optimize residents' dietary intake. This qualitative study was conducted to explore CNA's perspectives of how dining areas could be enhanced to improve food intake of residents with dementia. Nine focus groups were conducted with a total of 53 CNAs who had at least one year of experience feeding residents. Focus groups were audio recorded and transcribed verbatim. Data were analyzed using directed content analysis guided by the Social Ecological Model. CNAs reported that distractions can significantly inhibit residents' food intake; therefore, limiting distractions such as noise and crowding is important. CNAs also reported the benefit of playing music in the dining area depended on the individual resident. Additionally, CNAs emphasized the importance of offering a variety of appetizing menu choices tailored to residents' preferences. CNAs have firsthand experience with residents with dementia and can provide valuable insights. Long-term care administration should consider interdisciplinary support to improve the mealtime experience of residents with dementia in an effort to enhance their dietary intake. In particular, providing a variety of menu choices in a well-lit, calm, spacious, and homelike dining environment can be beneficial.

EVALUATING AN INNOVATIVE USE OF CIVIL MONETARY PENALTY FUNDS: THE MA SUPPORTIVE PLANNING AND OPERATIONS TEAM (SPOT)

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The Office of the Inspector General reported in 2014, that one in three NH residents experienced an adverse event within 35 days of admissions causing lasting or temporary harm. Thus, state departments of public health (DPH) were implored to invest in improving NH quality and safety. Using Civil Monetary Penalty funds, the Massachusetts DPH, developed the SPOT Initiative to innovatively provide NH teams with technical assistance and training to enhance their federally required Quality Assurance & Performance Improvement (QAPI) programs. Selection criteria included NH Compare 5-Star and MA scorecard ratings and geographic spread. To assess program effectiveness, the SPOT Team collected a range of data in each of the three SPOT years (e.g., QAPI assessments, leadership interviews and surveys, and training evaluations). Results demonstrated the success of the Initiative. Assessment data indicated an increase in QAPI readiness in each subsequent year overall and within of the each QAPI assessment domains (Design and Scope; Governance and Leadership; Feedback, Data Systems, and Monitoring/Systematic Analysis; Performance Improvement Projects and Systematic Analysis/ Systemic Action). In Year 1, the overall data collected from the assessments demonstrated that 78% of the NHs that engaged with SPOT had "Not Started" or "Just Started" (1.8/5) implementation of the key QAPI measures. By Year 3, only 13% of NH teams rated themselves in these initial categories, whereas, 57% rated themselves as "Almost There" or "Doing Great"

(3.92/5). Further, feedback from most SPOT NH teams was extremely positive as evidenced by high evaluation rankings following initiative learning sessions.

ARE TRACK-AND-TRIGGER SYSTEMS GOOD NEWS FOR RESIDENTS IN LONG-TERM CARE FACILITIES? A MULTI-METHOD EVALUATION

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Changes in physiological measurements such as blood pressure or temperature may signal deteriorating health before it is apparent. Early warning (or track and trigger) systems provide a framework to use such measurements to identify acute illness and prompt a timely response. They are in widespread use in acute hospitals across North America and Europe, but few have been validated in community settings. Hospitals in the UK have adopted the National Early Warning Score (NEWS) which measures temperature, respiratory rate, pulse, blood pressure, oxygen saturation and conscious level. This presentation describes a multi-method evaluation of the introduction of NEWS into 47 long-term care facilities. Staff with little or no healthcare training were tasked with digital recording of the NEWS. This multi-method evaluation consisted of a survey to explore staff views (n=42), a quantitative analysis of approximately 17,000 NEWS readings, and 21 semi-structured qualitative interviews with stakeholders. Survey and interview findings suggested that use of the score increased staff confidence in communication and care. There were many challenges to implementation, including practical difficulties in measuring vital signs, competing priorities for staff and a persistent lack of shared understanding across professional boundaries. Quantitative analysis of recorded scores described an increase in use of the NEWS over time, but wide variation in uptake between different facilities. Early warning systems may enhance management of acute illness in long-term care facilities but implementation is not straightforward. This presentation will discuss will discuss findings in depth - what worked, lessons learned and implications for the future.

FACTORS ASSOCIATED WITH RESIDENTIAL CARE COMMUNITIES THAT HAVE RESIDENTS VISITING EMERGENCY DEPARTMENTS

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Emergency department (ED) visits are an important part of healthcare utilization. However, ED visits can be costly, lead to hospitalizations, and are sometimes unnecessary. Studies characterizing ED visits among long-term care settings have been largely focused on nursing homes where the unit of analysis is typically the resident. Facility- or community-level analyses describing residential care communities (RCCs) with ED visits are limited. Using RCCs as the unit of analysis, this study examines community-level factors associated with RCCs that have residents with ED visits. Community-level factors include ownership and chain affiliation, Medicaid participation, electronic health records use, service provision, nurse staffing, U.S. census region and metropolitan status. The study uses data from the 2016 National Study