more about facilities that receive complaints. Greater understanding may lead to proactive approaches to addressing and preventing issues. This study relies on two years of statewide Ohio nursing home complaint data. Between 2018 and 2019, the average complaint rate per 100 residents went from 6.59 to 7.06, with more than 70% of complaints unsubstantiated.

Complaint information from 629 Ohio nursing homes in 2018 was linked with Centers for Medicare and Medicaid Services Nursing Home Compare data, the Ohio Biennial Survey of Long-Term Care Facilities, and Ohio Nursing Home Resident and Family Satisfaction Surveys. Using ordered logistic regression analyses, we investigated nursing home providers’ characteristics using different levels of complaints and substantiated complaints. Findings suggest that providers with higher complaint rates are located in urban areas, had administrator and/or director of nursing (DON) turnover in the previous 3 years, experienced decreased occupancy rates, had reduced nurse aide retention, and received lower family satisfaction scores. Additionally, providers with administrator and/or DON turnover, and low family satisfaction scores are more likely to have substantiated complaints. Because increasing numbers of complaints are accompanied by relatively low substantiation rates, policy interventions targeted to specific types of providers may improve the cost-effectiveness of complaint resolution, as well as the quality of care.

Session 9355 (Poster)

LONG-TERM SUPPORTS AND SERVICES

BURNOUT, COMPASSION SATISFACTION, AND PERSONALITY AMONG NURSING ASSISTANTS: WHO IS AT RISK?
Mallory Richert, Xavier University, Cincinnati, Ohio, United States

Nursing assistants often experience high rates of turnover and burnout, which may lead to poor resident care outcomes and quality of life, as well as continued staff shortages and increased workload for nursing assistants. This study examined personality correlates of burnout and compassion satisfaction among 100 nursing assistants employed as nursing assistants in long-term care (LTC) and hospitals throughout the United States. Participants completed the Professional Quality of Life Scale 5 (ProQOL 5) and the Big Five Inventory – 2 Short (BFI-2-S). There was a significant positive correlation between compassion satisfaction and agreeableness, and extraversion, and between burnout and neuroticism. Additionally, there were significant negative correlations between compassion satisfaction and neuroticism, and between burnout and agreeableness, and extraversion. These results indicate which nursing assistants may be more likely to experience burnout and may be at an increased risk of turnover. Specific interventions may be developed for such individuals to increase compassion satisfaction, reduce burnout, and reduce staff turnover. Furthermore, information regarding personality types of individuals at greater or lesser risk for burnout may be helpful for LTC administrators in the recruitment and hiring of nursing assistants, and thus may reduce rates of turnover. Resident care outcomes may also improve as nursing assistant hiring efforts are focused more on individuals who are less likely to experience burnout. Future researchers might investigate potential risk and protective factors for burnout and compassion satisfaction in nursing assistants.

CARE AIDES’ PERCEPTIONS OF CARING FOR NURSING HOME RESIDENTS WITH PAST PSYCHOLOGICAL TRAUMA
Trina Thorne,1 Heather Titley,1 Peter Norton,2 Ruth Lanius,2 and Carole Estabrooks,1, 1. University of Alberta, Edmonton, Alberta, Canada, 2. University of Calgary, University of Calgary, Alberta, Canada, 3. University of Western Ontario, London, Ontario, Canada

The dynamic interplay between dementia and psychological trauma can exert powerful effects on nursing home residents’ behavioral symptoms and quality of life. Our objectives in this exploratory study were to assess care aides’ perceptions of how often they worked with residents with past psychological trauma, the types of trauma encountered, and reasons for these beliefs. We conducted semi-structured cognitive interviews (n = 10) with care aides in June 2019 to inform the development of a trauma needs assessment (4 questions) that we included in a large survey of nursing staff (2019 - 2020). Care aides (n = 3761) were sampled from 91 randomly selected urban nursing homes stratified by health region, owner operator model, and size. We completed basic statistics and content analyses. Care aides identified residents they believed to have psychological trauma histories and provided reasons for their beliefs. Approximately 12% of the reported traumatic events were disclosed to staff. The most common, broad categories of trauma to emerge during analysis were abuse (40%) and war exposure (30%). Each had sub-categories. The most common categories of signs of trauma were re-experiencing symptoms such as flashbacks and nightmares (28%), and avoidance of specific triggers, such as water or intimate care (24%). The majority of the reported signs of trauma were persistent and distressing for staff and residents. Some behaviours assumed to be responsive to trauma related to traumatic stress symptomatology. Implementing trauma-informed supports for residents and care aides is essential to person-centred care and optimal quality of life.

DEMENTIA CARE COACHING: A PILOT TO EVALUATE ACCEPTABILITY AND FEASIBILITY IN CARE COMMUNITIES
Lorna Prophater,1 Boeun Kim,2 Basia Belza,2 Sarah Cameron,3 and Sam Fazio,1, 1. Alzheimer’s Association, Chicago, Illinois, United States, 2. University of Washington, Seattle, Washington, United States, 3. Alzheimer’s Association, Dayton, Ohio, United States

The Alzheimer’s Association (AA) Dementia Care Practice Recommendations (DCPR) outline ten recommendations to achieve quality care with a person-centered focus. The AA has developed tools to assist care communities (CC) to evaluate their status within the recommendations by working with a trained coach to maximize adoption and implementation of these recommendations. The purpose of this pilot was to evaluate the acceptability and feasibility of pairing trained DCPR coaches with CC teams to implement the DCPR tools.
Seven CCs were recruited and four received the DCPR overview and self-assessment. Of the four CC, one withdrew and did not receive the intervention. The remaining three were located in a suburban area, nonprofit, and with memory care units. Data was collected from November 2019 through March 2020. Nine CC staff participated with a mean age 35.8 years and had worked for 11.8 years. Baseline mean scores on the Organizational Readiness to Implementing Change (ORIC) scale were 4.6 for the commitment domain and 4.4 for the efficacy domain. Mean scores on the Nursing Home Employee Satisfaction Survey were high. Sixty-nine percent of CC participants were satisfied with their jobs (greater than 4). Findings from mid-project interviews with the coaches revealed difficulty with scheduling appointments, significant efforts needed to get the “right” people at the table and need for the DCPR tools to be more user-friendly. No post-intervention results were collected due to closing of the CCs to visitors due to COVID. The DCPR tools show promise and are being evaluated in additional CCs.

DEVELOPMENT OF AN ANIMAL-ASSISTED ACTIVITY/ THERAPY DOG CHECKLIST FOR LONG-TERM CARE FACILITIES

Karen Dunn,1 Amy Johnson,1 and Melissa Winkle,2
1. Oakland University, Rochester, Michigan, United States,
2. American Occupational Therapy Organization, North Bethesda, Maryland, United States

Animal-assisted activities (AAA) and therapy standards of practice have been published to protect the well-being of animals, animal handlers, and the special populations of patients that benefit from this mode of treatment. Inconsistencies among practice standards with concerns surrounding the topics of dog welfare, human well-being, and zoonotic transmission have been reported. The purpose of this qualitative research study was to review published AAA and therapy standards with older adult populations for best practices, conduct focus group sessions with caregivers from long-term care facilities that allow therapy dog visitation, and synthesize findings into an AAA checklist to be used by long-term care facility decision-makers when interviewed or bringing in therapy dog teams. Comparative analyses utilizing a systematic and sequential approach was used to analyze the data from the focus group sessions. Due to the COVID-19 pandemic, only two focus group sessions at one long-term care facility were conducted resulting in a total of 15 caregivers. Four themes emerged from the data: promotes positive mood, essential resident screenings, caregiver roles, and memory aides. Relevant themes and AAA and therapy standards and guidelines were then combined in the development of the AAA/Therapy Dog Checklist. Administrators may find having a user-friendly AAA/therapy dog checklist a useful tool that can be used when interviewing therapy dog teams to ensure future dog therapy experiences will be positive and safe. The safety and well-being of residents in long-term care facilities and animals are essential to promote positive health outcomes for both populations.

DISTRESS BEHAVIOR CONVERSATIONS: SUPPORTING WHOLE PERSON WHOLE TEAM RESPONSES IN VA COMMUNITY LIVING CENTERS

Julia Loup,1 Kate Smith,1 Susan Wehry,2 Sharon Sloup,2 Jennie Keleher,3 Princess Nash,3 Christine Hartmann,4 and Andrea Snow,1
1. University of Alabama, Tuscaloosa, Alabama, United States,
2. University of New England College of Osteopathic Medicine, Biddeford, Maine, United States,
3. Tuscaloosa VA Medical Center, Tuscaloosa, Alabama, United States,
4. VA Bedford Healthcare System, VA Bedford Healthcare System, Massachusetts, United States

Resident distress behavior, a prevalent challenge in long-term care, contributes to resident morbidity, staff burden, and turnover. We describe an education model developed in the Veterans Administration (VA) Community Living Centers (CLC) through a CONCERT (VA CLCs’ Ongoing Center for Enhancing Resources & Training) quality improvement series. The Distress Behavior Conversation (DBC) uses a team meeting structure and process. Informed by unmet need and relational coordination theories, it guides the whole team, inclusive of interdisciplinary team members and front-line staff with resident contact, through a collaborative problem-solving action-planning discussion. DBC uses facilitated round-robin discussions to identify potential resident behavior causes and individualized solutions. DBC supports the team in maintaining whole person and whole team mindsets, thus challenging the narrower medical model of discipline-specific clinical mindsets and staff level hierarchies. Over two years we have co-created and refined DBC through trainings and team debriefings with over 80 CLCs. Care teams reported “aha” moments during DBCs their thinking shifted (“we are now looking at the REAL why”); “we went from asking, how did he fall? to, why did he fall?”; “tended to try to treat falls in a standardized way, [but] when you focus on a specific person you get to focus on HIS needs”; “personal information about the Veteran is the 5th vital sign!”). Teams additionally reported reduced strain and improved collaborative thinking (“I feel better about what I’m doing...more motivated to keep going!; “Now I see it is a team approach – don’t have to do it by myself.”).

LEARNING BEST PRACTICES FOR EDUCATING A CAREGIVING WORKFORCE

Sweta Tewary,1 Yumna Indorewala,2 Nicole Cook,3 Naushira Pandya,3 Sashah Damier,1 and Assma Twahir,3
1. Nova Southeastern University, Fort Lauderdale, Florida, United States,
2. NSU, NSU, Florida, United States,
3. NSU, Davie, Florida, United States,
4. NSU, Davie, FL, Florida, United States

It is well established that the health professional workforce is not adequately prepared to meet the demands of an aging older population. Caregivers are often the backbone supplemental workforce for seniors, providing daily care with assistance with activities of daily living, with little training. Part of the mission of the South Florida Geriatric Workforce Enhancement Program (SFGWEP) is to support and empower caregivers through community based training programs. Between January 1, 2020 to January 31, 2021 SFGWEP provided education to more than 340 caregivers on topics related to opioid use, effective communication with individuals with dementia and other topics. Attendees responded to a short evaluation survey, which included three multiple-choice questions on if attending was a good use of their time, if they gained knowledge and if they plan to apply material, and two open-ended questions to identify opportunities for improvement in future trainings. Responses were