participant observation, supplemented by in-depth qualitative interviews with 8 Hmong residents and 5 Hmong staff to explore the labor of culturally sensitive care in a large, urban NH. We discovered four themes: 1) Culturally sensitive care was often equated to fulfilling language needs for residents who didn't speak English. 2) Hmong staff members had to take the initiative to inform non-Hmong staff members how to care for Hmong residents. 3) Hmong staff members also had to communicate the culture of NH care and its limitations to Hmong residents and their families. 4) Hmong staff members have to advocate for the culturally relevant needs of Hmong residents. The findings of this case study illuminate that having staff members from diverse cultural backgrounds and meeting language needs of residents does not reflect the everyday practices of culturally sensitive care. This type of emotional labor can also result in higher levels of burn-out for staff of color. Additional research into what constitutes culturally sensitive care to NH residents and staff is needed.

THE IMPORTANCE OF CREATING SHARED EXPECTATIONS FOLLOWING NURSING HOME DISCHARGE

Whitney L. Mills,[1] Nathan Kerr,[2] and Kelsey Simons[3],
1. Center for Innovation in Long-Term Services and Supports, Providence VA Medical Center, Providence, Rhode Island, United States, 2. Uniformed Services University of the Health Sciences, North Bethesda, Maryland, United States, 3. VISN 2 Center of Excellence for Suicide Prevention, Canandaigua, New York, United States

Nursing home stays often represent a time of change for residents and their social networks (e.g., family, friends, and other social supports). Nursing home residents may be experiencing exacerbations of medical conditions, changes in physical functioning, and/or cognitive impairment. These changes often preclude the resident from returning to their pre-admission level of functioning, resulting in the need for adjustments for both residents and their social network. However, nursing home staff and residents/caregivers frequently have different expectations for post-discharge functioning. This may be the result of inadequate or unclear communication on the part of nursing home staff and/or residents and caregivers being unable or unwilling to internalize the information. The lack of shared expectations can leave residents and caregivers unprepared, creating unanticipated caregiving burdens for the social network and unwanted outcomes for the resident. We conducted interviews with 14 resident/caregiver dyads who experienced care transitions from VA nursing homes to examine expected and actual functioning and activities post-discharge. Using a qualitative content analysis approach, we identified several themes including marital strain related to mismatched expectations, impact of physical changes on Veterans' social functioning, and differences between planned and actual post-discharge activities. We will discuss the importance of clear communication about expectations throughout the nursing home stay. We will also provide suggestions for improving discharge care planning to ensure creation of shared expectations and timely communication to allow residents and their social networks to adequately prepare for nursing home discharge.

A QUALITATIVE STUDY OF NURSING HOME STAFF CONCEPTUALIZATION OF EVERYDAY DECISION-MAKING CAPACITY

Whitney L. Mills,[1] Mark E. Kunik,[2] Lea Kiefer,[3] Hannah Curren-Vo,[1] Amy Mochel,[1] and Aanand Naik[4],
1. Center for Innovation in Long-Term Services and Supports, Providence VA Medical Center, Providence, Rhode Island, United States, 2. Baylor College of Medicine, Houston, Texas, United States, 3. Michael E. DeBakey VA Medical Center, Houston, Texas, United States, 4. Center for Innovations in Quality, Effectiveness and Safety, Houston, Texas, United States

Because nursing homes are both a residence and a treatment setting, care providers are faced with the challenge of balancing resident autonomy and safety on a daily basis. While there are standardized approaches for determining a capacity to make larger decisions such as providing consent for medical procedures, there are virtually no methods for assessing capacity to make everyday decisions (e.g., food choices, smoking, navigating outside the nursing home). While it is easier for staff to prevent residents from making decisions they deem risky, to truly offer person-centered care, it is important to support a resident's right to make decisions if they have the capacity to do so. Currently, little is known about how nursing home staff conceptualize and determine everyday decision-making capacity and how that information is used in care planning. To understand the current processes and language nursing home staff use when considering a resident's decision-making capacity, we conducted interviews with 37 staff at two Veterans Affairs (VA) Community Living Centers (VA-operated nursing homes; CLCs). Using qualitative content analysis, we coded the transcribed interviews and identified several overarching themes: autonomy vs. safety, communication (e.g., pathways, with caregivers, with residents), determining capacity (e.g., information gathering, assessment, assumptions, indicators, interdisciplinary team member roles, referrals), interventions (e.g., legal and staff-led), and terminology used. We will describe how the findings from this study can be used to tailor development and adaptation of tools to help nursing home staff assess resident everyday decision-making capacity and to incorporate the results into person-centered care approaches.

ORGANIZATIONAL CHARACTERISTICS OF HIGHLY PERSON-CENTERED UNITS IN SWEDISH NURSING HOME

Anders B. Sköldunger,[1] and Annica Backman[2],
1. Department of Nuring, Umeå, Sweden, 2. Departement of Nursing Umea University, Umea, Sweden

The movement from an institutional model of care towards a person-centred care as the gold standard of practice is now guiding the provision of care services in nursing homes around the world. The organizational context of care has been described as a determining factor for the extent to which staff can offer person-centred care. However, few studies have empirically investigated which factors that defines nursing home units as being person-centred. Providing information about organizational characteristics would therefor provide insight into an organizational context with capacity to enhance a person-centred care. Thus, the aim was to explore factors of nursing homes with