Facilities from NHs with greater nursing involvement (p=0.02). Residents with greater health instability received a greater dose (p=0.04). In this ePCT of a personalized music intervention, 27% of the sample were Black/African American, 53% female, mean age 79.8±12.2 years. Female residents (67.7% female, mean age 79.8±12.2 years). Female residents (p=0.04) taking antipsychotic medications (p=0.06) were more likely to receive the intervention, as were residents from NHs with greater nursing involvement (p=0.02). Residents with greater health instability received a greater dose (p=0.04). In this ePCT of a personalized music intervention, NHs with more nursing engagement had greater use of the intervention and appropriately chose residents with antipsychotic use to participate. After adjusting for initial selection, staff used the intervention more frequently with residents who had a higher likelihood of death in the next six months, potentially indicating the beneficial use for comfort at the end of life. Our findings offer insights into future tailoring of personalized music interventions to increase the likelihood of successful implementation.