the area of the assessment of complex clinical presentations. This study utilized semi-structured focus group techniques with 25 clinical staff to understand how they determine whether a resident is functioning within or outside their daily “norm” and how they follow-up on these determinations. The overall finding was that each staff member develops an internally stored phenotype of each resident’s norm. Three primary themes emerged: 1) the staff’s phenotype becomes the ‘gold standard’ to determine whether there is a change and/or a cause for concern; 2) staff include sleep routines, fatigue, participation in usual activities, physical and mental status, and social interactions with others in their phenotypes. Staff reflect in what seems like a random manner through these comparisons, and, from this process, 3) a judgement emerges that helps inform clinical decision-making and potential action of the staff member. In most scenarios, staff decided there was no cause for concern. The identified weakness in this strategy was that staff rarely mentioned or used complementary and confirmatory formal assessment or referral mechanisms to ensure their judgment was correct. Thus, staff utilize complex multidimensional thinking and memory in decision-making but lack the skills or institutional structure to augment this with more formal and reliable techniques. This represents an interesting opportunity to build on existing assessment skills with additional types of assessment, technology-based information and formal referral mechanisms.

PEEKING UNDER THE COVERS: EXAMINING ETHICAL ISSUES IN ASSISTED LIVING
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Assisted living (AL) communities comprise complex social environments composed of residents, staff, and other care partners, including external workers and residents’ family and friends. Interactions among these stakeholders, especially pertaining to decisions related to resident care, frequently are fraught with value conflicts and uncertainties. Although much attention has been devoted to the ethics of aging and end-of-life in acute care settings, there is very little research on ethical issues in AL. To address this critical knowledge gap, our interdisciplinary team of gerontologists and bioethicists developed a typology of ethics issues in AL, adapting existing categorizations designed for acute care. We applied this typology to qualitative data gathered over a one-year period as part of an NIA-funded longitudinal study focused on residents with dementia living in four diverse AL communities (R01AG062310). The team coded 465 fieldnotes and interviews, analyzing data for the frequency and context of ethical issues. We found ubiquitous conflicts between residents’ autonomy and care partners’ obligations to maintain resident safety, as well as a high prevalence of organizational issues related to staffing and expertise. Comparing code frequency and type across the four communities, we discovered manifold ways in which facility size, organizational structure, and care practices affect the profile of value conflicts in resident care. During data analysis, we also developed new codes for ethics issues arising in AL, including ‘cognitive decline stigma’ and ‘uncertainty regarding professional obligations,’ creating new avenues of study. We conclude our presentation by discussing implications for best practices and policy formation in AL.

INVOLVEMENT IN CARE DECISION-MAKING AND ADVERSE OUTCOME ONSET IN COMMUNITY-DWELLING CARE RECIPIENTS IN JAPAN
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The involvement of older adults in care decision-making may enhance their daily life motivation and quality of life. Furthermore, it could contribute to their better prognosis in long-term care. We examined the association between decision-making involvement and the onset of adverse outcomes, such as institutionalization and death, among older adults under long-term care. This study used two-year longitudinal survey data of Japanese community-dwelling care recipients aged 65 and above. The participants were followed regarding the onset of institutionalization and deaths. The status of involvement in decision-making was assessed based on one item and the selection among the following response options: “very much involved,” “fairly involved,” “not very involved,” “never involved,” “unclarified wishes,” and “absence of person supporting decision-making.” A multivariable logistic regression analysis estimated the odds ratios (OR) and 95% confidence intervals (CI) for the onset of adverse outcomes, composite of institutionalization and death. A total of 707 participants with no severe cognition disabilities (MMSE>12) and no missing variables at the baseline were included and responded to the follow-up survey. At the baseline, 36.5% reported being very much involved in decision-making. The onset of adverse outcomes was observed in 17.5% of participants (institutionalization, 5.1%; death, 12.4%). Compared to those with very high involvement in decision making, those who were not involved were more likely to have adverse events, even after adjusting for covariates (OR=2.86 [95% CI: 1.21-6.76], p=0.016). Our findings show the importance of decision-making involvement in daily care regarding better prognoses in long-term care.

COMMUNICATION AND WORKFLOW ON A TYPICAL DAY IN NH VERSUS A DAY WITH A CHANGE IN RESIDENT CONDITION
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A major reason technologic innovations for nursing home (NH) communication have not worked is because testing of technology fails to consider workflow of the environment. The aim of this observational study was to examine communication and workflow surrounding assessment of NH residents on a dementia care unit with suspected UTI to establish baseline data prior to introduction of technology to enhance NH staff communication. The flow of communication between CNAs, LVNs, and PCPs was recorded using a structured observation on an online survey platform. For a 3-month period, 3 days a week, an observation period from...
7am to 11am was chosen to reflect one peak staff interaction time. Field notes describing the environment and what was being talked about during communication events were analyzed using content analysis. A total of 185 communication events were recorded by 3 trained observers, yielding 22 assessments for change in condition (pain, UTI, falls). The LVN was the center of 44% of communication. After the LVN assessed the resident, 43% of the time no further action was taken by the LVN; 17% of the time the PCP was texted about a change in condition. Types of change in condition was limited. Workflow surrounding LVN collection of information on days related to change in condition reflected focused communication among staff occurring away from resident rooms and nurses’ station. The NH is a stable environment for provision of nursing care, thus suggesting communication technology can be accepted by staff and added into the care routine.

COLLECTIVE TRAUMA AND PERSON-CENTERED PRACTICE IN NURSING HOMES
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Nursing home staff have experienced multilayered collective trauma. Grief from experiencing numerous resident deaths, perceived threats to their safety, stress from understaffed working conditions, financial stress, and interpersonal conflict within overwhelmed teams may impact practice. COVID-19 precautions and pandemic working conditions may have provided additional barriers to implementing person-centered care. This study (N=379) descriptively analyzes data gathered from the staff of eleven Georgia nursing homes (summer 2021) to assess the perceived impact of COVID-19 on person-centered care practice. Approximately 40% of respondents agreed that 76-100% of resident members in nursing homes were infected with COVID-19. Over 75% of staff agreed that staff experienced anxiety related to COVID 19 precautions. COVID 19 precautions made it difficult for staff to give choice to residents, and the nursing home is more short-staffed. Conversely, more than 75% of staff reported that they were satisfied with their job, they received the appropriate training and support to be successful, nursing home managers treated direct care workers with respect and they were provided with the necessary PPE. Fewer staff (60-65%) reported that there never seemed to be enough time to get everything done, that COVID 19 precautions impacted their relationships with residents, they were provided with resources for emotional support or they received recognition for working through the pandemic. Future research is needed to understand the limiting and promoting factors for person-centered care as staff experience collective trauma.

SUCCESSFUL TRANSITIONS TO LONG-TERM CARE COMMUNITIES
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Older adults who transition to independent and assisted-living communities perceive their transition experience differently. This research focused on understanding what factors were predominant for a successful transition from a long-time home to a dependent living community. A constructivist grounded theory method was used to explore the experiences of 18 older adults who had relocated within the past year. The participants of this study were aged 65-95 years and are equally represented by gender. Equal numbers of respondents transitioned into independent and assisted-living accommodations. Five factors related to a central concept of behavioral attitude were found to be key for a successful transition. When an older adult reported a successful transition, their behavioral attitude was positive about their new living environment. The five factors that contributed to their positive attitude are creating a new place, increased community integration, sense of safety and security, independence while dependent, and accepting a new life stage. The theory that emerged from the research emphasizes that when an older adult has increased awareness about the five factors associated with adapting to a dependent living community, this awareness will promote a positive behavioral attitude and increase the opportunity for success during and after a transition. Family members, LTC community administrators and social workers could all benefit from understanding these factors for a successful transition. Enhancing a positive experience for an older adult and improving their behavioral attitude toward the new transition.

FAMILY MEMBERS’ COMMUNICATION WITH LONG-TERM CARE PROVIDERS AND ITS INFLUENCE ON RESIDENT WELL-BEING
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Considerable research has examined communication dynamics among family members and staff in nursing homes (NHS) and has demonstrated that better communication is associated with more optimal psychosocial outcomes in both family caregivers and formal care providers. However, the literature on how communication dynamics influence resident functioning is limited, and it has yet to be determined how communication impacts residents across other care contexts, such as Assisted Living Facilities (ALFs). Thus, using data from the National Health and Aging Trends Study and the National Study on Caregiving, the purpose of this study was to examine family perceptions of communication with formal care providers (i.e., frequency, availability, and helpfulness of communication) and its influence on resident outcomes in two samples of long-term care residents (n=337 in ALFs, n=112 in NHS) and their family caregivers, and to compare how results differ across care setting. When examining the full sample of long-term care residents, findings showed that better communication was associated with lower depressive symptoms and negative affect. When investigating differences across care settings, we found that those residing in NHS exhibited higher levels of depressive and anxiety symptoms compared to ALF residents. Further, better communication was associated with lower levels of depressive symptoms only among ALF residents. Our findings provide insights into how interpersonal dynamics between family and formal care providers influence resident functioning and underscores the importance of enhanced communication among all members.