



*Protecting, Maintaining and Improving the Health of Minnesotans*

Office of Health Facility Complaints Investigative Report  
PUBLIC

Facility:

Texas Terrace Care Center  
7900 West 28th Street  
St Louis Park, MN 55426  
Hennepin County

Report #: H5187034

Date: April 21, 2008

By: Michelle Ness, R.N.

Nature of Visit:

A desk investigation was initiated on March 3, 2008, related to the following complaint:  
An ASL interpreter was often not provided for a resident when he attended physical therapy sessions, had physician visits or even when nurses provided cares. In addition, when the resident was discharged on January 25, 2008, an interpreter was not provided to explain his medications.

Conclusion:

**Substantiated** as it relates to violation of patient rights. However, the facility has taken corrective action and, as a result, no violations will be issued.

xc: Division of Compliance Monitoring - Licensing & Certification

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/10/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245187</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/10/2008</b>
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NAME OF PROVIDER OR SUPPLIER  <b>TEXAS TERRACE CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7900 WEST 28TH STREET</b> <b>SAINT LOUIS PARK, MN 55426</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 000	<p><b>INITIAL COMMENTS</b></p> <p>An Administrative review was conducted to investigate H5187034. No violations were noted.</p>	F 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.