homes, 17.7% assisted living, 62.8% adult family home, 11.2% other. In WA, adult family homes (AFH) are licensed for six or fewer residents. 23.70% of LTCFs indicated they did not have any N95 respirators in stock at their facility; 96.7% of these were AFH. In August 2020 WA DOH surveyed AFH owners and received 110 responses; 9.76% reported having at least one staff member fit tested for respirators. Smaller facilities may experience increased burden in accessing N95 respirators and fit testing due to lack of established relationships with suppliers and small volumes being purchased. WA DOH used federal COVID funding to contract with mobile fit testing providers and prioritized AFHs for this service. Between December 1, 2020-February 28, 2021, staff at 290 LTCFs were fit tested. The project will continue throughout 2021.

LTSS DIRECT CARE WORKER EMPLOYMENT DURING COVID-19
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The crisis of COVID-19 in long-term care services and supports (LTSS) has brought attention to challenges in staffing long-term care organizations, as shortages of direct care workers led to a dramatic inability to provide needed care for many residents in nursing homes and other residential care settings. In this study, we examine unemployment among LTSS direct care workers during the crisis and recovery. This study uses monthly data from January 2019 to December 2020 from the Current Population Survey, a monthly household survey collected by the Bureau of Labor Statistics, and we compare an individual’s 2019 monthly employment patterns to their 2020 monthly employment. Long-term care workers had an unemployment rate of 2.8% in April 2020, when unemployment rates in the US reached a peak; however, new unemployment among long-term care workers has not declined as consistently as in other settings. Female health care workers were significantly more likely to be unemployed compared to their male counterparts, a trend that is consistent with the overall economy, and workers who earned the lowest wages were more likely to have transitioned to unemployment. COVID-19 has added significant complexity to the provision of direct care services, making LTSS a hazardous place to work. Concerns remain about unemployment in long-term care where demand for workers remains high; additional measures need to be taken to ensure that direct care workers have the resources they need to remain employed.

STATE ADOPTION OF NURSING HOME IMMUNITY FROM LEGAL LIABILITY DURING THE COVID-19 PANDEMIC
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Twenty-eight states have provided nursing homes (NHs) with immunity from legal liability related to COVID-19. This study places these provisions in the context of prior actions protecting NHs from legal action and explores factors influencing the adoption of such immunity provisions across states. It uses cross-sectional data to examine patterns of policy adoption and to assess states’ likelihood of adopting immunity provisions using multivariate methods. Variables of interest include information on state political, socioeconomic, programmatic, and COVID-19-related characteristics as well as data on campaign contributions and lobbying activity at the state level. Factors significantly related to NH immunity provision adoption included measures of state fiscal health (unemployment), ideology (percent legislators Democrat), governing capacity (unified government), and NH characteristics (percent not-for-profit, hospital-based, and chain). Population density and Medicaid as a percentage of state general fund expenditures proved significant as well. Against these complex influences, organizations lobbying on behalf of NH residents and their families have found themselves ineffectual in creating avenues for accountability. Results indicate that enforcing accountability for NH deaths during the COVID-19 pandemic is a complex process, constrained by available policy tools and made more complicated by factors external to the NH environment that contributed to high death rates. Historically, the NH industry has been successful in avoiding consequences for poor quality care, a pattern that has persisted in that NHs have generally been successful in avoiding liability for negligence during the COVID-19 pandemic.

STAYING IN TOUCH DURING COVID-19: LONG-TERM CARE FACILITY COMMUNICATION STRATEGIES AND FAMILY PERCEPTIONS
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During the COVID-19 pandemic, family concerns regarding residents in long-term care facilities (LTCFs) increased dramatically due to the higher proportion of deaths in LTCFs and an inability to visit, observe care, or easily communicate with residents. However, little is known about how these facilities communicated with families and how communications were related to family perceptions about the facility. To address these knowledge gaps, we implemented an online survey of family members or friends of residents in LTCFs from April 28 to June 19, 2020. A total of 174 responses nationwide reported the types of communications used, frequency of communication and alternative visits, and whether the families had peace of mind, would recommend the facility and whether they were considering removing the resident from the facility. We performed chi-square and t-tests to identify differences in perception among families. Results showed that respondents had more negative perspectives of a facility when they were not informed about confirmed COVID cases. There were no differences in family members’ perceptions of a facility based on the frequency of alternative visits. When respondents could communicate with their family members in an LTCF by telephone, email, mail, and...