

§483.21(b)(3)- Comprehensive Care Plans

F656- Culturally Competent and/or Trauma Informed

The Center for Medicare and Medicaid Services (CMS) made changes to guidance under F-tag F656 to ensure that each resident's comprehensive care plan includes approaches to address the resident's cultural preferences and reflects trauma-informed care when appropriate. The resident's care plan includes a description of the resident's cultural preferences, values, and practices, include approaches to meet the resident's cultural needs and preferences, and for residents with a history of trauma the care plan describes interventions accounting for the resident's experiences and preferences to eliminate or mitigate triggers that may cause re-traumatization.

To address trauma and cultural preferences, facilities should collaborate with survivors, family, friends, and other health care professionals to obtain history of trauma. Facilities should identify triggers which may re-traumatize the resident and develop interventions to decrease or mitigate exposure to triggers. Facilities should ensure that facility staff understand the cultural preferences of the individual and how they impact the delivery of care. This F-tag may link to the following tags:

- F699 for concerns related to outcomes or potential outcomes to the resident related to culturally competent and/or trauma-informed care;
- F726 for concerns related to the knowledge competencies or skills of nursing staff to provide culturally competent and trauma-informed care; and
- F742 for concerns related to treatment and services for resident with history of trauma and/or post-traumatic stress disorder.

Action for Facilities:

- Educate staff on cultural needs and preferences, which may include communication, food preparation, clothing preferences, physical contact, or provision of care by a person of the opposite sex, cultural etiquette such as voice volume and eye contact.
- Examine existing policy and/or process to address trauma and cultural preferences.
- Evaluate existing policy and/or process to identify triggers which may cause re-traumatization to the resident and develop interventions to decrease or mitigate exposure to triggers that are culturally competent, take into consideration the resident's preferences, and are trauma informed.
- Examine current policy and/or process for collaboration with survivors, family, friends, and other health care professionals to obtain complete history of trauma.