

196 residents across 28 NHs on why residents were satisfied (or not) with the fulfillment of their individual preferences. Most residents were female (70.4%) and white (80.1%) with a range of cognitive/physical abilities. Content analysis revealed six thematic codes classifying barriers/facilitators to preference fulfillment: resident agency, values, and physical characteristics; social support systems; staff competence; communication success; built environment; access to resources. Discussion will include implications for ameliorating barriers to preference fulfillment while meeting government mandates. Part of a symposium sponsored by the Research in Quality of Care Interest Group.

RISKY PREFERENCES: NURSING STAFF PERCEPTIONS OF RISKS MAY IMPEDE DELIVERY OF PERSON-CENTERED CARE

Liza Behrens,¹ Kimberly Van Haitsma,² Ann Kolanowski,³ Marie Boltz,² Mark Sciegaj,² Katherine Abbott,⁴ and Caroline Madrigal,⁵ 1. *University of Pennsylvania School of Nursing, Philadelphia, Pennsylvania, United States*, 2. *Penn State University, University Park, Pennsylvania, United States*, 3. *PSU, University Park, Pennsylvania, United States*, 4. *Miami University, Oxford, Ohio, United States*, 5. *Providence VA Medical Center, Providence, Rhode Island, United States*

Nursing home (NH) staff perceptions of risks to residents' health and safety is a major barrier to honoring resident preferences, the cornerstone of person-centered care delivery. This study examined direct-care nursing staff perceptions of risk (possibilities for harm or loss) associated with honoring residents' preferences for everyday living and care activities. Participants (N=27) were mostly female (85%), had more than 3 years of experience (74%), and worked in NHs experiencing 6-12 health citations. Content analysis of 12 focus groups indicated nursing staff perceptions of risks may impede delivery of PCC. This is supported by the overarching theme: pervasive risk avoidance; and sub-themes of: staff values, supports for risk-taking, and challenges to honoring preferences. Findings will be discussed considering a newly modified risk engagement framework meant to understand and inform the clinical management of older adult preferences perceived to carry risks. Opportunities for future research will be discussed (e.g. measurement development). Part of a symposium sponsored by the Research in Quality of Care Interest Group.

STAFF BARRIERS TO FULFILLING ASSISTED LIVING RESIDENT DAILY CARE AND ACTIVITY PREFERENCES

Tonya Roberts,¹ Jillian Parks,² Ella Greenhalgh,² Josephine Hansen,² Olivia Wheelis,² and Sara Wilke,² 1. *University of Wisconsin-Madison, Madison, Wisconsin, United States*, 2. *University of Wisconsin, Madison, Wisconsin, United States*

Person-centered care (PCC), or delivery of care consistent with preferences, has been associated with improved care and quality of life for residents in long-term care (LTC). However, research has shown PCC has not been universally adopted. While general implementation barriers have been identified,

little research has focused on barriers to meeting specific types of resident daily care and activity preferences. The purpose of this study was to describe LTC staff barriers to fulfilling specific types of resident preferences. A descriptive, qualitative study with 19 assisted living staff from nursing, dietary, and activities was conducted. Semi-structured interviews focused on identifying work system barriers to meeting specific types of resident preferences were analyzed using thematic analysis. Findings suggest shift assignments, staffing challenges, and facility schedules influence staff ability to meet certain types of preferences. The results suggest innovative design of shift schedules and assignments may help staff meet certain types of preferences. Part of a symposium sponsored by the Research in Quality of Care Interest Group.

THE IMPACT OF PREFERENCE-BASED, PERSON-CENTERED CARE ON REGULATORY OUTCOMES

Xiao Qiu,¹ Katherine Abbott,¹ John Bowblis,¹ and Kimberly Van Haitsma,² 1. *Miami University, Oxford, Ohio, United States*, 2. *Penn State University, University Park, Pennsylvania, United States*

The Preferences for Everyday Living Inventory (PELI) was mandated as a pay for performance indicator by the Ohio Department of Medicaid in 2015. This study explored the impacts of PELI implementation on regulatory outcomes in 2017.

The level of PELI implementation from n=551 Ohio nursing home providers between 2015 and 2017 were linked with Centers for Medicare and Medicaid Services Nursing Home Compare data. Fixed effects panel regression analyses assessed the effects of time-varying PELI implementation on 2015-2017 regulatory outcomes that could be correlated with quality of life including fines, substantiated complaints, health scores, deficiency counts and deficiency scores.

Results show a significant increase in substantiated complaints among providers that were slow adopters of the PELI. Overall, the extent of PELI implementation was not associated with regulatory outcomes.

The use of the PELI may not impact substantiated complaints suggesting further research is needed to identify person-centered outcomes of interest. Part of a symposium sponsored by the Research in Quality of Care Interest Group.

SESSION 7635 (SYMPOSIUM)

MEANINGFUL AGING IN THE FACE OF VULNERABILITY: PERSPECTIVES FROM THE HUMANITIES AND ARTS

Chair: Kate de Medeiros

Discussant: Desmond O'Neill

This symposium interprets GSA's 2020 leading conference theme, "Why Age Matters", as touching upon fundamental existential questions about the meaning of old age. Although meanings of aging have always been implicitly present in a variety of disciplinary gerontological studies, scholars from the humanities and arts have traditionally taken the lead in the field to provide thorough reflections and analyses about what makes later life meaningful. In this symposium,