Summary

| Quarter and Year | Date of Test | Previous Inventory | # of Additions | # of Deletions | # of Assets Tested | # Passed Tests | # Failed Tests | Relevant Comments |
|------------------|--------------|---------------------|----------------|----------------|--------------------|----------------|----------------|---|
| Q1 2025 | 02/28/2025 | N/A (First Quarter) | 0 | 0 | 93 | 93 | 0 | New system went into service in 2020. All 5 year testing due September 2025 |
| Q2 2025 | 06/23/2025 | 93 | 0 | 19 | 74 | 74 | 0 | All 5 year testing due September 2025 |
| Q3 2025 | 09/02/2025 | 74 | 2 | 0 | 76 | 76 | 0 | Pre-Action and dry tampers and alarm lines tested |
| Q4 2025 | 12/08/2025 | 76 | 0 | 0 | 76 | 76 | 0 | Multiple 5-year tests due including internal obstruction inspections |

Note: All tests across all quarters resulted in 100% pass rates with no device deficiencies reported. The December 2025 report indicates several 5-year tests are due, including internal obstruction inspections for wet, dry, and pre-action systems, check valve inspections, FDC hydrostatic tests, 3-year air leakage tests, and 5-year standpipe flow tests.



AI Summary of Report

Ai Response: Data Missing Click here to view  Summary Sheet

AI Summary Sheet



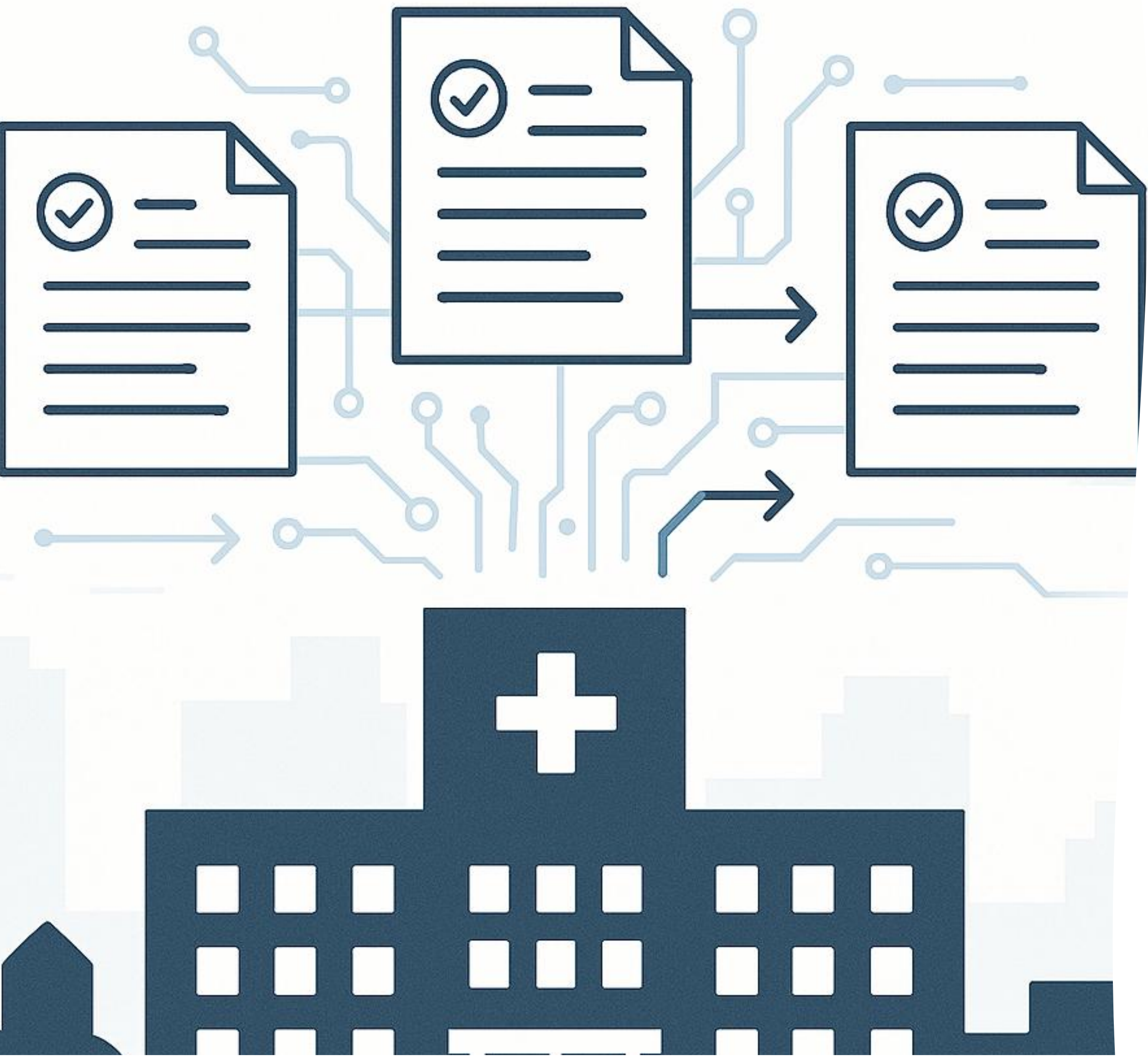
| | Current Period | Previous Period |
|---------------------------|--|--|
| Building/CampusName | THUNDERBIRD - MAIN | BANNER THUNDERBIRD @ MAIN |
| ReportPeriod | N/A | Quarterly (Q4); Report date 10/31/2025 |
| TestingStandardsApplied | THE JOINT COMMISSION ACCREDITATION STANDARDS - SUPERVISORY SIGNALS (PE.04.01.01 EP 02) | The Joint Commission Accreditation Standards EC.02.03.05 EP1; NFPA 72-2010; NFPA 25-2011 |
| ComplianceCodesReferenced | NFPA 25-2011; NFPA 72-2010 | EC.02.03.05 EP1; EC.02.03.05 EP28; NFPA 72-2010; NFPA 25-2011 |
| Vendor/CompanyName | Hiller Phoenix | Hiller Phoenix |
| Inspector/TechnicianName | Timothy Cahill | Timothy Cahill; Domonique Cooper |
| TestDates | 01/12/2026; 01/13/2026 | 10/31/2025; 10/13/2025 |
| EquipmentTypesTested | Low Air Pressure Switch | Low Air Pressure Switch |
| TotalNumberTested | 2 | 2 |
| TotalNumberPassed | 2 | 2 |
| TotalNumberFailed | 0 | 0 |
| TotalNumberAdditions | N/A | N/A |
| TotalNumberRetired | N/A | N/A |

GLENDAL, AZ 85306-4622



What This Means for Santa Clara Valley Healthcare

- Managing compliance documentation at scale is:
 - Complex
 - Time-intensive
 - Often fragmented
 - What I'd like to focus on is what that means operationally for us at Santa Clara Valley Healthcare and how we can begin to address it.

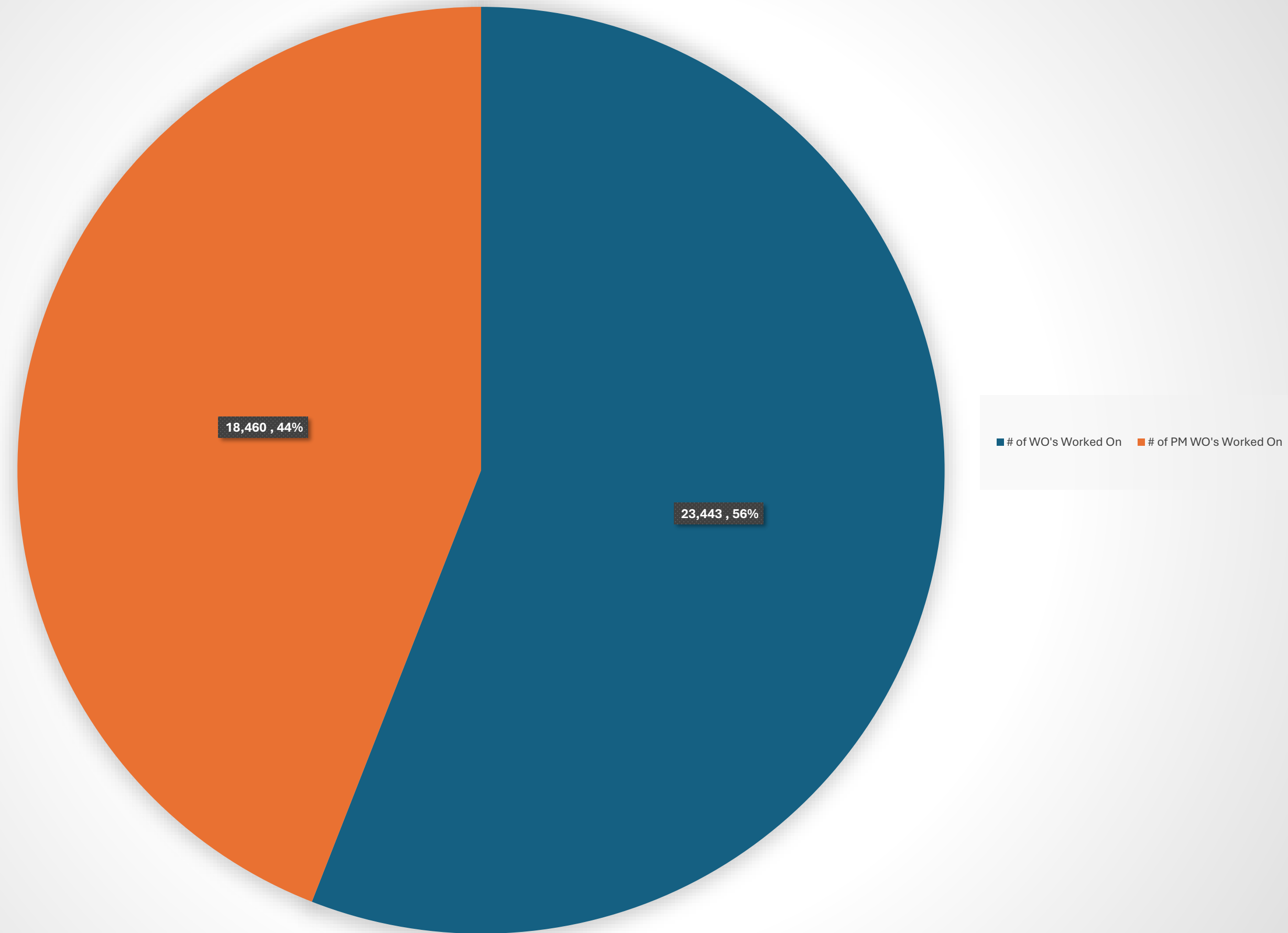


Operational Impact

- Staff time diverted from higher-value work
- Difficulty staying continuously survey-ready
- Inconsistent processes across facilities
- Dependency on individuals (“tribal knowledge”)
- Example:
 - In practice, this means our teams are spending significant time tracking down documents, validating completeness, and preparing for surveys, often in a compressed timeframe



Reactive vs Proactive
Total 41,903 work orders
Licensed Beds # 1344
30+ Outpatient Clinics

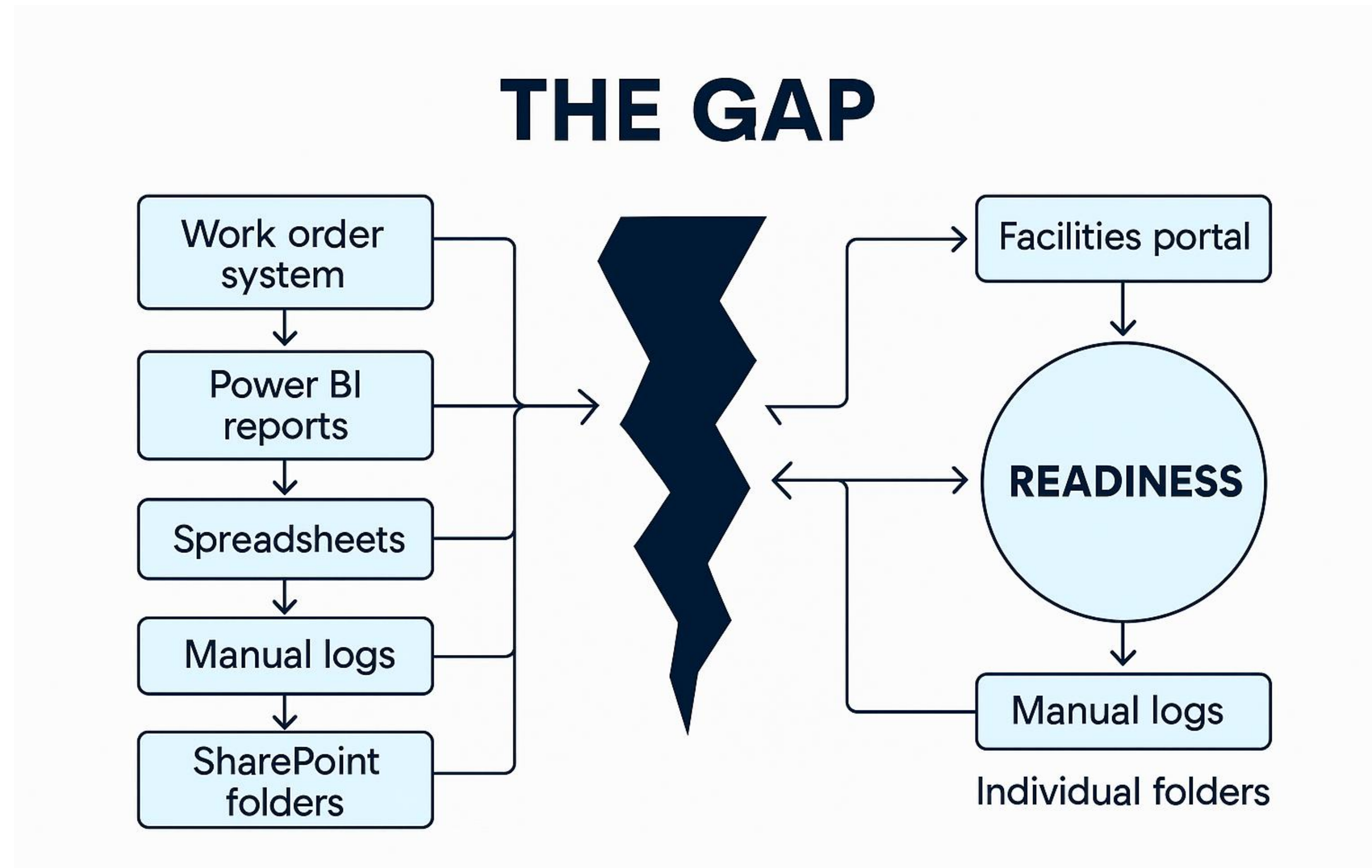


Total Head Count

| Site | Position | FTE |
|--------------|--|------------|
| VMC | Stationary Engineers | 14 |
| VMC | Assistant Chief Engineers | 4 |
| VMC | GMM | 13 |
| VMC | Carpenters | 3 |
| VMC | Lockshop | 1 |
| VMC | Painters | 5 |
| VMC | Plumbers | 5 |
| VMC | A/C-Refrigeration | 5 |
| VMC | Electricians | 5 |
| VMC | Electronic Repair Technicians (OMR) | 5 |
| VMC | Electronic Repair Technicians (Fire) | 3 |
| VMC | Biomed | 12 |
| VMC | Biomed Supervisor | 1 |
| VMC | Telecom Services | 6 |
| VMC | Clerical Staff | 9 |
| VMC | Utility Workers | 2 |
| VMC | Elevator Mechanic | 1 |
| VMC | Management Staff | 5 |
| VMC | Data Management/Application Support | 6 |
| VMC | Consultant | 2 |
| VMC | Management Analyst | 1 |
| VMC | Performance Improvement Manager | 1 |
| Total | | 109 |
| Clinics | Facilities Maintenance Representatives | 4 |
| Total | | 4 |
| OCH | Stationary Engineers | 13 |
| OCH | Assistant Chief Engineer | 1 |
| OCH | Clerical Staff | 2 |
| OCH | Management Staff | 3 |
| OCH | Utility Worker | 1 |
| OCH | Painter | 1 |
| OCH | Biomed | 2 |
| Total | | 23 |
| SLRH | Stationary Engineers | 11 |
| SLRH | Management Staff | 3 |
| SLRH | Utility Worker | 1 |
| SLRH | Biomed | 2 |
| Total | | 17 |
| RMC | Stationary Engineers | 11 |
| RMC | Assistant Chief Engineer | 1 |
| RMC | Management Staff | 1 |
| RMC | Biomed | 3 |
| Total | | 16 |
| Total | | 169 |



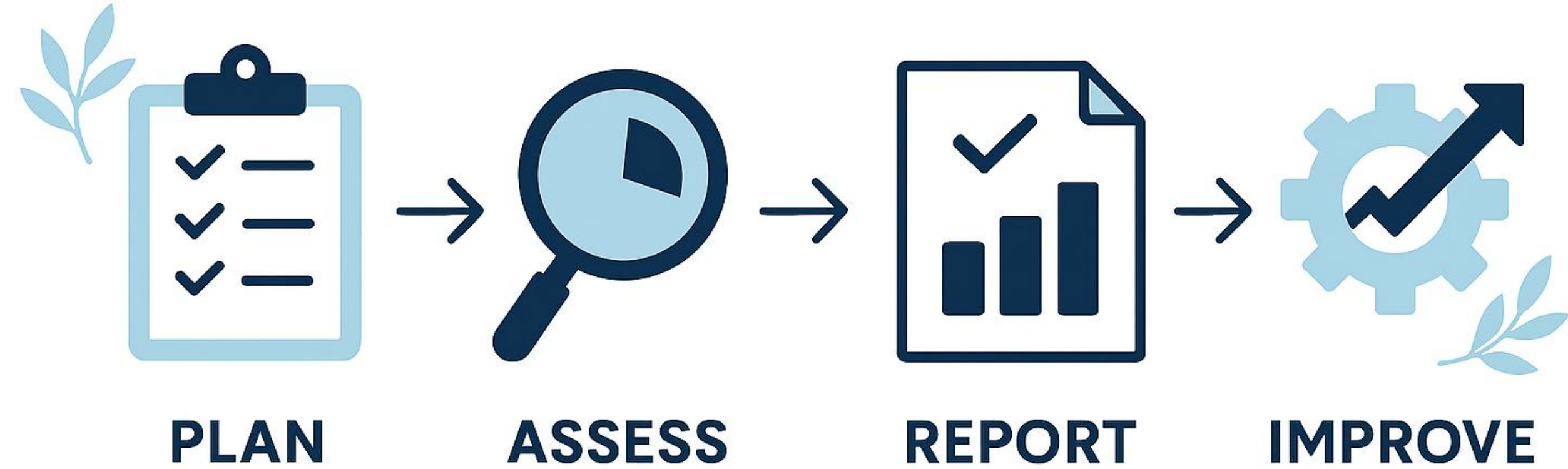
Current Documentation Process



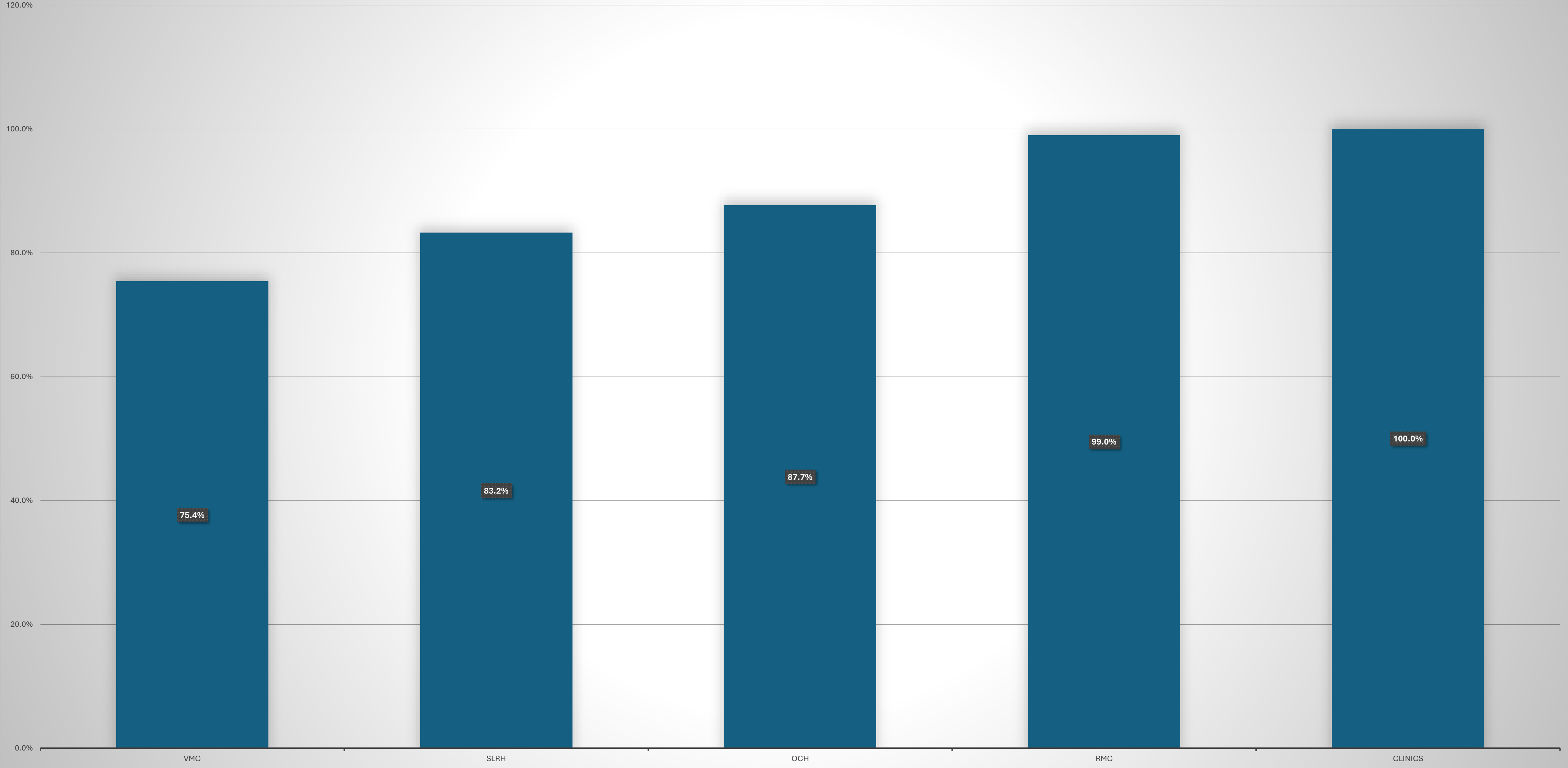
Current Audit Process

- Admins
- Facilities
- Safety
- Enterprise
- Consultants
- Quality
- Regulatory
- EOC Committee

AUDIT WORKFLOW



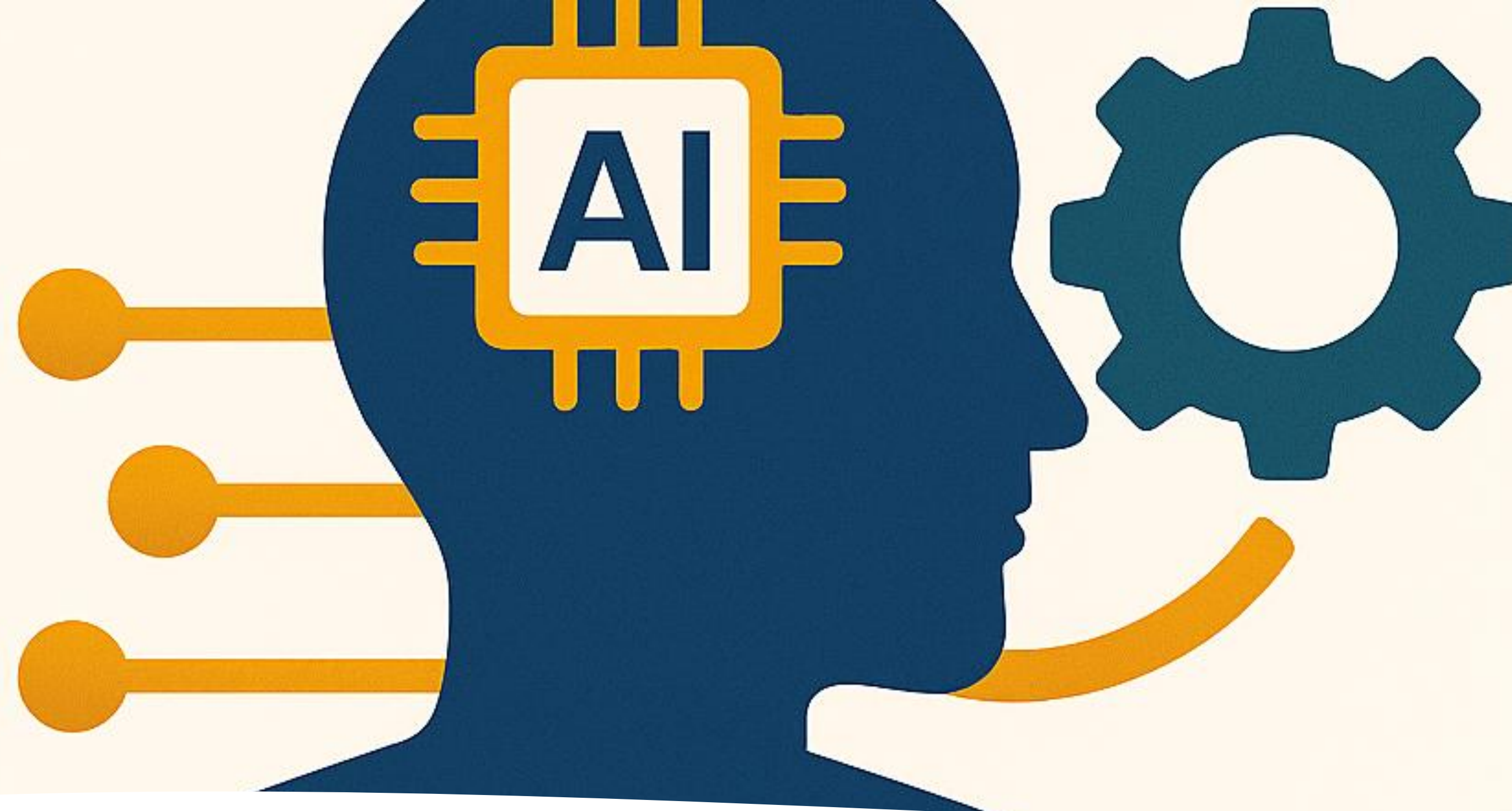
% Work Order Completion By Site



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2026 CSHE Annual Institute





The Gap: From Reactive to Proactive

- The challenge isn't just where documents live, it's that the process itself is:
 - Not standardized,
 - Not continuously monitored, and
 - Not easily scalable.





- Central visibility across all compliance documents
- Standardized structure aligned to AHJ expectations
- Continuous audit readiness, not periodic scramble
- Reduced manual validation effort
- Example:
 - For us, success isn't just organizing documents but it's having a system where we always know what we have, what's missing, and what needs attention.

What Success Looks Like



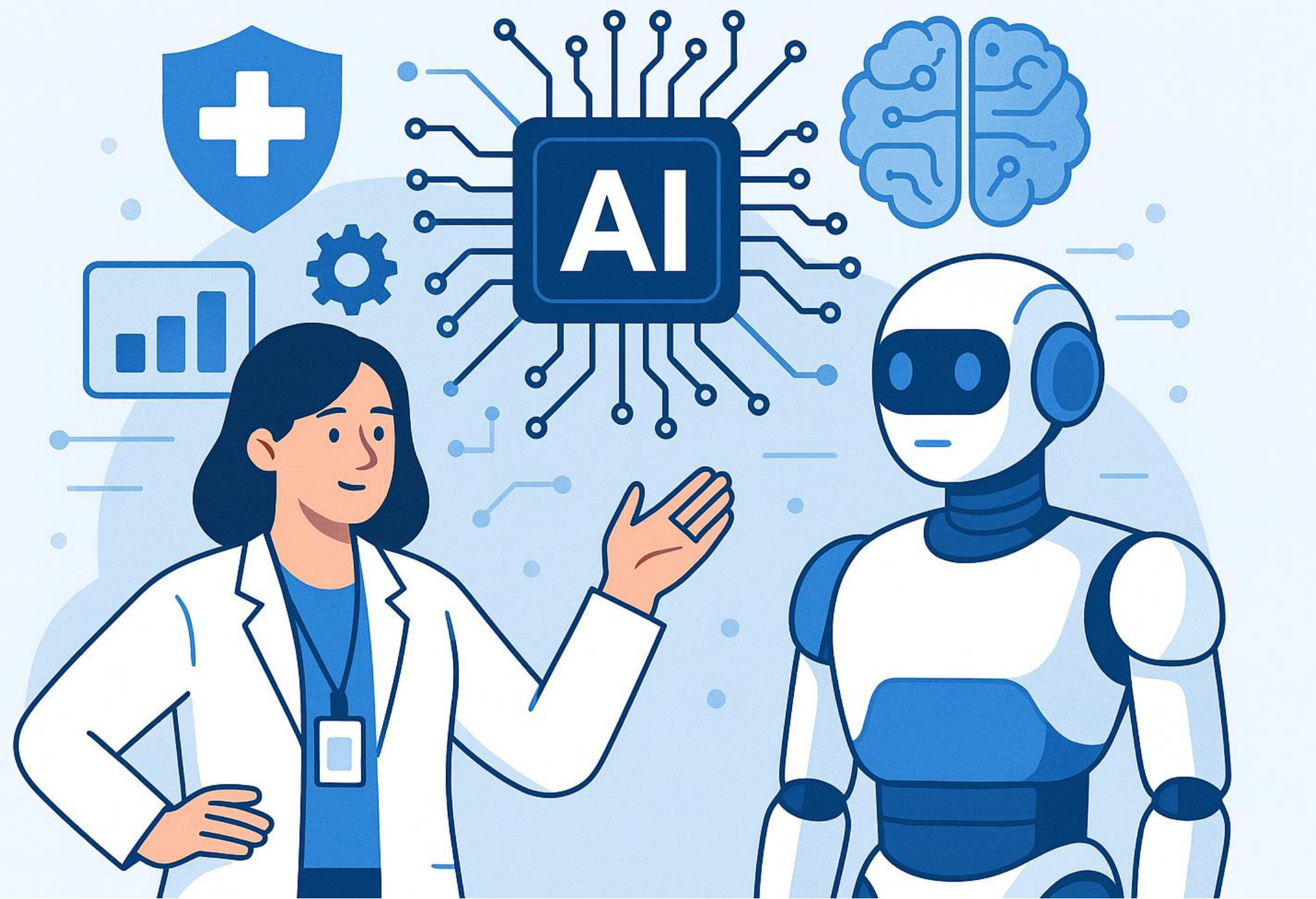
Opportunity: Moving Toward Automation or Leveraging AI

Opportunity: AI/Automation



- This is where we see an opportunity to leverage more advanced tools, particularly AI to shift from manual review to automated validation.
- Flagging missing or incomplete data
- Identifying inconsistencies across reporting periods
- Highlighting deficiencies proactively





- Less time preparing for surveys
- Faster audits
- Higher confidence in compliance
- Scalability across facilities
- Example:
 - Ultimately, the goal is to move from a reactive, labor-intensive process to one that is proactive, streamlined, and consistently reliable so our teams can focus less on chasing documentation and more on delivering safe, compliant care environments.

Expected Outcomes



AI Adoption in Healthcare Facilities Management

Key: AI can assist coupled with human engineering expertise especially as automation and technology continues to evolve.

AI Benefits:

- AI guidance prompts must be inputted and creates a collaborative workflow process.
- AI will take engineering expertise from technicians to create a partnership between human knowledge and machine intelligence.
- Focus is on real-time decision assistance rather than full automation.
- Enhanced equipment system reliability and improved maintenance precision.
- Preservation of institutional knowledge with documentation.



Thank you!



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