Trauma Informed Care-Requirements Under F699 for Skilled Nursing Facilities

There is a continuing focus and pressure from regulatory agencies to ensure that facilities provide trauma informed and culturally competent care. The federal requirements outline the expectations for skilled nursing facilities in the Code of Federal Regulation (CFR) §483.25. F699 states that the facility must ensure that residents who are trauma survivors receive culturally competent, trauma-informed care in accordance with professional standards of practice and accounting for residents' experiences and preferences to eliminate or mitigate triggers that may cause re- traumatization of the resident.

Besides looking at F699, in November 2022, CMS also added a new requirement in F656 which requires the resident's comprehensive care plan be culturally competent and trauma informed. The intent of this new requirement is to ensure each resident's comprehensive care plan includes approaches to address the resident's cultural preferences and reflects trauma-informed care when appropriate.

CMS's guidance directs surveyors to review residents to ensure that those with a history of trauma care planned interventions which consider the experiences and preferences of the resident. The approaches planned and implemented by the facility should attempt to eliminate or mitigate triggers that may cause re-traumatization and psychosocial harm to the resident. The care plan should also be person-centered, comprehensive and include approaches that address cultural preferences, values, and practices.

CMS uses the following definitions:

- "Trauma" results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.
- "Trauma-informed care" is an approach to delivering care that involves understanding, recognizing, and responding to the effects of all types of traumas. A trauma-informed approach to care delivery recognizes the widespread impact and signs and symptoms of trauma in residents, and incorporates knowledge about trauma into care plans, policies, procedures, and practices to avoid re-traumatization.

Studies have shown that 70% of adults in the United States have experienced some type of traumatic event and there is a direct correlation between trauma and physical health conditions. Trauma survivors may include, but are not limited to the following:

- Military veterans
- Survivors of disasters (natural and human- caused)
- Survivors of Abuse (physical, sexual, and/or mental)
- History of homelessness
- History of imprisonment
- Traumatic loss of a loved one

CMS expects facilities to use a multi-pronged approach to identify a resident's history of trauma and cultural preferences. Facilities are directed to ask the resident about a history of trauma, observe the resident, use screening and assessment tools, and obtain social history.

Additional areas of consideration to identify resident trauma may include, but are not limited to the following:

- The resident's history and physical may reveal clues to a resident's history of trauma.
- Scars and other signs of physical trauma should be explored to determine the cause if the resident is comfortable/agreeable with discussing them.
- Residents with a history of trauma may have diagnoses such as anxiety, depression, sleep disorders, or may have substance abuse issues such as alcoholism, or abuse of prescription medications or street drugs.

Under F699, definitions include:

- Culture is a conceptual system that structures the way people view the world. It is a set of beliefs, norms, and values that inform ideas about the nature of relationships, the way people live their lives, and the way people organize their world.
- Cultural Competency- "A developmental process in which individuals or institutions achieve increasing levels of awareness, knowledge, and skills along a cultural competence continuum…"

CMS expects facilities to address each individual resident's cultural preferences. This can be done through MDS section A, as well as the facility assessment. Due to the ever-changing demographics of the facility, the facility assessment should be updated as the resident population changes.

Surveyors will use the facility assessment to identify resident populations having unique cultural characteristics including language, religious or cultural practices, values, and preferences. When determining noncompliance, surveyors will consider four key areas that include identification of cultural preferences of residents who are trauma survivors, identification of a resident's history of trauma, identification of triggers which cause re-traumatization, and the use of approaches that are culturally competent and/or are trauma informed.

After identifying a resident that has experienced trauma, the facility must identify what triggers cause recall of previous traumatic events. Triggers are highly individualized but there are common triggers to keep in mind involving the senses including sight, smell, sound, and touch. For example, the triggers for a survivor of abuse may be an object, perfume, body odor, tone of voice or physical touch.

When addressing a resident's culture there are several things to keep in mind. Facilities are required to communicate effectively, both verbally and in writing, with residents in a language and manner they understand. Care must be provided appropriate to the culture and the individual (appropriate behaviors and attitudes). It is important to remember that when a facility admits a resident, it has determined that it can provide the individualized care and services required to meet the resident's needs. CMS expects facilities to create and sustain an environment that humanizes and promotes each resident's well-being and feeling of self-worth and self-esteem. This requires facility's leadership to establish a culture that treats each resident with respect and dignity as an individual, and addresses, supports and/or enhances his/her feelings of self-worth including personal control over choices and cultural preferences.

When establishing a resident's care plan, the facility needs to consider aspects of cultural preferences which may include communication, food preparation, clothing preferences, physical

contact, or provision of care by a person of a different sex, cultural etiquette (voice volume, eye contact).

The facility is expected to collaborate with residents that are trauma survivors, the resident's family/ friends (as appropriate), and any other health care professionals (psychologists, mental health professionals) to develop/implement individualized interventions. If a facility has more than one trauma survivor, social services might consider establishing a support group run by a qualified professional or allowing a support group to meet in the facility.

According to CMS, if a trauma survivor is reluctant to share his/her history, facilities are still responsible to identify triggers which may re-traumatize the resident and develop care planned interventions to minimize or eliminate the effect of the trigger. Trigger-specific interventions should identify ways to decrease exposure and mitigate/decrease the effect of the trigger. They should recognize the interrelation between trauma and symptoms of trauma such as substance abuse, eating disorders, depression, and anxiety, and recognize the survivor's need to be respected, informed, connected, and hopeful regarding their own recovery.

As with any care planned interventions, facilities must monitor the effects of approaches to ensure they are implemented as intended and have the desired effect to achieve the measurable objectives and the resident goals for care. For residents with a history of trauma, facilities must evaluate if interventions have mitigated the impact of identified triggers that may cause re-traumatization, involving the resident, family, or resident representative in this evaluation to ensure clear and open discussion and if interventions must be modified. Keep in mind that it may be necessary to engage the services of an interpreter to monitor and evaluate the effects of cultural interventions for non-English speaking residents.

A tool to assist your facility to evaluate compliance with these requirements is contained in the Behavioral and Emotional Status Critical Element Pathway used by surveyors. A facility should also do the following in preparation for survey and to ensure ongoing compliance:

- Examine existing policies and/or processes for resident identification of cultural preferences and a history of trauma assessment to include triggers which may cause re-traumatization.
- Ensure a process to identify residents who are trauma survivors, have history of trauma, and identify triggers which cause re-traumatization.
- Review resident plans of care to ensure that interventions and approaches are culturally competent and/or are trauma informed.
- Educate staff on cultural competency and trauma-informed care.

Additional resources are available with AHCA's trauma informed care training on educate.ahcancal.org.

SNF Questions?

Please email Elena Madrid, or call her at 1-800-562-6170, extension 105.