A TEST OF THE OKLAHOMA INMATE FORGIVENESS AND WELL-BEING MODEL
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Data was collected from older male offenders (N = 86 non-violent; N = 163 violent) incarcerated in Oklahoma. Testing a forgiveness model, positive evaluation of life (PVOL) was regressed on religiosity (REL) and forgiveness of self (FSelf), others (FOthers), and situation (FSit) using hierarchical OLS regression. Blocks of predictors included: a) age and education; b) religiosity; and c) FSelf, FOthers, and FSit. For the non-violent model of PVOL significant predictors included REL ($\beta = .26$, p ≤ .01) and FSelf ($\beta = .40$, p ≤ .01). For the violent offender model of PVOL significant predictors included REL ($\beta = .31$, p ≤ .001), FS ($\beta = .21$, p ≤ .01) and FSit ($\beta = .33$, p ≤ .001). Result indicate effects of REL and FSelf for both non-violent and violent offenders but a unique association of FSit for violent offenders. Implications for gerontological inquiry, practice, and policy are discussed.

SHARING ONE ANOTHER’S BURDENS: CONGREGATIONAL SUPPORT OF CAREGIVERS FOR PERSONS LIVING WITH DEMENTIA
Brianna Garrison1, 1. Baylor University, Houston, Texas, United States

This presentation will discuss the findings and implications from a mixed-methods study examining the impact of support services for caregivers of persons living with Dementia in their faith community. Caregivers and persons living with dementia participating in religious activities report numerous psychosocial benefits. Faith communities are the primary social network for older adults, with 48% of older adults attending religious services at least once weekly. Results will highlight specific opportunities for local congregations to foster spiritual connection and meaningful engagement with caregivers of persons living with Dementia. Findings will also describe key considerations and pathways for social work practitioners, researchers, and religious leaders to better serve older adults in their communities by providing education and strengths-based interventions in the context of local congregations. These findings have the potential to increase the reach of such programs to diverse, underserved populations.

SESSION 1480 (SYMPOSIUM)

INTEREST GROUP SESSION—RESEARCH IN QUALITY OF CARE: LIVING IN AND LEAVING NURSING HOMES: THE FACTORS THAT CONTRIBUTE TO QUALITY OF LIFE, HEALTH, AND SAFETY OUTCOMES
Chair: Nancy Kusmaul, University of Maryland, Baltimore County, Baltimore, Maryland, United States

Discussant: Mercedes Bern-Klug, University of Iowa, Iowa City, Iowa, Andorra

Nursing homes house some of the most vulnerable older adults. They often have complex medical conditions and/or cognitive impairments that put them at risk for negative outcomes and poor quality of life. These outcomes can be altered through incorporating evidence-based practices aimed to improve care and residents’ life experiences. In this symposium we will explore factors that are shown to influence outcomes and quality of life for people that live in and are discharged from, long term care settings. Amy Roberts and colleagues will explore the influences of nursing home social service staff qualifications on residents’ discharge outcomes. Colleen Galambos and colleagues will present findings on advance directives and their impact on reducing potentially avoidable hospitalizations. Kelsey Simons and colleagues will discuss the potential for unmet needs for mental health services as part of nursing home care transitions, and will discuss a model of quality improvement that addresses this gap in care. Vivian Miller will present findings on the impact transportation access has on the ability of community-dwelling family members to visit and provide social support to their family member residents in long-term care. Finally, Nancy Kusmaul and Gretchen Tucker report the findings of their study comparing perceptions of nursing home residents, direct care staff, management, and families on the care practices that influence resident health and quality of life while they live in a long term care setting.

PERSON-CENTERED CARE: DEFINITIONS AND PERCEPTIONS OF VARIOUS STAKEHOLDERS
Nancy Kusmaul,1 and Gretchen Tucker3, 1. University of Maryland Baltimore County, Baltimore, Maryland, United States

Implementation of culture change in nursing homes shifts the care model from a traditional, more medically focused approach to person-directed care. Person-directed care promotes resident autonomy and decision making and the empowerment of direct care staff. In this paper, we examine how different stakeholders in nursing homes (residents, family members, direct care staff, administrative staff) conceptualize and experience a selection of person-centered care concepts (consistent assignment, meal choice, waking/time practices, and bathing). We describe the commonalities and differences in the ways different groups of stakeholders operationalize these core person centered care practices and describe areas of potential conflict of views. Lastly, we consider how the well-being and quality of life for residents is affected by the use of these practices.

THE IMPACT OF SOCIAL WORKERS ON POST-ACUTE CARE DISCHARGE OUTCOMES
Amy Restorick Roberts, Amy Restorick Roberts,1 John R. Bowblis,1 and Austin C. Smith1, 1. University of Wyoming, Laramie, Wyoming, United States

Background: Social service staff may play a key role in helping post-acute care patients in skilled nursing facilities return home, yet few studies quantify how social service staff contribute to better patient outcomes. Method: A quasi-experimental statistical approach, regression discontinuity, was used among newly-admitted, Medicare post-acute care