desirable. Also predicting dementia risk and monitoring for wandering are other opportunities for tech adoption. The enthusiasm for technology is tempered with caution for who will keep tabs on remote monitoring and who bears the responsibility to respond to the information gathered. Labor shortages, time constraints, and disorganized documentation are incentives for tech adoption. High-tech solutions for would ideally be user-friendly and help reduce staff demands. Except for the prevention of re-hospitalization by monitoring vitals the benefits of adopting new tech are not perceived as cost-effective.

EXAMINING CONSEQUENCES RELATED TO UNMET CARE NEEDS ACROSS THE LONG-TERM CARE CONTINUUM

Meghan Jenkins Morales,[1] and Stephanie Robert,[2]
1. University of Wisconsin, Madison, Wisconsin, United States, 2. UW-Madison, Madison, Wisconsin, United States

At some point in our lives, approximately 70% of us will need support to help with daily care. Without adequate assistance we may experience unmet care need consequences (UCNC) – such as skipping meals, going without clean clothes, or taking the wrong medication. This study examines the likelihood of experiencing UCNC related to gaps in assistance with activities of daily living (ADL) and instrumental activities of daily living (IADL) across long-term care arrangements: informal community care, paid community care, residential care, and nursing homes. We examine a sample of older adults receiving assistance in a care arrangement (N=2,499) from the nationally representative 2015 National Health and Aging Trends Study. Cross-sectional and longitudinal regression models, adjusting for differences in demographic and health/functioning characteristics, examine if type of care arrangement in 2015 is associated with UCNC in 2015 and change in UCNC by 2017. Holding all else constant, there were no significant differences in UCNC related to ADLs in 2015 across care arrangements. However, those receiving paid community care were more likely to experience UCNC related to IADLs (going without clean clothes, groceries, or a hot meal and making medication errors) compared to those receiving only informal care (OR=1.64, $p<.05$) or residential care (OR=2.19, $p<.01$). By 2017, paid care was also significantly associated with continued UCNC, but older adults in informal care arrangements were most likely to experience a new UCNC. Results suggest improving/expanding assistance with IADLs among community-dwelling older adults, and promoting equitable access to residential care, to reduce UCNC.

FAMILY MEMBERS' EXPERIENCES OF MAINTAINING AN OLDER RELATIVE'S FUNCTIONAL ABILITY IN LONG-TERM CARE

Vilhelmiina Lehto-Niskala, Outi Jolanki, and Marja Jylhä, *Tampere University, Tampere, Finland*

Family members have important role in care of older people. In residential long-term settings family members can find themselves in an ambiguous situation: officially, responsibility for provision and quality of care rests with the care provider and staff members, but in practice family members participate in caring. This study explores the role of family members in residential long-term care settings, particularly in supporting their older relatives' functional ability. Developing and maintaining functional ability lies at the very core of healthy ageing policies and long-term care. The data consist of semi-structured interviews with family members (n=16) from eight long-term care facilities in Finland. Thematic analysis yielded three themes: maintaining personhood, engaging in everyday life and monitoring care. Family members in our study were actively involved in care that supported the functional ability of their older relative. However, family members had also conflicting views about who was responsible for care provision. Some participants willingly accepted their caregiver responsibilities even in residential care, while others described their involvement in care not as a matter of choice but rather as one of necessity in order to ensure good quality care. It is important to see the family members' viewpoint which, based on the results of this study, emphasizes personhood and continuity of care. If they are willing to participate, family should be able to take part in caregiving together with the care staff and their role should be recognized.

HOW CHARACTERISTICS OF FLORIDA'S ASSISTED LIVING COMMUNITIES IMPACT SERVICES AND RECREATIONAL ACTIVITIES OFFERED

Jocelyn Brown, and Daniel Pupo, *University of South Florida, Tampa, Florida, United States*

There are currently 3,090 assisted living communities (ALCs) serving older adults throughout the state of Florida. The services (e.g. physical therapy) and recreational activities (e.g. cooking classes) offered within these communities likely differ depending on a variety of characteristics such as location, licensure type, and profit status. The goal of this work is to determine how these characteristics influence the number and types of services and activities are offered within Florida's ALCs. Data on the services and recreational activities, location, and characteristics of ALCs were collected from the state Agency for Health Care Administration (AHCA) website. Counties were classified as rural or urban and based on data from the 2010 U.S. Census. Linear regressions were used to model the associations. The results indicated that rural-based ALCs provided significantly fewer services and activities, compared to urban-based ALCs. ALCs that were for-profit, with more licensed beds and with a limited nursing service license showed increasing numbers of services and activities, while ALCs with limited mental health licenses showed significant decreases. ALCs that are rural, non-profit or that hold limited mental health licenses to provide fewer services and recreational activities for residents than ALCs without these characteristics. Policymakers and administrators should work to ensure that residents living within these communities have adequate access to services and activities by addressing administrative, logistical, and financial barriers.

MULTIPLE CHRONIC CONDITIONS AND PROVISION OF SERVICES IN RESIDENTIAL CARE COMMUNITIES

Christine Caffrey, and Jessica Lendon, *National Center for Health Statistics, Hyattsville, Maryland, United States*

This study describes the relationships between the number of selected chronic conditions among residents and the number and provision methods of services provided by