high vs. low person-centred care with focus on organizational variables. The study was based on a cross-sectional national survey, and data on 4831 residents, 3605 staff, and facility variables were collected in 2014. Descriptive statistics and regression modelling were used to analyze the data. The preliminary results showed that characteristics of highly person-centred units were; dementia specific units and units with fewer number of beds. No significant differences were seen between private and public nursing homes in terms of degree of person-centred care. Person-centred units was characterized by managers supporting staff to provide individualized care based on the resident's needs, as well as staff receiving supervision of a reg. nurse in the direct care. These findings can be seen as facilitators ' for person-centred care, suggesting several contextual and organizational elements of significance for enhancing person-centred practice.

THE INFLUENCE OF STAFF RETENTION ON NURSING HOME QUALITY

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The association of retention of Nurse Aides (NAs) with nursing home quality of care is examined. Retention is defined as staff continuously employed in the same facility for a defined period of time. Deficiency citations were used as quality indicators. Data used came from a survey of nursing home administrators, the Certification and Survey Provider Enhanced Reporting (CASPER) data, and the Area Resource File. All of the data was from 2015, and included 3,550 facilities. Analyses included negative binomial regression and multivariate logistic regression models (using GEE). The analytic modeling included staffing variables (turnover, agency use, staffing levels), facility factors (size, ownership, occupancy rate), and market characteristics (competition, Medicaid rates). The average number of deficiency citations was significantly lower ($p<.01$) in facilities with the higher levels of NAs consistently employed for one year or more. The same was found for facilities with the higher levels of NAs consistently employed for two years or more. While the average number of deficiency citations, the quality of care grouping of deficiency citations, and J, K, L deficiency citations were all significantly lower ($p<.01$) in facilities with the higher levels of NAs consistently employed for three years or more. Staff retention has been promoted as potentially influential based on little empirical evidence. The findings provide some justification for the importance of NA retention.

LACK OF POLICIES, TRAINING, AND SPECIAL CARE UNITS FOR OBESITY CARE IN PENNSYLVANIA NURSING HOMES

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It is unclear how nursing homes in the U.S. prepare for the specific needs of residents with obesity at a population level in terms of equipment availability, policies, staff training, and special care units. Using a mail survey of Directors of Nursing (DON) to 420 Pennsylvania Nursing Homes in 2017 and 2018, we examined the reported presence of obesity-specific equipment availability, organizational policies, staff training, and special care units. We compared the presence of these adaptation approaches by whether the DON strongly agreed that obesity was a problem for resident and staff safety using $\chi 2$ tests. One hundred fifty-one surveys were returned and included in the analysis (response rate of 36%). 80.7% of respondents were, on average, very concerned when asked about 11 resident medical, functional, relational, and staff-related safety outcomes (e.g., pressure ulcers, hospital readmissions, social isolation, and staff injury). DONs reported reduced equipment availability in nursing homes for obesity-specific beds (66%), walkers (34%), bedside commodes (30%), and gowns (28%). The presence of obesity-specific organizational policies (44%), staff training (26%), and special care units (7%) was limited. DON strong agreement with obesity-related resident and staff safety issues was significantly associated with obesity-specific bed availability ($p=0.04$) but was not significantly associated with obesity-specific organizational policies ($p=0.17$), staff training ($p=0.51$), and special care units ($p=0.09$). Despite a high concern for resident and staff safety related to obesity care expressed by DONs, there is little appropriate nursing home organizational response as measured by policies, staff training or special care units.

STAFF PERCEPTIONS OF INVOLUNTARY NURSING HOME CLOSURE AND RELOCATION PROCESSES

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Involuntary nursing home closures happens infrequently, but when they do occur, they impact residents, their family, and facility staff. During the transition, residents' care needs are of primary concern, yet few studies have examined the centrality of the actions of staff to residents' relocation adjustment. This paper examined staff perceptions of the involuntary relocation process for 132 residents after a facility lost its Medicaid certification because of low quality performance. Interviews were conducted with 34 staff (e.g., administrators, nurses, social workers) from 21 receiving facilities. Using content analysis, we identified challenges that hindered relocation and affected resident/family experiences. Receiving facility staff perceived undue distress and hardship on residents and family members because of inadequate notification about the situation. Limited, untimely, and poor communication led to residents being uninformed or unprepared for moving. The efficiency and effectiveness of the resident discharge process was also viewed as unacceptable. Minimal documentation in residents' charts hampered the coordination of resident moves. Receiving facility staff offered recommendations for decertified facilities and receiving facilities to improve the relocation experience including the need for open communication, thoughtful and early engagement in the process, and transparent and timely interactions. Findings suggest that staff are well-positioned for active involvement in the relocation process and should facilitate deliberate and strategic planning, decision-making, and communication with residents and their relatives. Resident-centered policies are needed to improve the involuntary relocation process