develop, administer, and evaluate a modified mindfulness program for older adults in rehabilitation in long term care, and to measure self-efficacy, quality of life, and perceived stress. Nine residents 65+ were recruited. Inclusion criteria for participants included residents receiving any type of therapy (e.g., physical, occupational, speech), an anticipated length of stay inclusive of the intervention treatment period, and cognitive capacity to participate. A mindfulness intervention was developed by the research team and administered by a CITI trained, qualified mindfulness instructor. As this is a pilot study, no control group was used. This study proved both feasible and acceptable. All eligible participants consented; both attendance and retention percentages were above the 75% standard (78% and 89%, respectively), and the Meaningful Activities Scale rating=82.4, indicating strong acceptability. Statistical results values for the Health-Related Quality of Life (V=153, p< 0.001), Bandura's Self Efficacy Questionnaire (V=153, p< 0.001), and Cohen's Perceived Stress Scale (V=152, p< 0.001) were all statistically significant. These preliminary research findings will inform a larger pragmatic trial testing preliminary effectiveness of the intervention in this population in quality of life, self-efficacy and stress reduction. While this study began prior to the COVID-19 pandemic, its findings are now even more relevant to gerontology.

SEQUENTIAL DEPENDENCIES IN SOLID AND FLUID INTAKE IN NURSING HOME RESIDENTS WITH DEMENTIA: A MULTISTATE MODEL

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Nursing home (NH) residents with dementia commonly experience low food intake leading to negative consequences. While multilevel factors influence intake, evidence is lacking on how intake is sequentially associated. This study examined the temporal association between previous and current solid and fluid intake in NH residents with dementia. We analyzed 160 mealtime videos involving 27 residents and 36 staff (53 dyads) in 9 NHs. The dependent variable was the current intake state (fluid, solid, no-intake). Independent variables included the prior intake state, technique of current intake state (resident-initiated, staff-facilitated), duration between previous and current intakes. Covariates included resident and staff characteristics. Two-way interactions of duration and technique with the prior intake state, and resident comorbidity and dementia severity were examined using Multinomial Logit Models. Interactions were significant for technique by comorbidity, technique by dementia severity, technique by prior fluid and solid intake, and duration by prior fluid intake. Successful previous intake increased odds of current solid and fluid intake. Staff-facilitation (vs. resident-initiation) reduced odds of solid and fluid intake for residents with moderately severe (vs. severe) dementia. Higher morbidity decreased odds of solid intake (vs. no-intake) for staff-facilitated intake. Resident with severe dementia had smaller odds of solid and fluid intake for resident-initiated intake. Longer duration increased odds of transition from liquid to solid intake. Findings supported strong sequential dependencies in intake, indicating the promise of intervening behaviorally to modify transitions to successful intake during mealtime. Findings inform the development and implementation of innovative mealtime assistance programs to promote intake.

UNDERSTANDING PATIENT AND CLINICIAN PERSPECTIVES OF ANTIBIOTIC USE FOR THE TREATMENT OF UTIS

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Background. Multidrug resistant organisms are highly prevalent in post-acute long-term care [LTC] and skilled nursing facilities [SNF], driven by overdiagnosis of urinary tract infections [UTI] and overuse of antibiotics, despite clinical guidelines for UTI management. Using the Systems Engineering Initiative for Patient Safety [SEIPS] framework to understand sociotechnical work systems within LTC/SNFs, we are conducting mixed methodological research to examine work systems gaps that may require structural modification to ensure appropriate prescribing behaviors. Methods. To begin this research, we conducted semi-structured interviews with residents, caregivers, and clinical staff at three LTC/SNF locations. Resident and caregiver interviews queried knowledge, attitudes, and beliefs about UTIs and antibiotics, previous use, and communication with clinical staff. Clinical staff interviews queried procedures for diagnosing UTIs, prescribing decisions, communication with residents/caregivers, and resident/caregiver demand. Findings. Resident/caregiver interviews highlighted three common themes: (1) doctors have the right to deny antibiotics, but communication about decisions is critical; (2) trust doctors' knowledge and use of objective testing for decision-making; (3) want detailed explanations and education about antibiotics, including potential side effects. Clinical staff described: (1) caregiver as the primary barrier, even with education about antibiotics; (2) using a general protocol for diagnosis, but also prior knowledge and experience with the resident; (3) importance of educating and communicating with residents/caregivers about antibiotic treatment, prescribing recommendations, or side effects. Conclusions. Our study highlights a gap in communication and workflow between residents, caregivers, and clinical staff that may be amendable to improved interventions that decrease inappropriate prescribing of antibiotics for this population.

SESSION 10320 (LATE BREAKING POSTER)

MINORITY & DIVERSE POPULATIONS

CAREGIVER'S RELATIONSHIP TYPE AND RACE/ETHNIC GROUP COMPARISONS IN A COMMUNITY-BASED CAREGIVER SUPPORT PROGRAM

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