MedHalo

Physical AI to Redefine Medication Compliance

Investor Deck · Fall 2026

There Are Too Many Medications to Manage Safely and Consistently

RESIDENTS GET HARMED AND OPERATORS LOSE CREDIBILITY

#1

Most-cited violation in CA: medication management

California licensing data, 2025

20%

of administrations were in **error**

In 4,957 observed in assisted living, 2011; excl. timing errors

7%

of administrations had potential for **harm**

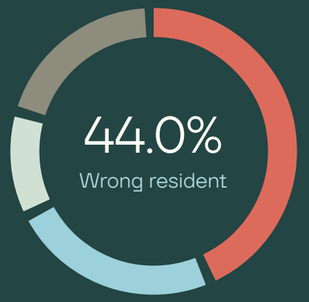
In same 4,957 observed in assisted living, 2011

$306,373

average medication-error claim

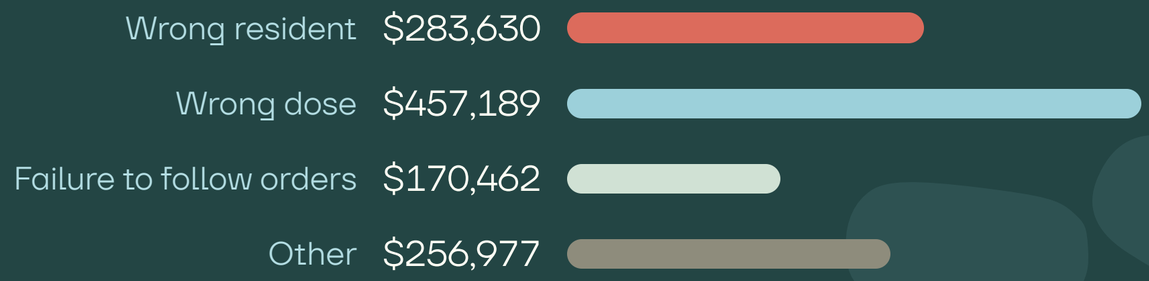
Across skilled nursing & assisted living, 2024 dataset

Distribution of Medication Errors



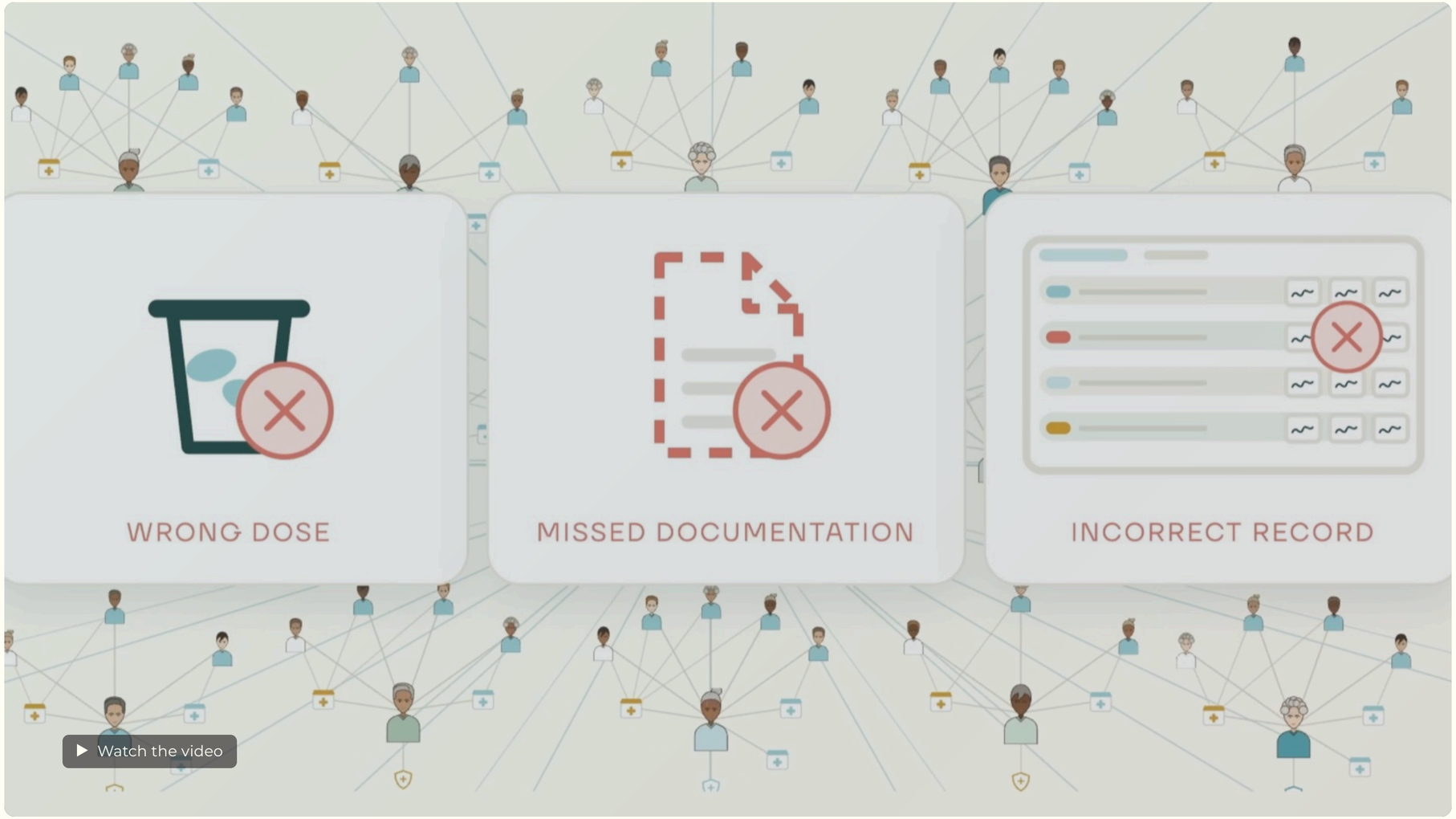
- 44.0% Wrong resident
- 24.0% Wrong dose
- 12.0% Failure to follow orders
- 20.0% Other

Average Total Incurred of Medication Errors



Errors become public state citations. Repeated errors become probations and even lost licenses.

Inside the Med Room



Current Systems Don't Solve It

MANUAL, ERROR-PRONE WORKFLOWS

Thousands of medications from various pharmacies and manufacturers are all managed manually. Orders, intakes, and administrations are all reconciled by hand.

INSUFFICIENT TRACKING SYSTEMS

Existing software only tracks what staff record; it doesn't verify that the right medication was actually received, counted, or given.

VULNERABLE TO MISTAKES

The only point of verification is usually the person administering the medication.

More Staffing Doesn’t Solve It

47% of the assisted living workforce leaves every year.

Process reliability is dependent on whoever happens to be on shift.

0% difference in observed medication-error rates across RNs, LPNs, and med techs.

More credentials don’t eliminate medication errors.

74% of large communities run an eMAR, but physical medications still go unverified.

eMAR only records what gets entered; it can't see what actually happened.

30–60% of medication arrives unbarcoded.

Barcode scanning is only 60% adopted because many medications arrive unbarcoded.

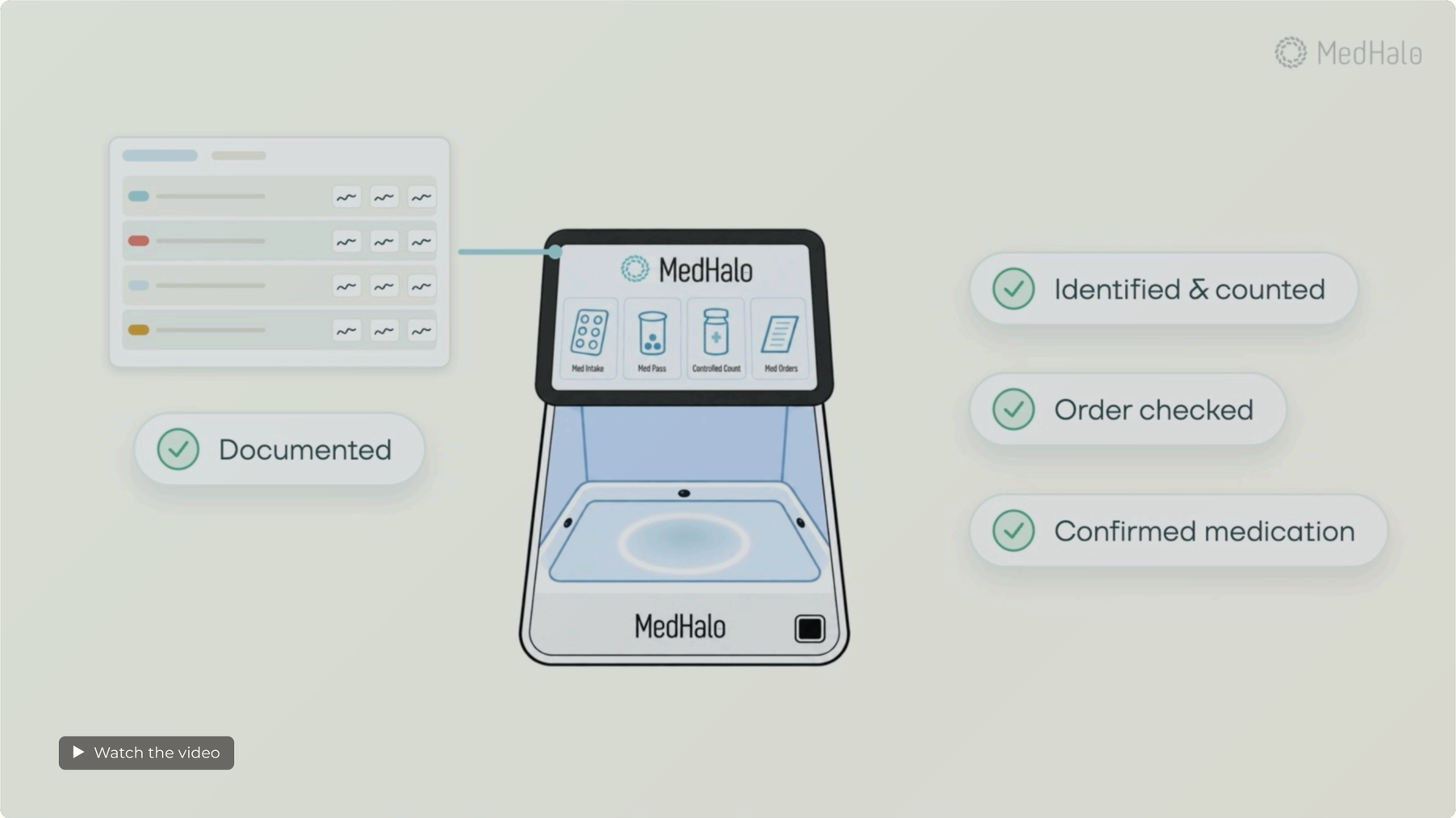
MedHalo DOES Solve It

The next step in medication safety is Physical AI.

Real-time verification and automated documentation.



Physical AI Brings Verification & Automation to Every Medication Event



Our Technology

A COUNTERTOP KIOSK THAT SEES AND RECORDS EVERY MEDICATION EVENT IN THE MED ROOM



PATENT PENDING

No. 63/892,476

INSIDE THE KIOSK

Five-camera array

Computer vision reads labels and sees medications of all form factors.

Precision scale

Creating multimodal verification sensitive enough to detect a single pill.

Access control

Passwords and biometric identifiers* that tie every action to a caregiver.

Touchscreen display

Guides caregivers through medication workflows.

Smart lighting

Even light for clear images.

Onboard computer

Keeps working offline and syncs once reconnected. *

BEHIND THE KIOSK

AI verification engine

Matches each medication & dose to the right resident and physician order. *

Cloud computing platform

Securely stores every record and image, and keeps kiosks in sync. *

Admin portal

Lets administrators manage residents, orders, devices, and reports.

EHR integration

Receives orders and updates directly from EHR and eMAR systems. *

** In development*

What MedHalo Does

Computer Vision + AI Verification for Medication Management

WHAT MEDHALO SEES

- Physician order
- Medication label
- Medication appearance
- Medication weight
- Inventory over time

VERIFICATION ENGINE



WHAT MEDHALO DOES

- Logs physician orders
- Adds new medications to inventory
- Updates inventory
- Verifies physical medications
- Compares medications with what's on physician orders
- Expands data moat with every new medication and deployment
- Produces all the audit-ready materials in real-time

When the data doesn't agree, MedHalo doesn't guess. **MedHalo verifies and flags. Med techs confirm.**

A software-only competitor cannot obtain these physical, point-of-care measurements.

What Makes MedHalo Different?

EXISTING SYSTEMS DOCUMENT OR CONTROL THE WORKFLOW. **MEDHALO VERIFIES THE PHYSICAL MEDICATIONS.**

	DOCUMENTS ADMINISTRATION	CONTROLS DISPENSING	VERIFIES PHYSICAL MEDICATION	WHERE IT FALLS SHORT IN SENIOR LIVING
eMAR DOCUMENTS	●	○	○	Records what a caregiver enters, not the medication itself.
Barcode scanning PARTIALLY VERIFIES	●	○	○ Barcoded supply only	30–60% of medication arrives from outside pharmacies, families and samples — unbarcoded.
Dispensing cabinets CONTROLS DISPENSING	●	●	○	Built for hospitals with an on-site pharmacist; senior living has no on-site pharmacy.
MedHalo INDEPENDENTLY VERIFIES	● Complements eMAR	● Governs through verification	●	WHY MEDHALO IS DIFFERENT It sees and verifies the physical medications being handled by caregivers.

MedHalo provides the real-time verification that has been missing from medication management & compliance.

Early Traction Example — CiminoCare

CiminoCare operates 13 senior living communities (600 beds).

This has been their experience with MedHalo so far.

THE PAIN BEFORE MEDHALO

- Weeks spent auditing the med room.
- Overstaffed to protect from error, because no other solution existed.
- Plagued by manual processes and paper binders.

PILOTED

2 communities

One pilot became two, and they're ready for more.

CONTRACTED

13 communities

Converting from a pilot to a three-year contract with a green light to expand to all of their communities as soon as we can.

~$250K ARR

INVESTED

Pre-Purchased 10 Units & Became a Strategic Investor

At pre-scaled manufacturing costs. They believe in the benefits of MedHalo and want to help us press forward, so they invested by pre-purchasing.

1,500+

Medication intakes completed

Each new intake helps build our data moat

94%

Intake completion rate

Incomplete intakes are mostly from other tasks temporarily interrupting the workflow

98%

User adoption

The binder is only used for edge cases

40.5 sec

Median intake time

vs. ~3 min in a closed-loop setup

What We've Heard

USER TESTIMONIES

> “This is amazing. I’ve had to count up to hundreds with counters.”

> “It will help us a lot because it saves time, organizes, has med destruction.”

> “I think it’s really amazing how it’s keeping track of everything digitally.”

> “We need 20 more of these! This is so convenient!”

> “This is great though, every building should have one of these.”

> “Okay this is actually really easy, I could do this all night.”

> “We like it, it’s so much easier.”

> “It’s great, doesn’t make my wrist hurt!”

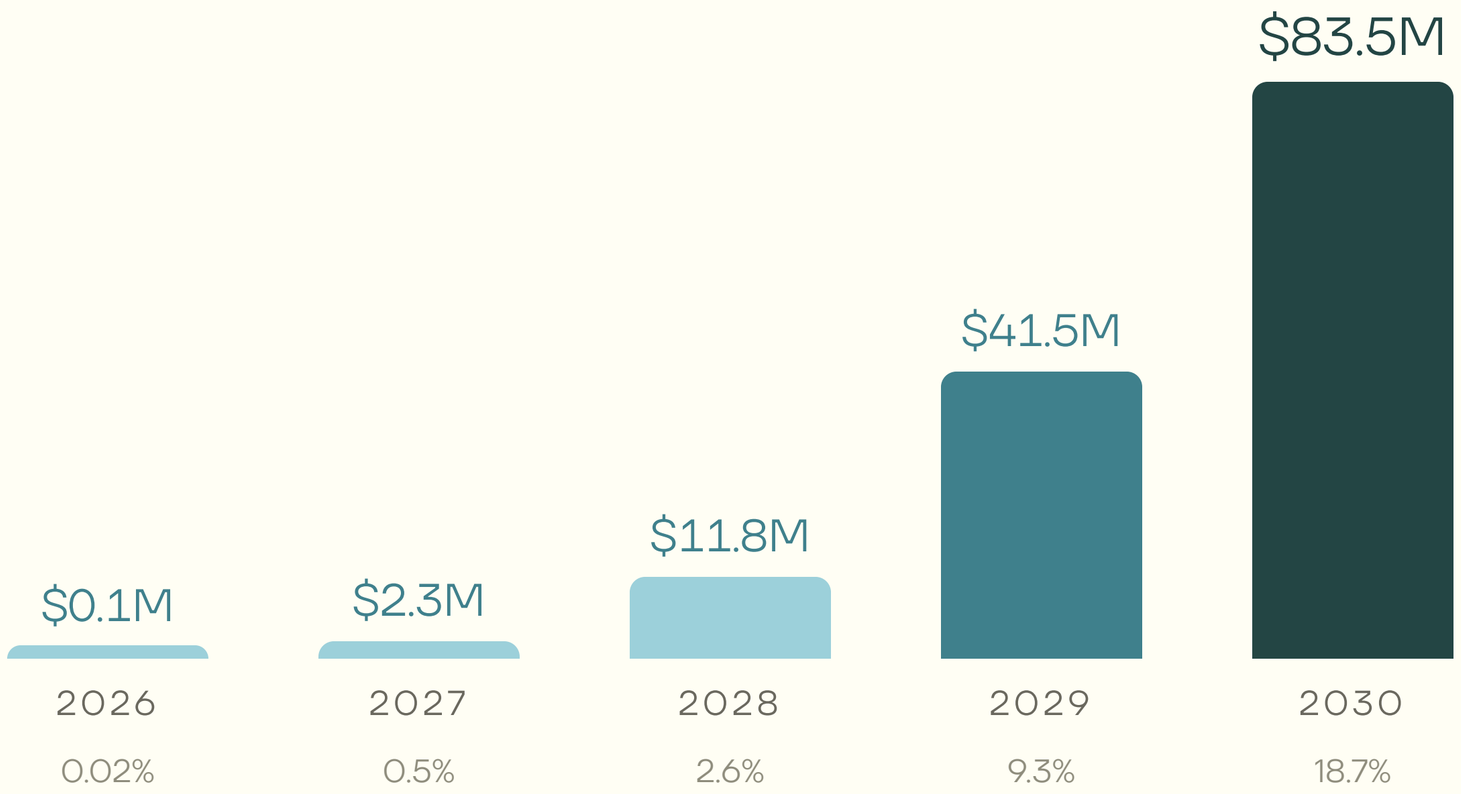
> “It's really amazing! Very time saving, much better than on paper.”

> “This is exciting!”

WHAT AN INDUSTRY LEADER IS SAYING ABOUT MEDHALO

“In the last 30 years the only real development for the industry has been to go from paper MARs to eMARs. That’s it. The way I see it, **MedHalo is the first significant growth for this area of risk we’ve seen in a long time**.”

Market Opportunity & Growth Outlook



Percentages show share of the $447M U.S. assisted living market

U.S. ASSISTED LIVING

$447M ARR

57,300 potential kiosks × $650/mo × 12

This is our beachhead

U.S. SKILLED NURSING — $533M

52,300 potential kiosks × $850/mo × 12

U.S. SENIOR CARE TOTAL — $980M

Assisted living + skilled nursing

FUTURE U.S. EXPANSION — $446M

$650/mo · Behavioral health, substance use treatment, IDD, correctional, hospice

INTERNATIONAL SENIOR CARE — $1.11B

$650/mo · Canada, UK, EU-27, Australia

TOTAL $2.53B

DEEP EXPERIENCE FROM

All Seasons Residential Senior Living

careinnovations

illustrahealth

ICON

slalom

accenture

SAMSUNG

intel



The Team Behind MedHalo

LEADERSHIP



FOUNDER

Toly Molitvenik

Founder & CEO



CUSTOMER

Svetlana Solovyeva

Head of Customer Success



TECHNOLOGY

Brian Friessen

Head of Technology



PRODUCT

Steven Tkachuk

Head of Product Design

TEAM

Kevin Hebert
Sr. Software Architect

Mike Gunko
Sr. Software Engineer

Ash Hanafi
Software Engineer

Ben Tyannikov
Software Engineer

Chris Mondfrans
fCFO

Chris Beaudin
fCMO

Karina Mois
Customer Success Analyst

Mary Solovyeva
Operations Assistant

JD Torres
Business Assistant

Jonathan Oh
Finance Associate

ADVISORS

Josh Allen
CEO, Flores Consulting
Sets and audits industry standards for care.

Steve Moran
Founder, Senior Housing Foresight
Senior living industry voice and network.

Mark Cimino
CEO, Cimino Care
Senior living operator; CALA Board, Education & Technology Committee.

Marcus Grindstaff
Former COO, Care Innovations
Age-tech operations and product.

Heather Harrison
Former CEO, CALA
Consulting: public policy and strategy.



Toly Molitvenik

FOUNDER & CEO

15+ years

OPERATING SENIOR LIVING COMMUNITIES

Toly has lived the problem, operated the workflows, and been the technology buyer.

Innovation Born from Experience

THE OPERATOR

Pain showed him where technology mattered.

For 15 years, Toly has owned and operated senior-living communities — seeing firsthand where work breaks down, where errors happen, and where data entry takes time away from caring for residents.

He repeatedly brought technology into the workflow to make care more reliable and give time back to people.

THE IDEA

“I wish these glasses could look into this med cup and tell me what’s inside.”

A medication error happened in one of his communities. At the same time, Toly was experimenting with AI glasses and computer-vision technology. This sparked the idea for MedHalo.



THE ADVANTAGE

MedHalo was built from inside the med room.

OPERATING EXPERIENCE

Developed inside the communities Toly still operates.

INDUSTRY PARTNERS

Built with senior-living operators and technology partners.

REAL WORKFLOWS

Designed around how medication is actually handled.

THE FOUNDER ADVANTAGE

MedHalo was built by an experienced operator making technology to solve major problems he's lived through for 15 years.

Where We're Going Next

THIS ROUND TAKES US FROM R&D TO REPEATABLE DEPLOYMENT

1

Industrialize

Move beta hardware into repeatable, pilot-ready production. Contract manufacturing already secured with Ascential Medical & Life Sciences.

2

Expand pilots

Grow deployments across additional operators. Targeting ~15 pilot communities with validation numbers behind them.

3

Prove impact

Measure error detection, time saved, rework avoided, and operational impact. Production hardware order sized to the named pipeline.

4

Deploy at scale

Further validate pricing and deployment economics, then begin converting successful pilots into paid rollouts. Targeting ~200 units deployed.

Q3 2026
Manufacturing sprint

Q4 2026
Pilot expansion

Q1 2027
Production hardware order

Q2–Q3 2027
Order readiness

Raising $4M to Scale Production and Paid Deployments

$4M

SEED ROUND	SAFE · $18M CAP	12–15 MO RUNWAY

USE OF FUNDS

$2.4M

Manufacturing and deployment

Complete industrialization, fund production, and deploy the first 200 units.

$1.6M

Product and commercial operations

Complete eMAR integrations and build the deployment and customer-success engine.

MILESTONES BEFORE THE NEXT ROUND

1. **200 active, paid units**
   $1.56M ARR at $650 per station per month.
2. **Current cost reduced from ~$13K to ~$5.5K**
   Increase production capacity.
3. **15–20 deployments**
   Each ready for portfolio expansion.
4. **Unit economics validated**
   Hardware payback, deployment cost, and support economics.

The work ahead is execution: manufacture economically and deploy into enterprise portfolios.

Appendix

A1 CATEGORY

A2 DEMO

A3 FDA REGULATORY STATUS

A4 SOURCES & METHOD

A5 VIDEO TRANSCRIPTS

Appendix 1: A Decade of Category Investment

POINT-OF-CARE VERIFICATION REMAINS UNAUTOMATED

YEAR	ACQUIRER / TARGET	WHAT THE TARGET DOES	PRICE	STATED REASON
2012	**Omnicell** → MTS Medication Technologies	Adherence packaging for long-term care and retail	**$156M**	"Automated medication management across the acute and non-acute continuum"
2015	**CVS Health** → Omnicare	Largest long-term care pharmacy in the US	**$12.7B**	"A new pharmacy dispensing channel in assisted living and long-term care"
2016	**Omnicell** → Aesynt	Central pharmacy robotics and dispensing	**$275M**	"Broadest medication management portfolio in the industry"
2017	**KKR + Walgreens** → PharMerica	Second largest long-term care pharmacy	**~$1.4B**	"Growth potential in long-term care and post-acute services"
2018	**ResMed** → MatrixCare	LTC and senior living EHR, 15,000+ providers	**$750M**	"Expand SaaS into skilled nursing and senior living"
2021	**Omnicell** → FDS Amplicare, ReCept, MarkeTouch	Pharmacy SaaS, specialty services, patient engagement	**$177M, $100M, $82M**	"From hospital cabinets into software and services"
2022	**BD** → Parata Systems	Pharmacy automation for retail, hospital, and LTC	**$1.525B**	"Entry into a new $600M pharmacy automation segment growing ~10% a year"

CAPITAL HAS ALREADY VALIDATED THE CATEGORY

$17B+ acquired since 2012

BD, CVS, Walgreens/KKR, ResMed and Omnicell — every deal justified publicly as entry into a new care setting or channel.

THE OPEN WORKFLOW

None of this reached the point-of-care inside assisted living — 41,465 communities and nearly 1.4 million licensed beds where medication is still verified by hand.

MedHalo's opportunity

Multimodal vertical AI opens the door to verification & automation that was not possible before.

Appendix 2: MedHalo Demo



Appendix 3: Not an FDA Medical Device

US FDA REGULATORY ASSESSMENT · JUNE 2026

CONCLUSION

Outside FDA's regulated scope.

MedHalo verifies medication against the pharmacy's inventory record. It does not dispense, prepare, or administer medication, and does not decide what a resident should receive.

NOT REQUIRED

- Design controls
- Quality management system
- Complaint handling
- Establishment registration
- UDI labeling

CLASSIFICATION

Similar devices

No matching FDA classification code. The nearest products (NZH, NXQ, NXB) store, dispense, or alert. MedHalo does none of these.

FD&C ACT §201(K)

Device definition

Does not diagnose, treat, or affect body function. Treatment comes from the prescribed medication.

FD&C ACT §520(O)(1)

Software exclusions

Administrative support and electronic records are excluded functions. Its computer vision images pills, not the human body (i.e. not medical imaging).

FDA CDS GUIDANCE

Decision support

Makes no clinical recommendations. RxNorm checks on data entry match FDA's own non-device examples.

Appendix 4: Sources & Method

EVERY FIGURE IN THIS DECK, BY EVIDENCE TYPE

SOURCE external evidence | OBSERVED measured in pilots | MODELED from assumptions | DIRECTIONAL early signal | TARGET management plan

ERRORS AND STAFFING

Credentials and error rate

PubMed 17204809 — no significant difference between RN, LPN and med tech; errors track interruptions (p=.0348). Zimmerman 2011 — med aides no more error-prone than LPNs; less-trained staff were (OR 2.10).

Observed error rate

Zimmerman et al., JAGS 2011 — 4,957 administrations observed in 11 AL communities: 42% in error incl. timing, 20% excl., 7% moderate/high potential for harm.

Turnover

HCS 2023–24, Health Affairs 2021 — 47.1% annual turnover in AL.

REGULATORY AND FINANCIAL

Citation intensity

CDSS Community Care Licensing CY2025 and CMS deficiency data — medication is the #1 cited RCFE deficiency in California.

Medication-error claim cost

CNA, Aging Services Professional Liability Claim Report, 12th Edition (2024 dataset: SNF and AL claims closed 2021–2023, paid indemnity ≥ $10K) — medication-error claims average $306,373; 44% wrong resident, 24% wrong dose ($457,189 avg).

MARKET AND CATEGORY

eMAR adoption

MMWR QuickStats / NCHS NPALS — 71–74% of large communities run an eMAR.

Pricing

$650 per unit per month; 200 fully paying units = $1.56M ARR. U.S. assisted living TAM = $446.95M annually.

Category acquisitions

BD June 2022 release, BDX 10-K FY2023; Omnicell 8-K 2012, IR 2015/2021; CVS 10-Q FY2016; S&P Global 2017; ResMed Nov 2018; AHCA/NCAL Facts & Figures.

PILOTS AND SENTIMENT

Recoverable value

Modeled reduction rates for the 0.55 FTE hypothesis, pending design-partner validation.

Pilot deployments

46 recordings, 4 sites, Apr–Aug 2026. Quotes machine-verified verbatim.

Pilot sentiment

Duration-weighted mean of per-utterance scores, +0.222 on a −1 to +1 scale. Four sites; directional only.

Appendix 5: Video Transcripts for Agent Review

VERBATIM NARRATION OF THE FOUR VIDEOS IN THIS DECK · REFERENCE ONLY

SLIDE 3 · THE PROBLEM VIDEO

“The problem” — narrated

The problem.

This is Mr. Jones, a resident in this senior living community.

Mr. Jones is a veteran, and he has three doctors prescribing 14 daily medications for him: 13 doses scheduled throughout the day, plus one given as needed. That’s over 400 doses of medication per month!

Eleven of those medications arrive from a VA mail-order pharmacy, and three come from a local pharmacy.

Mr. Jones is just one resident. There are 100 residents in this community. Different insurance, different doctors, different pharmacies, different medications.

Together, more than 40,000 doses of medication move through this med room every month, all managed by med techs.

Meet Sally. She started in the dining room here right out of high school. She eventually moved into caregiving. Then she trained to become a med tech. In California, that requires 24 hours of training.

Now, Sally and her team are responsible for every medication that moves through the med room. Sally is good at her job. But look at what she’s tasked with managing.

Over 40,000 medications per month, and each one is an auditable event. That’s half a million auditable events each year.

With this much medication and this much complexity, mistakes are going to happen. And at this scale, even tiny error rates compound quickly.

A wrong dose, a missed documentation, or an incorrect record costs thousands to resolve. And the trust of a family could be permanently lost.

Current systems define what should happen and depend on people to make sure everything gets done. But no system sees the physical medication workflow in real time.

Medication management is one of the most complex, most expensive workflows in senior living. And operators have never had a system that can see all of it.

Sally doesn’t need another document to fill out. She needs a second set of eyes in the med room.

SLIDE 6 · THE SOLUTION VIDEO

“The solution” — narrated

The solution.

This is the second set of eyes Sally needs.

MedHalo — a med cart device that can see every part of the med room.

Other systems record what should happen or what did happen. MedHalo sees and records what actually happens, when it happens.

It keeps track of every pill coming in or out of the med room. It checks every medication against the physician’s order. It verifies every pill in the cup before it reaches the resident. And it records every event, providing all the audit materials.

Half a million auditable events a year, each one automated as it happens.

With MedHalo, the complexity of the med room is made simple for Sally and her team.

Every order, every medication, every dose — MedHalo sees all of it.

Now Sally can spend more time caring for residents. Operators can have a system that seamlessly captures every auditable event in the med room. And families can have greater peace of mind because their loved one is receiving attentive care and every medication is verified before it ever reaches them.

The med room’s second set of eyes is here:

MedHalo. Every pill. Every dose. Every time.

SLIDE 13 · TEAM VIDEO

Silent montage — description

This silent, fast-paced montage shows MedHalo’s cross-functional team building the product together in a working hardware and software lab.

Engineers code beside the MedHalo device while team members review software interfaces, map workflows on whiteboards, troubleshoot prototypes and collaborate around workstations. Additional candid scenes show the team exchanging ideas, solving problems, and working well together across software, hardware, product, and operations.

The video concludes with an animated MedHalo icon and the complete MedHalo logo.

This video has no spoken narration; the text above is a description of its content.

APPENDIX 2 · MEDHALO DEMO VIDEO

“The demo” — narrated

MedHalo streamlines medication verification in the med room. When a user approaches the system, MedHalo activates automatically. The user logs in with a secure pin or fingerprint.

Instead of manual entry, medication orders and prescriptions are scanned directly into the system. MedHalo captures the information, verifies the medication, counts the pills, and records the transaction.

The system confirms that the correct medication is being inventoried and dispensed, and automatically populates audit requirement forms. If a discrepancy is detected, the user is alerted to review the entry. Once verification is complete, the system confirms the medication has been logged correctly.

MedHalo sits alongside your care team like a second set of eyes. It knows every pill, every order, every dose, every refill. Scan it, confirm it, move on.

Your Med Techs stay focused on what matters. The person in front of them.

MedHalo.