

(SLUMS), and the Resident Satisfaction Index. Controlling for age, gender, and comorbidities, multivariate analyses of variance was performed to consider the impact of cognitive status on residents' satisfaction with health care services, physical environment, relationships with staff, and social activities. The majority of participants were female (71%), White (97%), mean age was 89 years old (SD=7.43), and mean SLUMS score was 15.90 (SD=4.74). On average, residents were highly satisfied with AL reporting a mean score of 19.17 (SD=3.15). There were no significant differences in residents' satisfaction scores ($p>.05$) between residents with dementia and without dementia across all subdomains of satisfaction: health care services, physical environment, relationships with staff, and social activities. There may have been some bias in results due to social desirability. Further research should explore additional aspects of residents' satisfaction with staff such as whether or not person-centered care is provided.

EXPECTATIONS REGARDING AGING AFTER RELOCATION TO AN ASSISTED LIVING COMMUNITY

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This study adds to the growing literature on attitudes toward aging in older adulthood by using a multidimensional measure to assess heterogeneous profiles of expectations regarding aging (ERA) in a sample of assisted living (AL) residents. The author analyzed secondary data from a cross-sectional quantitative study consisting of 202 residents of 21 ALs. Participants were mostly female (72%), white (90%), and widowed (59%); ages ranged from 51 to 100 ($M = 83.05$, $SD = 10.32$). Hierarchical Cluster Analysis identified four subgroups: (1) "healthy agers", $n = 54$, 27%, characterized by high physical, emotional, and cognitive ERA; (2) "cognitively intact", $n = 41$, 20%, characterized by low physical, low emotional, and high cognitive ERA; (3) "coping with decline", $n = 56$, 28%, characterized by moderate physical, high emotional, and low cognitive ERA; and (4) "unhealthy agers", $n = 51$, 25%, characterized by low physical, emotional, and cognitive ERA. Subgroups varied by mental health (healthy agers > unhealthy agers), cognitive ability (cognitively intact > coping with decline), and activity participation (coping with decline > unhealthy agers). Surprisingly, groups did not differ based on social support from co-residents, staff, or family. Results demonstrate that distinct subgroups of ERA exist among AL residents, supporting the utility of assessing ERA as a multidimensional construct in this setting. In addition, findings suggest that expecting to retain health and ability in at least one domain may protect against behavioral consequences of negative ERA. The author also discusses implications for future research and clinical practice in AL.

HOW TO ACHIEVE THE DESIRED OUTCOMES OF A COMPLEX INTERVENTION IN NURSING HOMES: A THEORY OF CHANGE

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Background Recent systematic reviews suggest the effectiveness of complex psychosocial interventions to reduce sleep disturbances in people with dementia (PwD) living in nursing homes. However, it is unclear how and under which circumstances these interventions work and which components and processes are crucial determinants for effectiveness. Objectives To develop a Theory of Change (ToC) that describes a causal chain for the reduction of sleep disturbances. Design and Methods The ToC approach is a participatory method in intervention development to generate knowledge about how, why, and under which circumstances interventions are effective. We conducted two expert workshops, a subsequent expert survey ($n=12$), a systematic literature review, and expert interviews (day and night nurses). Results Necessary preconditions for the reduction of sleep disturbances were identified on staff, management and cultural levels of nursing homes. Intermediate goals like "individual knowledge on PwD is available", "a specific institutional concept to promote sleep is implemented", "person-centred care is implemented" and "sleep preferences of PwD are fulfilled" were defined. The intermediate goals, interventions, promoting and inhibiting factors as well as rationales were sorted into a causal chain. All intermediate goals were rated as relevant or highly relevant based on the expert survey. Conclusions The ToC model displays how a complex psychosocial intervention is likely to be effective in reducing sleep disturbances and meeting sleep preferences of PwD in nursing homes. The model is the basis for the development and evaluation of a planned complex psychosocial intervention to prevent and reduce sleep disturbances in PwD.

INTERPERSONAL RELATIONSHIPS IN ASSISTED LIVING: FINDINGS FROM A SURVEY OF FAMILY MEMBERS AND STAFF

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In recent decades, assisted living facilities (ALFs) have grown dramatically as an alternative to nursing homes. Research in nursing homes has shed light on the nature of the relationships that exist between family members and staff. However, little is known about family-staff relations within ALFs. We present data from the first study to describe the prevalence of conflict and positive and negative family-staff interactions in ALFs and to examine whether positive and negative aspects of the relationship contribute to salient staff and family outcomes. We use data collected from 252 family members and 472 staff members across 20 ALFs from the Partners in Care in Assisted Living (PICAL) study. Participants completed measures including