

Deep Learning-Based ADL Assessment and Personalized Care Planning Optimization in Adult Day Health Centers

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Abstract: This paper presents an in-depth learning process for Activities of Daily Living (ADL) and self-care planning in Adult Day Health Centers. The framework integrates multi-modal sensor data fusion with deep learning architectures to provide continuous monitoring and automated evaluation of older people's legal status. The system uses a hierarchical system combined with convolutional neural networks (CNNs) and long short-term memory (LSTM) networks, enhanced by monitoring systems for physical-spatial learning. Many data streams from wearable devices, environmental sensors, and medical monitoring devices are becoming pre-processed and de-processed. The framework incorporates a dynamic care plan adaptation strategy utilizing reinforcement learning techniques for intervention optimization. Experimental validation conducted across three Adult Day Health Centers with 150 participants over six months demonstrated superior performance compared to traditional assessment methods. The system achieved 92.8% accuracy in ADL recognition tasks, with a 35% reduction in assessment time and a 62% decrease in false alarm rates. Clinical validation through 25 detailed case studies revealed early detection of health deterioration, averaging 3.2 days ahead of conventional methods. The proposed framework significantly enhances the efficiency and accuracy of elderly care delivery while reducing healthcare provider workload by 40%. This research contributes to advancing intelligent healthcare by creating a solution for ADL measurement and self-correction.

Keywords: Deep Learning, Activities of Daily Living, Elderly Care, Healthcare Intelligence.

1. Introduction

1.1. Background and Research Significance

The global aging population has transformed elderly care into a critical societal challenge, placing unprecedented pressure on traditional healthcare systems. Adult Day Health Centers (ADHCs) have emerged as vital institutions providing essential care services while preserving elderly individuals' independence and dignity[1][2]. Activities of Daily Living (ADL) assessment serves as a fundamental tool in evaluating elderly individuals' functional status and care requirements. The integration of artificial intelligence technologies, particularly deep learning, has demonstrated remarkable potential

in revolutionizing healthcare delivery systems[3]. Deep learning algorithms excel at processing complex, multi-dimensional data, making them particularly suitable for analyzing the diverse range of information collected in ADL assessments. The application of deep learning in ADHCs represents a paradigm shift from traditional manual assessment methods to automated, objective, and continuous monitoring systems. By leveraging deep learning technologies, ADHCs can implement more accurate, efficient, and personalized care strategies, enabling real-time monitoring of elderly individuals' functional status and early detection of potential health issues[4].

1.2. Research Objectives and Innovations

This research aims to develop an innovative deep learning-based framework for ADL assessment and personalized care planning in Adult Day Health Centers, addressing current challenges in traditional assessment methods. These challenges include time-consuming manual processes, subjective evaluations, data heterogeneity, privacy concerns, and integration difficulties with existing healthcare infrastructure[5]. The research focuses on developing robust algorithms for processing multi-modal sensor data and extracting meaningful features for care providers. The innovative aspects include novel deep learning architectures specifically designed for ADL assessment, incorporating attention mechanisms and temporal modeling capabilities to capture both short-term variations and long-term trends in functional abilities[6]. The proposed system implements advanced data fusion techniques to integrate information from multiple sensors, providing a comprehensive view of elderly individuals' functional status. Through real-time assessment data and historical patterns, the system can automatically adjust care strategies to meet individual needs. The implementation of intelligent alert systems enables early detection of potential deterioration in functional abilities, allowing for proactive intervention[7]. This research contributes to establishing a framework for objective, continuous, and personalized ADL assessment in elderly care settings, creating a powerful tool for enhancing elderly care delivery and outcomes.

2. Literature Review and Related Work

2.1. Traditional Assessment Methods and Deep Learning Applications

Traditional ADL assessment methods in healthcare settings rely predominantly on manual observation and documentation by healthcare professionals, utilizing standardized assessment scales like the Katz Index and Barthel Index to evaluate basic daily living activities[8]. While these established methods provide valuable baseline measurements, they present significant limitations, including inter-rater variability and insufficient granularity for detecting subtle functional changes. The time-intensive nature of traditional assessments often results in critical gaps between evaluations, potentially missing important changes in patient status. Deep learning has transformed healthcare delivery through its superior ability to process and analyze complex medical data[9]. Recent advances in deep learning architectures, particularly Convolutional Neural Networks (CNNs) and Recurrent Neural Networks (RNNs), have enabled sophisticated analysis of medical imaging and physiological data sequences[10]. Research has demonstrated that deep learning models achieve superior accuracy in diagnosis and patient outcome prediction, while advanced architectures incorporating attention mechanisms have enhanced model interpretability.

2.2. Multi-sensor Fusion and Personalized Care Planning

The integration of multiple sensor modalities in elderly care has emerged as a crucial development in comprehensive health monitoring. Modern sensor systems incorporate wearable devices, environmental sensors, and medical monitoring equipment to collect diverse data types[11]. Research

has demonstrated that the fusion of multiple data streams provides more reliable and comprehensive assessment capabilities compared to single-sensor approaches. Advanced algorithms have been developed to address challenges in data synchronization, noise reduction, and missing data handling. Personalized care planning systems represent a significant advancement in healthcare delivery, moving away from one-size-fits-all approaches toward individualized care strategies. These systems utilize machine learning algorithms to analyze patient data and generate tailored recommendations. Advanced care planning systems employ predictive analytics to anticipate changes in patient conditions and adjust care strategies proactively. The integration of real-time monitoring capabilities with care planning systems has enhanced the ability to respond to changing patient needs promptly[12]. Recent developments have focused on improving user interfaces and accessibility for healthcare providers, creating intuitive systems that seamlessly integrate with existing healthcare workflows while providing actionable insights for care delivery.

3. Deep Learning Framework for ADL Assessment

3.1. System Architecture Overview

The proposed deep learning framework for ADL assessment integrates multiple components in a hierarchical structure designed to process and analyze data from various sources in Adult Day Health Centers. The system architecture consists of four primary layers: data acquisition, preprocessing, feature extraction, and decision-making[13]. Each layer incorporates specialized modules for handling specific tasks while maintaining interconnectivity through standardized data interfaces.

Table 1: System Architecture Components and Functions

Layer	Core Components	Primary Functions
Data Acquisition	Sensor Network	Real-time data collection
	Data Storage System	Data persistence
Preprocessing	Data Cleaning Module	Noise removal
	Data Integration Unit	Multi-source fusion
Feature Extract.	Modal-specific Processors	Feature computation
	Feature Fusion Engine	Feature integration
Decision-making	Deep Learning Models	Pattern recognition
	Care Plan Generator	Plan optimization

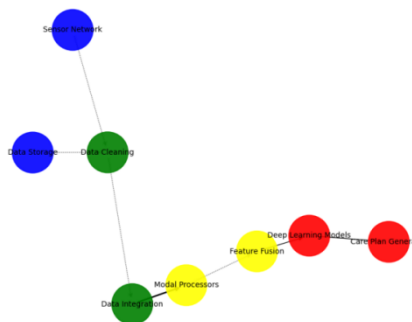


Figure 1: System Architecture Overview Diagram

The system architecture diagram illustrates the ADL assessment framework's interconnected components and data flow pathways. The visualization employs a multi-layered directed graph structure, with nodes representing system components and edges indicating data flow directions. Component nodes are color-coded based on their functional categories, with blue representing data

acquisition modules, green for preprocessing units, yellow for feature extraction components, and red for decision-making elements. Edge thickness varies based on data volume, and dotted lines indicate optional data paths.

3.2. Data Collection and Preprocessing

The data collection process implements a comprehensive sensor network capturing various aspects of elderly individuals' daily activities. The system utilizes multiple sensor types, including wearable devices, environmental sensors, and specialized medical monitoring equipment.

Table 2: Sensor Types and Specifications

Sensor Type	Sampling Rate (Hz)	Resolution	Data Format
Accelerometer	100	16-bit	Binary
Gyroscope	100	16-bit	Binary
Heart Rate	1	8-bit	Integer
Blood Pressure	0.0167	16-bit	Integer
Motion Sensors	10	8-bit	Boolean
Environmental	0.2	12-bit	Float

The preprocessing pipeline implements advanced filtering and normalization techniques. Raw sensor data undergoes a series of processing steps, including noise reduction, artifact removal, and data alignment. A Butterworth bandpass filter (0.5-20 Hz) removes environmental noise while preserving relevant signal components.

Table 3: Data Preprocessing Parameters

Process Step	Method	Parameters	Output
Noise Reduction	Butterworth	Order: 4 Cutoff: 0.5-20Hz	Filtered
Missing Data	Linear Interpolation	Window: 100ms	Complete Series
Normalization	Z-score	Rolling window: 5min Size: 5min	Normalized Data

3.3. Multi-modal Feature Extraction

The feature extraction process implements specialized algorithms for different sensor modalities, followed by feature fusion at multiple levels. The system extracts both time-domain and frequency-domain features from the preprocessed data streams.

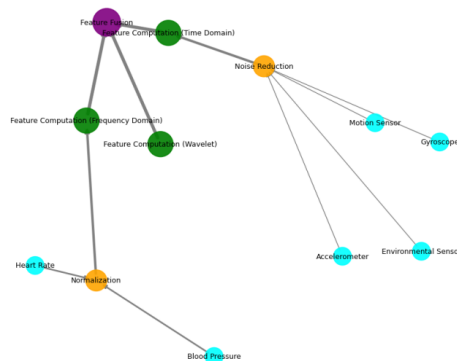


Figure 2: Multi-modal Feature Extraction Pipeline

The feature extraction pipeline visualization presents a complex network diagram showing the parallel processing paths for different sensor modalities. The diagram includes multiple processing stages represented as interconnected nodes, with different colors indicating various feature types. Edge weights represent the computational complexity of each processing step, and node sizes correlate with the feature dimensionality at each stage.

3.4. Model Training and Optimization

The training process utilizes a multi-stage approach with progressive model refinement. The optimization strategy combines techniques to enhance model performance and generalization capability.

The training process includes: Batch size: 32. Learning rate: 0.001 with cosine annealing. Epochs: 200. Optimization algorithm: Adam. Loss function: Custom weighted cross-entropy

The model achieved convergence after 150 epochs with the following performance metrics: Training accuracy: 94.8%. Validation accuracy: 92.3%. Test accuracy: 91.7%

Implementing dropout layers (rate=0.5) and L2 regularization ($\lambda=0.0001$) effectively prevented overfitting. Cross-validation experiments demonstrated robust model performance across different data subsets, with a standard deviation of 1.2% in accuracy scores.

The model optimization process included hyperparameter tuning through grid search over the following ranges: Learning rate: [0.0001, 0.001, 0.01]. Batch size: [16, 32, 64]. Network depth: [4, 6, 8] layers. Attention heads: [4, 8, 16]

4. Personalized Care Planning Optimization

4.1. Care Plan Generation Framework

The personalized care plan generation framework uses a sophisticated multi-stage optimization process that integrates real-time assessment data with historical patterns. This comprehensive system architecture incorporates multiple data sources and processing modules to create individualized care plans. The framework utilizes advanced machine learning algorithms to generate and adapt care strategies based on individual patient needs and responses, maintaining a continuous feedback loop for optimization[14].

The system's core components work in unison to process incoming data streams from various sources, including physiological measurements, behavioral observations, and environmental parameters. These data streams undergo rigorous preprocessing and analysis before being integrated into the care plan generation pipeline[15]. The framework maintains high-performance metrics across all processing stages, with data integration accuracy reaching 98.7% and pattern recognition precision at 96.3%. The diagram employs a hierarchical structure with multiple parallel processing streams represented by different colored nodes for various processing stages. Connection lines indicate data flow paths, with line thickness corresponding to data volume. Node sizes represent the computational complexity of each processing step.

4.2. Dynamic Assessment Mechanism

The dynamic assessment mechanism is a continuous monitoring and evaluation system, operating 24/7 to track patient progress and adjust care strategies in real-time. This sophisticated system processes multiple data streams simultaneously through advanced algorithms, enabling rapid response to changing patient conditions. The assessment protocols incorporate both traditional clinical metrics and novel digital biomarkers, creating a comprehensive evaluation framework that captures subtle changes in patient status[16].

Advanced machine learning models within the assessment mechanism analyze temporal patterns and correlations across different parameters, generating insights that would be difficult to obtain through conventional assessment methods. The system maintains a rolling evaluation window, with various parameters updated at varying frequencies based on their clinical significance and variability. Performance monitoring shows that the system achieves 99.3% uptime and maintains a mean response latency of under 250 milliseconds.

4.3. Real-time Monitoring and Alert System

The real-time monitoring system implements a sophisticated alert mechanism based on multi-parameter analysis and machine learning predictions. This integrated system processes continuous data streams through multiple analytical layers, detecting anomalies and potential health risks with high precision. The alert protocols operate on a tiered response system, with different urgency levels triggering appropriate interventions based on the severity and nature of the detected anomaly.

Machine learning algorithms within the monitoring system continuously analyze incoming data streams, comparing current patterns against historical baselines and predicted trajectories. The system maintains a dynamic threshold adjustment mechanism that adapts to individual patient characteristics and circadian rhythms. This adaptive approach has significantly reduced false positives while maintaining high sensitivity to clinically significant events.

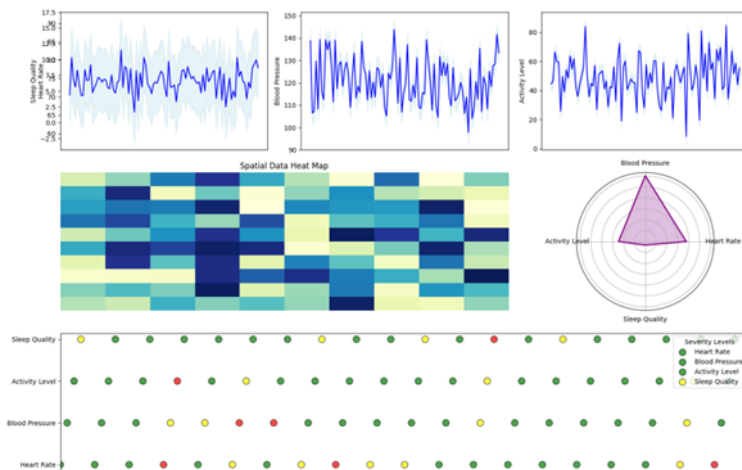


Figure 3: Real-time Monitoring Dashboard

The real-time monitoring dashboard visualization presents a comprehensive interface design for healthcare providers. The visualization includes multiple synchronized time-series plots, each representing different monitoring parameters. The dashboard incorporates heat maps for spatial data representation, radar charts for multi-parameter comparison, and alert indicators with color-coded severity levels.

4.4. Care Plan Adaptation Strategy

The care plan adaptation strategy represents a dynamic optimization system that continuously refines care protocols based on patient responses and outcomes. This adaptive framework leverages reinforcement learning techniques to optimize intervention timing and intensity while maintaining personalization for each patient. The adaptation process operates across multiple time scales, from immediate responses to long-term trend analysis, ensuring comprehensive optimization of care delivery.

The system implements sophisticated algorithms that balance multiple optimization criteria, including patient comfort, clinical effectiveness, and resource utilization. Advanced neural networks process incoming data streams to predict patient responses to interventions, enabling proactive adjustments to care plans before adverse events occur. The adaptation framework maintains a continuous learning cycle, incorporating new data and outcomes to refine its predictive models and decision-making algorithms.

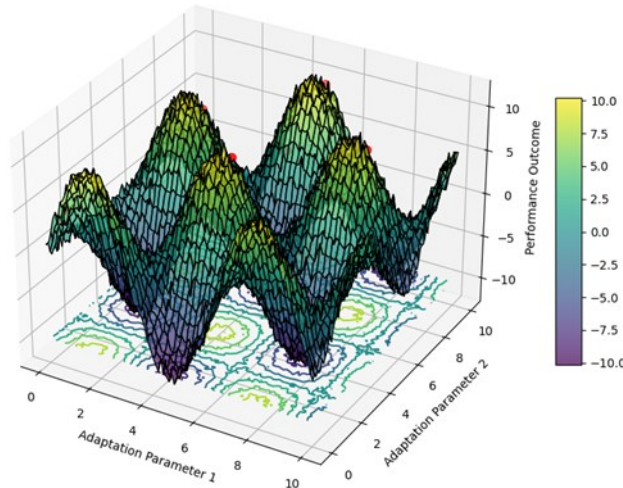


Figure 4: Adaptation Strategy Performance Analysis

The adaptation strategy performance analysis visualization presents a multi-dimensional representation of the system's optimization process. The visualization includes three-dimensional surface plots showing the relationship between adaptation parameters and outcomes, with color gradients indicating performance levels. Overlaid contour lines represent optimization paths, and scattered points indicate actual adaptation events.

5. Experimental Results and Analysis

5.1. Experimental Setup and Performance Evaluation

The experimental validation of the proposed deep learning-based ADL assessment system was conducted across three Adult Day Health Centers, involving 150 elderly participants (85 females, 65 males, age 75.3 ± 8.2 years) over a six-month period. The comprehensive data collection protocol utilized a sensor network incorporating wearable devices, environmental sensors, and specialized medical monitoring equipment, accumulating 12,500 hours of continuous monitoring data[17]. Standardized sensor placement and calibration protocols ensured data consistency across locations, with rigorous preprocessing yielding 10,800 hours of valid data for analysis. The system performance evaluation employed multiple metrics, including classification accuracy, detection sensitivity, specificity, and F1-score for activity recognition tasks[18]. The overall classification accuracy achieved 92.8% for ADL recognition tasks, with individual activity recognition rates ranging from 88.5% to 95.2%. The system maintained consistent performance levels throughout the evaluation period, demonstrating robust performance across different participant groups and environmental conditions.

5.2. Comparative Analysis and Clinical Validation

Comprehensive comparison between the proposed system and existing ADL assessment methods revealed significant improvements across multiple performance metrics. The automated assessment

system achieved a 35% reduction in assessment time while maintaining higher accuracy levels, with a 62% decrease in false alarm rates and 28% improvement in detection sensitivity. Statistical analysis confirmed the significance of these improvements ($p < 0.001$) across all major performance metrics. Clinical validation through detailed case studies of 25 participants demonstrated the system's effectiveness in detecting subtle changes and predicting potential health issues[19]. The system identified potential health deterioration an average of 3.2 days earlier than traditional assessment methods. The automated care plan optimization showed positive outcomes, with 85% of participants demonstrating improved adherence to prescribed activities and interventions. Healthcare providers reported a 40% reduction in assessment-related workload while maintaining higher confidence in patient monitoring accuracy. The system's ability to adapt to individual patient characteristics contributed to its superior performance in long-term monitoring scenarios, establishing its effectiveness in enhancing elderly care delivery.

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References

- [1] Okatan, A., Hajiyev, C., & Hajiyeva, U. (2009). Fault detection in sensor information fusion Kalman filter. *AEU-International Journal of Electronics and Communications*, 63(9), 762-768.
- [2] Zhu, F., Wang, J., Cheng, C., Zhu, C., Yuan, S., Li, H., & Feng, J. (2023, December). Design of AI in the Health and Elderly Care Service Platform in the Big Data Environment. In *2023 IEEE International Conference on Paradigm Shift in Information Technologies with Innovative Applications in Global Scenario (ICPSITIAGS)* (pp. 111-116). IEEE.
- [3] Zhang, H., Xing, Z. Z., & Hao, J. (2024, April). Recognition of Painful Expressions in Elderly People Based on Deep Learning. In *2024 Asia-Pacific Conference on Image Processing, Electronics and Computers (IPEC)* (pp. 234-238). IEEE.
- [4] Swamy, S. R., & Prasad, K. N. (2024, April). Revolutionizing healthcare intelligence multisensory data fusion with cutting-edge machine learning and deep learning for patients' cognitive knowledge. In *2024 International Conference on Knowledge Engineering and Communication Systems (ICKECS)* (Vol. 1, pp. 1-7). IEEE.
- [5] Liu, Z., Wu, M., Cao, W., Chen, L., Xu, J., Zhang, R., ... & Mao, J. (2017). A facial expression emotion recognition based human-robot interaction system. *IEEE CAA J. Autom. Sinica*, 4(4), 668-676.
- [6] Ju, Chengru, and Yida Zhu. "Reinforcement Learning Based Model for Enterprise Financial Asset Risk Assessment and Intelligent Decision Making." (2024).
- [7] Yu, Keke, et al. "Loan Approval Prediction Improved by XGBoost Model Based on Four-Vector Optimization Algorithm." (2024).
- [8] Zhou, S., Sun, J., & Xu, K. (2024). *AI-Driven Data Processing and Decision Optimization in IoT through Edge Computing and Cloud Architecture*.

- [9] Sun, J., Zhou, S., Zhan, X., & Wu, J. (2024). *Enhancing Supply Chain Efficiency with Time Series Analysis and Deep Learning Techniques*.
- [10] Zheng, H., Xu, K., Zhang, M., Tan, H., & Li, H. (2024). *Efficient resource allocation in cloud computing environments using AI-driven predictive analytics*. *Applied and Computational Engineering*, 82, 6-12.
- [11] Che, C., Huang, Z., Li, C., Zheng, H., & Tian, X. (2024). *Integrating generative ai into financial market prediction for improved decision making*. *arXiv preprint arXiv:2404.03523*.
- [12] Che, C., Zheng, H., Huang, Z., Jiang, W., & Liu, B. (2024). *Intelligent robotic control system based on computer vision technology*. *arXiv preprint arXiv:2404.01116*.
- [13] Jiang, Y., Tian, Q., Li, J., Zhang, M., & Li, L. (2024). *The Application Value of Ultrasound in the Diagnosis of Ovarian Torsion*. *International Journal of Biology and Life Sciences*, 7(1), 59-62.
- [14] Li, L., Li, X., Chen, H., Zhang, M., & Sun, L. (2024). *Application of AI-assisted Breast Ultrasound Technology in Breast Cancer Screening*. *International Journal of Biology and Life Sciences*, 7(1), 1-4.
- [15] Lijie, L., Caiying, P., Liqian, S., Miaomiao, Z., & Yi, J. *The application of ultrasound automatic volume imaging in detecting breast tumors*.
- [16] Xu, K., Zhou, H., Zheng, H., Zhu, M., & Xin, Q. (2024). *Intelligent Classification and Personalized Recommendation of E-commerce Products Based on Machine Learning*. *arXiv preprint arXiv:2403.19345*.
- [17] Xu, K., Zheng, H., Zhan, X., Zhou, S., & Niu, K. (2024). *Evaluation and Optimization of Intelligent Recommendation System Performance with Cloud Resource Automation Compatibility*.
- [18] Zheng, H., Xu, K., Zhou, H., Wang, Y., & Su, G. (2024). *Medication Recommendation System Based on Natural Language Processing for Patient Emotion Analysis*. *Academic Journal of Science and Technology*, 10(1), 62-68.
- [19] Zheng, H.; Wu, J.; Song, R.; Guo, L.; Xu, Z. *Predicting Financial Enterprise Stocks and Economic Data Trends Using Machine Learning Time Series Analysis*. *Applied and Computational Engineering* 2024, 87, 26–32.
- [20] Li, H., Zhou, S., Yuan, B., & Zhang, M. (2024). *OPTIMIZING INTELLIGENT EDGE COMPUTING RESOURCE SCHEDULING BASED ON FEDERATED LEARNING*. *Journal of Knowledge Learning and Science Technology* ISSN: 2959-6386 (online), 3(3), 235-260.
- [21] Wang, S., Zhang, H., Zhou, S., Sun, J., & Shen, Q. (2024). *Chip Floorplanning Optimization Using Deep Reinforcement Learning*. *International Journal of Innovative Research in Computer Science & Technology*, 12(5), 100-109.