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Many Americans avoid end-of-life care planning; only 26% have completed an advance directive (AD). An AD promotes end-of-life care with dignity allowing individuals to make end-of-life treatment and care decisions before they are unable to do so. Previous studies related to ADs are focused on older adults with serious illness or people with functional/mental disability. The objective of this survey is to better understand young adults’ knowledge of and attitude toward ADs and their preferences for ADs related to treatment and care options. Methods. Participants include graduate students (n=25) attending a state university in New York State (NYS). Data were collected using two ADs (Five Wishes; Medical Orders for Life-Sustaining Treatment (MOLST)) and one survey questionnaire. Summary statistics and multivariate models will be used to address the study aims. Results. Preliminary results show the average age was 23 years, 72% were female, 48% White, and 44% Black. The majority of young adults had not completed an AD; however, their attitude toward ADs was positive; the majority believe it is important to have an AD prepared at their current age; and they believe young adults would willing to fill out ADs. Young adults can make difficult treatment and care decisions when the situation requires it. Conclusion. The study findings can be useful to policy makers, healthcare providers and other stakeholders in promoting population-based healthcare decision-making. Limitation. Participants were recruited from one university in NYS; thus, the study results may be generalized to a population sharing similar characteristics.

EFFECTIVENESS OF SUPERVISION ON WORK ENGAGEMENT AND TURNOVER INTENTION OF CARE MANAGERS IN JAPAN
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In Japan, care managers engage frail older adults to support their assisted living in long term care insurance system. However, due to the lack of some or all supervision, many care managers face problems such as low work engagement and high turnover rate. This study aims to examine what types of supervision have positive effects on work engagement and turnover intentions of care managers in Japan. The sample of 241 care managers were asked whether they have received individual supervision in the workplace (ISVW), individual supervision in the community (ISVC), group supervision in the workplace (GSVW), or group supervision in the community (GSVC). Independent samples t-tests and one-way ANOVAs were conducted to examine the effectiveness of each type of supervision on work engagement and turnover intention. T-tests showed that only GSVW was significantly related to work engagement (t=-2.06, p<0.05). Whereas, only ISVW had a significant effect on turnover intentions (t=2.37, p<0.05). One-way ANOVAs revealed that 28 care managers receiving GSV had significantly higher work engagement than 92 care managers who did not receive any SV (F=5.33, p=0.01). 40 care managers receiving both ISV and GSV showed significantly lower turnover intentions than 92 care managers who received neither ISV nor GSV (F=2.84, p<0.05). Since the results have implications for the importance of supervisions to enhance work engagement or to reduce turnover intentions of care managers, a larger sample will need to confirm these effects.

EVIDENCE-BASED RECOMMENDATIONS TO INFORM BEST PRACTICES FOR LGBTQ OLDER ADULTS IN LONG-TERM CARE SETTINGS
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Lesbian, gay, bisexual, transgender, and queer (LGBTQ) older adults are more likely to live alone and have less familial support, which disproportionately contributes to a reliance on long-term care facilities as they age. Best-practice guidelines supported by scholarly literature to care for LGBTQ older adults in long-term care settings do not exist. This review synthesizes literature about LGBTQ older adults in long-term care facilities and provides recommendations for best practice guideline development. Four electronic databases were searched in June 2019 for studies conducted between 2000 – 2019 related to caring for LGBTQ older adults in long-term care settings. An integrative literature review was completed on the twenty eligible studies. Findings showed that LGBTQ participants fear discrimination in long-term care leading to the invisibility of their identities. They recognize a need for increased staff training and the importance of community networks and facility preferences. Long-term care staff have mixed experiences with inclusive practices and complex views of LGBTQ older adults. They experience training deficits and have a need for more expansive training modalities. The recommendations offered by both LGBTQ participants and long-term care staff are to revise policies and forms as well as provide widespread training and education. LGBTQ participants recommend that their unique identities be recognized within long-term care while long-term care staff recommend leadership involvement to change culture and practice. This review provides evidence-based recommendations to promote equitable healthcare to the LGBTQ older adult population and calls to attention the need for long-term care settings to uniformly follow best-practices.

INTERGENERATIONAL ENGAGEMENT IN RESIDENTIAL SETTINGS: A SCOPING REVIEW OF THE LITERATURE
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Intergenerational engagement provides a rich environment for people of different ages to come together and exchange life stories, skills, and knowledge. Today,
Intergenerational interactions are decreasing, however, these exchanges can have positive implications for seniors in residential care homes (RCHs) and younger persons. A scoping review following Arksey and O’Malley’s five-step framework was conducted to investigate the impact of intergenerational engagement and programs (IGPs) on older adults in RCHs. A systematic search of ten electronic databases and hand search of references was carried out; thematic content analysis to establish key themes. A total of 1,183 academic and grey literature sources were reviewed, with 66 full-text studies assessed for eligibility. Of these sources, 35 studies met inclusion criteria. Studies highlighted four main themes: 1. Types of IGPs, 2. Psycho-social benefits for older adults and improved status among elders with cognitive impairments, 3. Younger person benefits, suggesting reduced ageism and improved social and communication skills, and 4. Program recommendations, including the need for enthusiastic program facilitators, coordination between facilities, sensitivity training for younger persons, detailed advertisements, and appropriate activities for different age groups. Findings inform future practice and research, highlighting that IGPs are an effective strategy to alleviate negative health outcomes for seniors in RCHs. Future research is needed to evaluate long-term effects and further health outcomes. IGPs provide an opportunity to facilitate purposeful and reciprocal relationships between generations, fostering intergenerational understanding. By studying IGPs and intergenerational interactions, we can better determine practices that meaningfully engage elders in RCHs in Canada.

Is higher nurse aide retention associated with fewer nursing home allegations and complaints?
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Consumer voices are often left out from assessments of nursing home (NH) quality. For this reason, consumer allegations and complaints against nursing homes were studied in relation to facility rates of nurse aide retention. Analyses involved means and frequencies, correlations, ANOVAs with Tukey correction to examine the independent and dependent variables (N=690). Four quartiles of retention were created. In the final models, medium, high, and extremely high retention facilities are compared to the low retention facilities. Negative binomial regressions were estimated on total, substantiated, and unsubstantiated counts of allegations and complaints. All regressions controlled for the same characteristics, including nurse aide empowerment, consistent assignment, administrator turnover, director of nursing turnover, average age of residents, and percent female. The correlation between retention and the dependent variables was negative and statistically significant (r=-0.11, p<0.01). The ANOVAs showed that high retention NHs (61-72%) received significantly fewer allegations than low (0-48%) and medium (49-60%) retention NHs; they also received fewer unsubstantiated allegations, and fewer complaints, both substantiated and unsubstantiated. After controlling for other variables, each retention group was significantly related to having fewer allegations and complaints compared to the low retention NHs. Notably, high retention NHs received between 29 and 35% fewer allegations and complaints of all types. Unexpectedly, extremely high retention NHs had more allegations, complaints, and unsubstantiated allegations than high retention NHs. Policy and practice have a role to promote nurse aide retention, improve job quality, and ensure adequate support for this critical, in-demand workforce.

Support for adjusting the intentions of family members and users regarding care service use: Aimed at care management
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In Japan, there are key healthcare professionals for home nursing care for elderly people called Care Managers. The care manager coordinates the service while adjusting the family situation and the user’s intentions. The purpose of this study was to examine the practical structure of support for adjusting the intentions of family members and users regarding care service use. Data from seven cases, where family members and users have different intentions regarding care service use, were analyzed using the grounded theory approach. The phenomenon of ”confirmation of discrepancies” was discovered with six sub-categories: adjusting the intentions of users and their families, effort to restore relationships, expression of intention to refuse involvement, expression of desire for adjustment, arrangement of opportunities for adjustment of intentions, and appropriate service adjustment. Four patterns occurred in the process of ”confirmation of discrepancies”: smooth adjustment, restoration and promotion of mutual relationships, failure to reach an agreement, and negative feedback loops. These patterns were based on a combination of the care managers’ degree of understanding strength, the managers’ degree of insistence, the managers’ degree of representation of mutual feelings, the degree of managers’ prediction of life prospects, the degree of trust in care managers, and the degree of expression of family anxiety.

The preservation of spousal and partner relationships among nursing home residents
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The decision to seek placement in a nursing home may be especially difficult for spouses or partners of the potential nursing home residents. Disruption of the attachment relationship following placement may influence the psychosocial well-being of nursing home residents. Although the responsibility of nursing home staff is to ensure psychosocial well-being, including awareness of the influence that separation can have on a spousal or partner relationship, little is known about services offered for the maintenance of spousal and partner relationships. This study was conducted to identify nursing home practices that had preservation of spouse/partner relationships as the goal. A mixed methods approach utilized both an online survey (81 respondents) with nursing home social workers in four Southern states and ten telephone interviews (from among the respondents). Survey results revealed that 49% of respondents’ facilities had a written policy to preserve these relationships, however,