

aging in place may support disaster resilience for older adults by serving as a trusted source of disaster preparedness information and tailoring disaster-related messages for an older adult audience.

HOW AN INDIVIDUAL'S SENSE OF CONTROL INFLUENCES THEIR PERCEPTION OF SUCCESSFUL AGING

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Factors like physiology, mental health, personal resources, and social support have been identified to contribute to perceived successful aging (Cosco, Prina, Perales, Stephan & Brayne, 2015); however, sense of control's role in these relationships remains underexplored. Studying the impact of sense of control is crucial, given that many factors associated with well-being are correlated with later life success. The current study investigates associations among sense of control and constructs known to define successful aging. The data was derived from the Survey of Midlife in the US database (MIDUS3). Participants were primarily Caucasian (88.7%) and female (54.9%) with a mean age of 63.64 years (SD=11.35). A series of hierarchical multiple regressions revealed that sense of control impacts physical health ($F = 87.734, p < 0.001$), depression ($F = 43.944, p < 0.001$), anxiety ($F = 24.680, p < 0.001$), social actualization ($F = 66.450, p < 0.001$), and instrumental activities of daily living (IADL) ($F = 135.963, p < 0.001$) over demographic correlates (i.e., age, sex, and race). The present findings suggest that higher levels of control results in increased comfort in social atmospheres, absence of mood symptoms, good health, and limited issues with IADL. Implications of the current findings include a deeper understanding of how psychological factors, such as sense of control, can impact physical and mental health in order to improve care and promote wellbeing in late life.

THE IMPACT OF A PARO INTERVENTION ON DEPRESSION AND WELL-BEING IN OLDER ADULTS WITH DEPRESSION

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Aim: This study aimed to explore the effect of a social robot Paro intervention on depression and well-being in older adults with depression living in long-term care facilities in Taiwan. **Methods:** This study was adopted a single group and quasi-experimental with repeated measures design. Each participant participated in two stages: observation and Paro intervention stages. Stage 1 was an 8-week observation stage in long-term care facilities where the purpose was to observe the normal mood, behaviour and activities of older adults with depression. In stage 2, each participant was given a Paro by the researcher to keep for 24 hours for 7 days in for 8 weeks. Outcome measurements were obtained 4 times: a week before the intervention (T1), immediately the end of 8-week observation (T2), mid-point of Paro intervention (T3), and immediately the end of 8-week Paro intervention (T4). Instruments included the Geriatric Depression Scale,

the UCLA Loneliness Scale version 3, and the World Health Organization Quality of Life Questionnaire-OLD. **Results:** There were 20 participants completed the study. The mean age of participants was 81.1 years (SD = 8.2). After 8-week Paro intervention, statistically significant differences in changes were found on depression, loneliness, and quality of life from pre-intervention to post-intervention. **Conclusion:** This study was found that Paro intervention has beneficial effects on depression and mental well-being for older people with depression in long-term care facilities. Paro Intervention might be a suitable psychosocial intervention for older people with depression and should be considered as a useful tool in clinical practice.

ADMISSION AND CARE OF INDIVIDUALS WITH MENTAL ILLNESS IN MASSACHUSETTS NURSING HOMES: A PILOT STUDY

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Due to the rising prevalence of mental illness in nursing homes (NHs), the US Congress passed the 1987 Pre-Admission Screening and Resident Review (PASRR) mandate, which aims both to limit inappropriate institutionalization of people with mental illness and to ensure that they are served appropriately when living in NHs. Although the PASRR is a federal mandate, states have considerable flexibility in implementing it, resulting in considerable variation across states. This study explores the Commonwealth of Massachusetts' policies on admission and care of individuals with mental illness in NHs, focusing on implementation of PASRR regulations. Semi-structured phone interviews were conducted with key informants identified through purposive snowball sampling (N=8). Key informants included representatives from NHs, the State Mental Health Authority, state Medicaid office, and independent contractors and an academic expert. Data were analyzed using qualitative content analysis. Participants agreed that the PASRR tools efficiently identified and screened people with mental illness -- thus achieving PASRR's first aim, but that the regulations did not successfully ensure appropriate services. Interviewees also identified a lack of services and options for diversion of people with mental illness into the community. Nursing home informants noticed a disconnect between the various supervising departments and felt instructions were unclear on the administration of the tool. This work builds a case for a national study to understand how PASRR implementation varies across states, resulting in variations in the proportion of people with mental illness admitted and served in NHs.

VALIDATING THE PREFERENCES ASSESSMENT TOOL FOR NURSING HOME RESIDENTS USING ITEM RESPONSE THEORY

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The Preference Assessment Tool (PAT), part of the Minimum Data Set (MDS), assesses residents' preferences to enable preference-based care in nursing homes (NHs). The two PAT sections including daily routine preferences