Guardian Agents

For investors and angels

The most repeated act of care in 15,000 facilities, measured. 12.5× ROI potential and more beds served, for every facility.

Skilled nursing facilities leak about $3,000 per bed per year through pressure injuries, clawbacks, rehospitalization penalties, federal fines, litigation and insurance premium hikes. Much of it comes from one gap: they cannot prove the care protocol was followed. And beds sit empty because there are not enough nurses to staff them.

Guardian Agents makes operational care protocols verifiable, quality-controlled and easy to manage: an easy-to-pair sensor and a SaaS platform that feeds the EHR through an official marketplace integration. Pilots roll out fast with nothing to install. Turning first; mobility protocols next can double revenue per bed and the serviceable market.

A painful, expensive problem

Turning failures drive pressure injuries, clawbacks, rehospitalization penalties, federal fines, lawsuits and insurance premium hikes. The leakage is real and it recurs every year.

Unlocks capacity

Facilities that keep beds empty for lack of staff can fill them, with a protocol that holds when most of the floor changes every year. A second ROI on top of the leakage.

Minimal time to value

Pilots roll out fast with minimal friction: existing Wi-Fi, a sensor and a phone. No infrastructure to install.

A platform, not a point product

Turning first. Mobility and more protocols next, multiplying revenue per bed and the serviceable market.

12.5×
ROI potential: ~$20 per bed per month against ~$3,000 of leakage per bed per year

>$1B ARR
global serviceable market on the turning protocol alone, ~$300M in the USA

80%+
gross margin target, profitable in year two

~$1M
raising to kickstart everything, including our proprietary Gen-1 sensor

What the operator carries today

Leakage
Pressure injuries, falls, aspiration pneumonia and readmissions.

Litigation
Rising verdicts; a single nuclear verdict can close a facility.

Insurance
Rising premiums, fewer insurers, underwriters pricing in uncertainty.

Capacity
70% turnover and empty beds for lack of staff, while the Silver Tsunami adds residents.

Founder
Yogev Wallach, seasoned physicist and electrical engineer; key contributor to Applied Materials' AERA NG mask inspection system (about $25M per unit); sensing, signal processing, ML and AI; a wide network of advisors and partners

Land and expand
1. California, Florida, New York 2. USA 3. Europe 4. Rest of the world

Seeking
Operator leaders, door openers, angels, accelerators and funds

Talk with Yogev

Talk with Yogev, our founder, about the scaling and growth potential, high profit margins and early profitability.

Talk with Yogev →

SCAN TO PICK A TIME

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Questions investors ask

What does the system cost a facility?

About $20 per bed per month. For the facility it is designed to pay for itself many times over: one serious pressure-injury claim, around $240,000, equals the system's cost for a 100-bed building for about ten years, and the leakage per bed is more than twelve times the yearly cost.

Margins are thin in skilled nursing. Will operators pay?

Yes. The administrator already carries the survey, readmission, insurance and litigation exposure. At $20 per bed per month against roughly $3,000 of leakage per bed per year, plus beds they can now staff, the ROI potential is clear in their own numbers.

Why won't an EHR vendor or an incumbent build this?

An EHR stores what was charted; it does not measure the turn. Medical-grade wearables need expensive sensors and installation, and mats and smart beds have no real pose or turning data. Guardian Agents is low cost, runs on existing Wi-Fi and feeds a verified record straight into the EHR.

How long is the sales cycle?

Short. The pain is real, installation is quick and frictionless, and time to value is very short. The cycle depends mostly on each facility's IT team enabling the Guardian Agents VPN connection.

What are the margins?

Software margins. A small reusable sensor under recurring per-bed SaaS: 80%+ gross margin target, about 85% in the plan.

Does it need FDA clearance?

No. Phase 1 is operational proof of a care protocol: no diagnosis, no clinical decision support. The medical track (FDA 510(k)) is upside we take later.

Still have a question? Talk with Yogev.

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