

work engagement than 92 care managers who did not receive any SV ($F=5.33$, $p<0.01$). 40 care managers receiving both ISV and GSV showed significantly lower turnover intentions than 92 care managers who received neither ISV nor GSV ($F=2.84$, $p<0.05$). Since the results have implications for the importance of supervisions to enhance work engagement or to reduce turnover intension of care managers, a larger sample will need to confirm these effects.

EVIDENCE-BASED RECOMMENDATIONS TO INFORM BEST PRACTICES FOR LGBTQ OLDER ADULTS IN LONG-TERM CARE SETTINGS

Katherine Fasullo,¹ Erik McIntosh,¹ Todd Ruppert,² Sarah Ailey,¹ and Susan Buchholz,³ 1. *Rush University, Chicago, Illinois, United States*, 2. *Rush University College of Nursing, Chicago, Illinois, United States*, 3. *Michigan State University, East Lansing, Michigan, United States*

Lesbian, gay, bisexual, transgender, and queer (LGBTQ) older adults are more likely to live alone and have less familial support, which disproportionately contributes to a reliance on long-term care facilities as they age. Best-practice guidelines supported by scholarly literature to care for LGBTQ older adults in long-term care settings do not exist. This review synthesizes literature about LGBTQ older adults in long-term care facilities and provides recommendations for best practice guideline development. Four electronic databases were searched in June 2019 for studies conducted between 2000 – 2019 related to caring for LGBTQ older adults in long-term care settings. An integrative literature review was completed on the twenty eligible studies. Findings showed that LGBTQ participants fear discrimination in long-term care leading to the invisibility of their identities. They recognize a need for increased staff training and the importance of community networks and facility preferences. Long-term care staff have mixed experiences with inclusive practices and complex views of LGBTQ older adults. They experience training deficits and have a need for more expansive training modalities. The recommendations offered by both LGBTQ participants and long-term care staff are to revise policies and forms as well as provide widespread training and education. LGBTQ participants recommend that their unique identities be recognized within long-term care while long-term care staff recommend leadership involvement to change culture and practice. This review provides evidence-based recommendations to promote equitable healthcare to the LGBTQ older adult population and calls to attention the need for long-term care settings to uniformly follow best-practices.

INTERGENERATIONAL ENGAGEMENT IN RESIDENTIAL SETTINGS: A SCOPING REVIEW OF THE LITERATURE

Andrea Gardiola,¹ Raza Mirza,¹ Amanda Bull,¹ Christopher Klinger,¹ Jessica Hsieh,¹ and Samantha Peck,² 1. *University of Toronto, Toronto, Ontario, Canada*, 2. *Family Councils of Ontario, Toronto, Ontario, Canada*

Intergenerational engagement provides a rich environment for people of different ages to come together and exchange life stories, skills, and knowledge. Today, intergenerational interactions are decreasing, however, these exchanges can have positive implications for seniors in residential care homes

(RCHs) and younger persons. A scoping review following Arksey and O'Malley's five-step framework was conducted to investigate the impact of intergenerational engagement and programs (IGPs) on older adults in RCHs. A systematic search of ten electronic databases and hand search of references was carried out; thematic content analysis to established key themes. A total of 1,183 academic and grey literature sources were reviewed, with 66 full-text studies assessed for eligibility. Of these sources, 35 studies met inclusion criteria. Studies highlighted four main themes: 1. Types of IGPs, 2. Psycho-social benefits for older adults and improved status among elders with cognitive impairments, 3. Younger person benefits, suggesting reduced ageism and improved social and communication skills, and 4. Program recommendations, including the need for enthusiastic program facilitators, coordination between facilities, sensitivity training for younger persons, detailed advertisements, and appropriate activities for different age groups. Findings inform future practice and research, highlighting that IGPs are an effective strategy to alleviate negative health outcomes for seniors in RCHs. Future research is needed to evaluate long-term effects and further health outcomes. IGPs provide an opportunity to facilitate purposeful and reciprocal relationships between generations, fostering intergenerational understanding. By studying IGPs and intergenerational interactions, we can better determine practices that meaningfully engage elders in RCHs in Canada.

IS HIGHER NURSE AIDE RETENTION ASSOCIATED WITH FEWER NURSING HOME ALLEGATIONS AND COMPLAINTS?

Katherine Kennedy, *Miami University, Oxford, Ohio, United States*

Consumer voices are often left out from assessments of nursing home (NH) quality. For this reason, consumer allegations and complaints against nursing homes were studied in relation to facility rates of nurse aide retention. Analyses involved means and frequencies, correlations, ANOVAs with Tukey correction to examine the independent and dependent variables ($N=690$). Four quartiles of retention were created. In the final models, medium, high, and extremely high retention facilities are compared to the low retention facilities. Negative binomial regressions were estimated on total, substantiated, and unsubstantiated counts of allegations and complaints. All regressions controlled for the same characteristics, including nurse aide empowerment, consistent assignment, administrator turnover, director of nursing turnover, average age of residents, and percent female. The correlation between retention and the dependent variables was negative and statistically significant ($r=-0.11$, $p<.01$). The ANOVAs showed that high retention NHs (61-72%) received significantly fewer allegations than low (0-48%) and medium (49-60%) retention NHs; they also received fewer unsubstantiated allegations, and fewer complaints, both substantiated and unsubstantiated. After controlling for other variables, each retention group was significantly related to having fewer allegations and complaints compared to the low retention NHs. Notably, high retention NHs received between 29 and 35% fewer allegations and complaints of all types. Unexpectedly, extremely high retention NHs had more allegations, complaints, and unsubstantiated allegations than

high retention NHs. Policy and practice have a role to promote nurse aide retention, improve job quality, and ensure adequate support for this critical, in-demand workforce.

SUPPORT FOR ADJUSTING THE INTENTIONS OF FAMILY MEMBERS AND USERS REGARDING CARE SERVICE USE: AIMED AT CARE MANAGEMENT

Kazutaka Masuda, *Mukogawa Women's University, Nishinomiya, Hyogo, Japan*

In Japan, there are key healthcare professionals for home nursing care for elderly people called Care Managers. The care manager coordinates the service while adjusting the family situation and the user's intentions. The purpose of this study was to examine the practical structure of support for adjusting the intentions of family members and users regarding care service use. Data from seven cases, where family members and users have different intentions regarding care service use, were analyzed using the grounded theory approach. The phenomenon of "confirmation of discrepancies" was discovered with six sub-categories: adjusting the intentions of users and their families, effort to restore relationships, expression of intention to refuse involvement, expression of desire for adjustment, arrangement of opportunities for adjustment of intentions, and appropriate service adjustment. Four patterns occurred in the process of "confirmation of discrepancies": smooth adjustment, restoration and promotion of mutual relationships, failure to reach an agreement, and negative feedback loops. These patterns were based on a combination of the care managers' degree of understanding strength, the managers' degree of insistence, the managers' degree of representation of mutual feelings, the degree of managers' prediction of life prospects, the degree of trust in care managers, and the degree of expression of family anxiety.

THE PRESERVATION OF SPOUSAL AND PARTNER RELATIONSHIPS AMONG NURSING HOME RESIDENTS

Shanae Shaw,¹ and Ellen Csikai,² *1. Alabama State University, Calera, Alabama, United States, 2. The University of Alabama, The University of Alabama, Alabama, United States*

The decision to seek placement in a nursing home may be especially difficult for spouses or partners of the potential nursing home residents. Disruption of the attachment relationship following placement may influence the psychosocial well-being of nursing home residents. Although the responsibility of nursing home staff is to ensure psychosocial well-being, including awareness of the influence that separation can have on a spousal or partner relationship, little is known about services offered for the maintenance of spousal and partner relationships. This study was conducted to identify nursing home practices that had preservation of spouse/partner relationships as the goal. A mixed methods approach utilized both an online survey (81 respondents) with nursing home social workers in four Southern states and ten telephone interviews (from among the respondents). Survey results revealed that 49% of respondents' facilities had a written policy to preserve these relationships, however, only 22% reported having a specific formal program to carry this out. In the interviews, participants expanded on survey

topics and shared that facilitating outings and encouraging participation in routine facility activities were commonly used to preserve relationships. Privacy was discussed as being important in maintaining relationships and also found to be a barrier to doing so. Nursing home social workers can utilize the results in the design and implementation of specific services to preserve relationships and maintain strong attachment between residents and their spouses/partners. These will be best carried out in a coordinated, collaborative manner among multiple disciplines within the nursing home setting.

WHEN ADVOCATES ARE FORCED TO GO VIRTUAL: THE LONG-TERM CARE OMBUDSMAN RESPONSE TO COVID 19

H. Wayne Nelson,¹ F. Ellen Netting,² Mary W. Carter,¹ and Bo Kyum Yang,¹ *1. Towson University, Towson, Maryland, United States, 2. Virginia Commonwealth University, Richmond, Virginia, United States*

This study explores strategies used by the nation's Long-Term Care (LTC) Ombudsman Programs (LTCOP) to perform their grass roots, investigatory, sentinel defense advocacy during the near total COVID LTC lock out from March 13th 2020 through September 17th, when the "ban" was conditionally lifted. Our layered systematic searches by title, subject, and total text for unrestricted allusions to the LTCOP used the multi-disciplinary database Academic Search Ultimate that includes mass media. Selection criteria included print and broadcast news. Search keywords were "ombudsman" singly and with 10 other terms. This was augmented by reviewing the National LTC Ombudsman Resource Center (NORC) clearinghouse information website and by interviewing NORC staff. Resulting (172) media entries (92% print) were manually coded independently by a team of five, and iteratively reconciled according to a simple flat frame format to identify key words and associated themes. Four main LTCOP lock out strategies emerged: (1) virtual resident interventions (via phone, Skype, Zoom, in-facility allies); (2) public outreach (services provided, sharing COVID data and best practices, social isolation threats and mitigation efforts [window visits], need for volunteers); (3) systems advocacy (state/federal; CMS, legislative and other testimony about social isolation, CARES Act check problems, visitation issues; and (4) partnering with others (multi-agency planning groups, task forces, Zoom town halls, interstate information sharing). NORC interviews revealed that older LTCOP volunteers are seizing the COVID lock-out to retire undermining an already short-staffed network—so calls for volunteers were evident in about 25% of all stories regardless of any other focus.

WHEN IS A NURSING HOME COMPLAINT REALLY A COMPLAINT? MAKING SENSE OUT OF INCREASED COMPLAINTS IN U.S. NURSING HOMES

Xiao Qiu, Jane Straker, and Katherine Abbott, *Miami University, Oxford, Ohio, United States*

Official complaints are one tool for addressing nursing home quality concerns in a timely manner. Similar to trends nationwide, the Ohio Department of Health (ODH) has noticed a trend in increasing nursing home complaints and has partnered with the Scripps Gerontology Center to learn