was the most important component and the biggest barrier was WIFI or connectivity issues. Most importantly, 64% of respondents felt that telehealth could contribute positively to their practice moving forward.

Conclusion/Discussion: Telehealth was a critical component of the delivery of medical care by physicians working in PALTC settings during the COVID-19 pandemic. This survey showed that despite center challenges with WIFI access and staffing shortages, there was early and swift adoption of telemedicine among a subset of physicians. The data demonstrates that physicians quickly adapted to using telehealth in the PALTC setting to perform acute visits, history and physicals and regulatory visits in addition to communicating with center staff. Physicians found telehealth instrumental in their ability to communicate directly with patients and their families, to discuss advance care planning, and support nursing staff in addition to complementing their medical practice. Additional research would be necessary to further our understanding of the value of telemedicine in the PALTC setting.

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The Challenge of Severe Obesity in Nursing Homes from the Perspective of Administrators

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Introduction/Objective: This study provides input from nursing home administrators on their challenges (financial, quality, staffing) in caring for severely obese residents. In addition, we report on how changes due to the COVID-19 pandemic have affected care for people with obesity in nursing homes (NHs). Caring for those with severe obesity is a major challenge in NHs and creates several dilemmas related to appropriate nursing care, equipment choice, and potential excess resident care costs. Little is known about how facilities respond to these dilemmas while maintaining the quality of care.

Design/Methodology: We fielded a mailed survey to a random sample of US NH administrators from May to October 2021 and received 81 responses. The survey covered admissions, staffing, quality issues, policies/procedures, and finances for a theoretical severely obese resident, weighing $\geq$ 300 lbs. and needing assistance with ambulation and transfers. A $19 gift card was provided with each survey.

Results: Before the COVID-19 pandemic, 76% said it was somewhat likely or likely that they would accept this resident, whereas afterwards, only 60% said they would accept them. Most respondents reported they address the equipment needs (69%) and supply needs (70%) of residents with obesity well or extremely well; whereas, only 48% felt their facility addresses the CNA/aide staffing needs well or extremely well, and similarly for facility space needs (45%). For staffing, less than half (45%) agreed it was easy to have enough staff available for obese residents on day shifts, with even lower staff adequacy on evening (24%) and night shifts (18%). 86% and 90% of respondents believed severe obesity was associated with higher costs for short-stay and long-stay residents, respectively. Only 22% and 21% of respondents believed that severe obesity led to higher patient-driven payment model reimbursement for short-stay and long-stay residents, respectively. Finally, 68%, 58%, and 44% of respondents felt that severe obesity affects the quality outcomes related to discharge to community, hospital readmissions, and inspection deficiencies, respectively.

Conclusion/Discussion: NH administrators reported that the COVID-19 pandemic made them less likely to admit obese residents with mobility limitations. For admitted residents, there are serious concerns related to staffing adequacy, especially non-day shifts, and the potential to affect key overall NH quality metrics.

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The Non- Universal Understanding of the New Jersey Universal Transfer Form: Evaluating Resident Physicians' Knowledge Gaps

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Introduction/Objective: Miscommunications and handoff errors are 2 leading causes of preventable medical errors in the US. In an effort to decrease these types of errors when transferring patients from one facility to another, the New Jersey (NJ) Universal Transfer Form (UTF) was jointly developed by providers, hospital administrators, and the New Jersey Department of Health in 2011 to standardize the communication of pertinent clinical information during care transitions. The UTF serves as an important tool for relaying information especially in the Post-Acute and Long-Term Care (PALTC) Arena when PALTC residents are transitioned to and from hospitals. The tool has been in use since 2011 but major gaps still exist in physicians' understanding of the availability of this tool and hence its utilization.

Design/Methodology: A survey consisting of 6 multiple choice questions was administered to resident physicians in Internal Medicine (IM) and Family Medicine (FM) programs at our institution. The purpose of the survey was to evaluate their knowledge and understanding of this important care transition tool. Residents from all 3 years of training in IM and FM were eligible to participate. The survey was designed to assess proper use and completion of the UTF and was based on training objectives outlined by the NJ Department of Health and the NJ Hospital Association.

Results: A total of 38 IM and FM residents in completed the survey. The results suggested that all the residents irrespective of their level of training had never heard of the NJ UTF. Despite no prior knowledge of the existence of this document 76% responded correctly when asked about the main purpose of this transfer form and when the transfer form should be used. Only 44% of the survey takers were aware of what information is not addressed on the transfer form and 97% of the survey takers were aware that this transfer form does not take the place of a DNR order. 32% of survey takers chose correctly that unavailability of this form should not delay the treatment and transportation needs for a patient.

Conclusion/Discussion: Medical professionals are educated extensively in the domains of clinical practice and basic sciences, but the knowledge base required for navigating the health care system is not obtained until well into years of clinical practice. All of our survey participants had never heard about this form prior to this survey raising the possibility that they had never utilized this important tool for gathering information pertaining to their patient. Since both IM and FM trained physicians are likely to practice in the PALTC arena it is important to incorporate training pertaining to tools such as the NJ UTF into the 'transitions of care curriculum' for these residency programs.

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Transitions of Care at the Closure of a Skilled Nursing Facility

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Introduction/Objective: Geriatric healthcare occurs at a variety of levels of care, some of which include skilled nursing facilities (SNF), assisted living facilities (ALF), personal care homes (PCH), and home and community based services (HBC). The COVID-19 pandemic highlighted many problems in long term care facilities. We sought to examine the impact of the COVID-19 pandemic on levels of long term geriatric care by examining the disposition of patients at the time of closure of a SNF in Pittsburgh,