PLACE OF DEATH AMONG ASSISTED LIVING RESIDENTS AS A FACTOR OF HOSPICE REGULATIONS
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Our objective was to examine the likelihood of dying in RC/AL among a national cohort of fee-for-service Medicare beneficiaries who died in 2018 (N=31,414) as a factor regulations allowing hospice care. We estimated multivariable logistic regression models to examine the association between RC/AL as place of death and supportive hospice regulations, controlling for demographic characteristics, dual Medicare/Medicaid eligibility, years in AL, and hospital referral region (HRR) to control for hospice practice patterns. A majority of beneficiaries in our cohort died in RC/AL; more than half while receiving hospice services. In unadjusted models, the odds of remaining in RC/AL communities until death were significantly higher in the presence of regulations supportive of hospice care. This relationship was no longer significant once adjusting for covariates and an HRR fixed effect, suggesting important variation in end-of-life experiences for AL residents not explained by hospice regulations.

INTER- AND INTRASTATE VARIATION OF MENTAL HEALTH REQUIREMENTS FOR ASSISTED LIVING IN SEVEN STATES
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Little is known about states’ approaches to regulating mental health (MH) services in assisted living (AL) settings. Yet, one in nine AL residents are diagnosed with serious mental illness (Hua et al, 2020). This study describes the MH regulatory requirements in AL regulations within Arkansas, Louisiana, New Jersey, New York, Oklahoma, Pennsylvania, and Texas. Using health services regulatory analysis (Smith et al, 2021), we reviewed 2018 regulations for the 45 identified AL licenses within these states sourced from Nexis Uni. We summarize 16 MH requirements related to admission, care transitions, resident assessment, third-party services access, and staff training. Each state explicitly addressed at least one of the identified MH requirements, though few states have consistency across all AL types within a state. The most commonly addressed requirements related to admission limitations, assessment, and transfer to psychiatric units. Understanding these requirements promotes a holistic approach to practices that meet residents’ needs.

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FUTURE ELDERCARE PLANNING AMONG CHINESE AGING FAMILIES IN HONG KONG
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Increasing attention has been paid to the potential role of care planning in buffering future eldercare challenges. However, little is known about the characteristics of care planning among Chinese ageing families. It is also of interest to reflect how recent events such as COVID-19 pandemic may affect their views of the future care planning. From a family systems perspective, this study explored the extent, processes, and contents of intergenerational care planning of Chinese ageing families in Hong Kong. Dyadic interviews were conducted with 60 adult child-older parent pairs, and individual interviews were conducted with another 33 adult children. Intergenerational discrepancies in extent and processes of care planning, intergenerational congruence of care expectations and struggles, facilitating role of family capital and hindering role of cultural capital in care planning were primary themes. Although both generations demonstrated strong awareness of future eldercare needs, they were found engaged in different levels and processes of care planning. Adult children’s level of engagement in planning activities may influence parents’ extent and contents of care planning. Intergenerational transmission of eldercare values contributed to intergenerational congruence of care expectations but also led to similar struggles and ambivalent attitudes toward future care. Moreover, family capital was found to facilitate family care planning while Chinese cultural values that emphasize family care may hinder both generations’ efforts in care planning. The findings will deepen our understanding on characteristics of intergenerational care planning in Asian Chinese communities and inform services to improve adult children and ageing parents’ preparation for future eldercare.

MEASURING DYADIC INTERACTIONS AND DINING ENVIRONMENT IN DEMENTIA MEALTIME CARE: A SYSTEMATIC REVIEW OF INSTRUMENTS
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It is critical to use validated instruments to assess mealtime dyadic interactions and dining environment for people with dementia to evaluate the process and efficacy of mealtime interventions. However, the quantity and psychometric quality of such instruments are unknown. This systematic review aimed to synthesize the quantity and quality of instruments that assess dyadic interactions, physical environment, and/or social environment during dementia mealtime care. We searched Pubmed, CINAHL, AgeLine, PsychINFO, and Cochrane Library for records published between 1980-2020. Records were eligible if they included any instrument assessing concepts of interest (i.e., mealtime dyadic interactions, physical and/or social dining environment). From eligible records, eligible instruments originally developed or later modified to measure concepts of interest were identified, and instruments’ characteristics were extracted: 1) development process, 2) concept/construct assessed, 3) sample/setting, 4) administration method, 5) item description, 6) scoring format/interpretation, 7) reliability, and 8) validity. A newly developed tool was used to evaluate instruments’ psychometric quality. In total, 26 eligible instruments were identified. Seventeen instruments assessed dyadic interactions, 1 assessed only physical environment, and 8 assessed...