impairment. Issues associated with pureed texture diets (e.g., dysphagia, poor dentition, lack of appeal, and extra menu planning) further contribute to this risk. The current study examined the adequacy of nutrient intake among female LTC residents prescribed a pureed texture diet. Making the Most of Mealtimes (M3) is a cross-sectional study of 639 residents from 32 LTC facilities across four Canadian provinces (AB, MB, NB, ON). Of these, 67 residents (10.5%) were prescribed a pureed texture diet, 51 of which were female (88±8 years old). Weighed food intake was measured on three non-consecutive days and analyzed using ESFA Food Processor software. Intake of energy and 25 nutrients were adjusted for intra-individual variability and compared to their corresponding Estimated Average Requirement (EAR) or Adequate Intake (AI) value. Mean energy intake among female consumers of pureed diets was 1487±376 kcal/day. Estimated inadequacies were found for vitamins D, E and folate (>95% of individuals below EAR); and vitamin B6, calcium and magnesium (>50% but <90% below EAR). For nutrients with an AI, median intakes of dietary fibre, potassium and vitamin K were below their AI. These findings indicate that female residents prescribed a pureed texture diet in Canadian LTC homes have low intake of several micronutrients. Careful menu planning and nutrient-dense options for pureed texture diets in LTC are recommended. (Fund by Canadian Institutes of Health Research).

SKILLED NURSING FACILITY TO HOME CARE TRANSITIONS: OUTCOMES OF EARLY OUTPATIENT FOLLOW-UP

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As hospital lengths of stay have decreased, more older adults have discharged to skilled nursing facilities (SNFs) prior to returning home. Patient characteristics and factors that prevent post-discharge adverse outcomes, such as hospital readmissions, are poorly understood. This study utilized a database comprised of data from one health system’s Electronic Medical Record, matched to Medicare, Medicaid and the Minimum Data Set. Among patients who transitioned from hospital to SNF to home, we used survival analysis to examine whether a home health visit or outpatient visit within one week of SNF discharge was associated with reduced hospital admission. Out of 8,754 community dwelling, hospitalized older adults with a hospital stay of 3 or more days, 4,577 were discharged home (52.3%; hospital to home group) and 3,025 (34.6%) were discharged to a SNF, of whom 1,543 (51.0%) returned home (SNF to home group). Patients discharged after SNF stay were older (median age 77.82 years v. 73.75, p<0.001), had more comorbidities (median 6 v. 5, p<0.001) and a longer hospital length of stay (median 7 v. 4 days, p<0.001). After SNF discharge, a home health visit within a week was associated with reduced hazard of 30-day hospital readmission (adjusted hazard ratio (aHR) 0.61, p<0.001) but outpatient physician visits were not (aHR=0.67, p=0.8214). Patients discharged to a SNF prior to returning home are a high risk group. The finding that a home health visit within a week of discharge is associated with reduced hazard of 30-day hospital readmissions suggests a potential avenue for intervention.

AGING IN CONTEXT: A MIXED METHODS INVESTIGATION OF PERSON-PLACE INFLUENCES ON WELL-BEING

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Aging occurs in context; yet, too often environmental characteristics are ignored. Seated and mobile interviews with community-dwelling older adults (n=124, mean age 71 years), combined with environmental audits, explored the everyday contexts of older adults living in three distinct areas of the Minneapolis (USA) metropolitan area. Convergent parallel analyses examined four constructs of wellbeing: (1) self-rated health, (2) isolation and loneliness, (3) sense of safety, and (4) happiness. Logistic regression models adjusted for age, gender, past occupation, race/ethnicity, living alone, street type, residential location, and building density were used to predict the wellbeing constructs. Qualitative thematic analyses probed individual perspectives and personal experiences. The sociodemographic qualitative findings generally converged with the quantitative results. For instance, the most consistent predictor of wellbeing in the quantitative models was living alone, which was negatively associated with all four aspects of wellbeing (e.g. odds ratio [OR] for moderate/poor/very poor vs. good/very good self-rated health = 3.08; 90% confidence interval [CI]: 1.31–7.20). This estimate paralleled the qualitative findings, in which numerous participants living alone voiced struggles with vulnerability, isolation, and poor health. However, individualized qualitative perspectives on environmental contexts problematized the quantitative results. Linear trends generated by regression modelling, which indicated that wellbeing steadily decreased when moving outwards from the city center toward suburban zones, diverged from nuanced qualitative data that captured significant variation in wellbeing within each residential context. Findings advance scholarship on health-place interconnections, and elucidate how interacting personal variables and environmental contexts ‘get under our skin’ to shape the experience of aging.

PNEUMONIA READMISSION IN OLDER ADULTS WITH DEMENTIA

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Pneumonia readmissions have significant quality of care and policy implications for patients and health care providers. Research suggests that initiatives to decrease readmissions should target high-risk subgroups. Older adults with dementia are known to be at an increased risk of contracting pneumonia and have higher hospitalization rates due to pneumonia, suggesting that older adults with dementia may be at high-risk of pneumonia readmissions. There is a lack of research addressing the relationship between dementia and pneumonia readmissions. The purpose of this retrospective study was to investigate pneumonia readmission rates and predictive factors of older adults with and without dementia. A nationally representative sample of 389,198 discharge records was extracted from the 2013 Nationwide Readmission Database. Significant differences were found (p<.001) when comparing patient characteristics of older