

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675557	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/10/2025
NAME OF PROVIDER OR SUPPLIER Oasis at Pearland		STREET ADDRESS, CITY, STATE, ZIP CODE 3400 E Walnut Pearland, TX 77581	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0573 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Let each resident or the resident's legal representative access or purchase copies of all the resident's records. (continued on next page)

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0573</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on records review and interview, the facility failed to provide the resident\ resident representative with access to personal and medical records pertaining to him or herself, upon an oral or written request, in the form and format requested by the individual, if it is readily producible in such form and format (including in an electronic form or format when such records are maintained electronically), or, if not, in a readable hard copy form or such other form and format as agreed to by the facility and the individual, within 24 hours (excluding weekends and holidays) for 1of 1 residents (CR#1) reviewed record access.CR #1 and her representative were not provided with requested medical records. This failure had the potential to prevent residents from obtaining medical services needed to maintain their health.Record review of Resident CR#1's Face Sheet, dated [DATE], reflected she was a [AGE] year-old female who was admitted to the facility on [DATE] and discharged from the facility on [DATE]. Record review of CR #1's clinical record also indicated she was her own RP. Her diagnoses included TYPE 2 diabetes mellitus with foot ulcer, chronic kidney failure, essential hypertension (high blood pressure) chronic pain, muscle weakness and urinary tract infection. Record review of CR #1's admission MDS dated [DATE] revealed CR #1's BIMS score on admission was 13 out of 15 which indicated she was cognitively intact. Record review of mail sent to the facility by CR #1's RP, revealed the first request for release of CR#1's medical record was dated [DATE], a second mail request was sent on [DATE] and a third request was sent on [DATE] During an interview with Medical record staff on [DATE] at 9:51AM, she said all person requesting medical records must complete a form for release of information and if the requesting entity was not the responsible party, both the requesting organization and the responsible party must complete the forms and notarized all forms as applicable and any applicable fee must be received before releasing any requested medical records. She said after the completion of all forms and fees paid, records would be released within 24-48 hours, she said it may take longer due to what was requested. She said it all depends on the volume of records requested. Information on requested record was provided, and she said she would look at her records to see if she had received any requested records or not for CR #1. During an interview on [DATE] at 10:10AM, Medical Record Staff said she received documentation requesting CR #1's medical record but she did not receive any payment from the CR #1's RP. She said she spoke to CR #1's RP about payment for the requested medical records but CR #1's RP said not to call his phone number and any discussion should go through his appointed representative. She said she did not reach out to the appointed RP. During an interview with CR#1's RP on [DATE] at 9:30AM, he said several attempts had been made to get medical records since January of 2025. He said his legal team were working on the case and they had mailed several letters to the facility without success. During an interview with Facility's Administrator on [DATE] at 9:20am, he said all requests for medical records are processed by the Medical Records staff. He said he was not aware of any request that was not addressed. He said he would ask his cooperate office to contact CR #1's appointed RP to follow up with the request as soon as possible. Record review of facility policy on request for medical record dated [DATE] with a revision date of [DATE] reveal' Policy: Medical records will be released with a valid request and in accordance with state and federal laws.Medical Records are a collection of documents prepared and maintained during the course of a resident's stay in thefacility that records the clinical/medical care of the resident. These documents can be written or electronicinformation and include progress notes, physician orders, nursing notes, consultations, laboratory and diagnosticreports, and plans of care. These documents do not include risk management systems/reports such as incidentsreports, investigation reports, witness statements, or other quality assurance documents such as skin reports,presure injury reports, weight loss reports, etc.Procedure:Direct all requests for release of protected health information only to the facility's Privacy Officer ordesignee2. Notify the company risk officer for request for records, subpoena for medicals. Send documents as anemail attachment. In the body of the email type, 1) resident's name, 2) current status (deceased , activeresident, transferred or discharged), 3) date of admission and discharge, 4) requestor's name).3. Records should not be released prior to approval of the company risk officer who further validatesauthenticity of the request4. The company's legal council is notified by the risk officer if additional clarification is necessary5. Upon request to access or obtain copies of the medical record, the facility's Privacy Officer should reviewthe authorization to ascertain access rights of that person. Authority to access or release records is onlygranted by the resident or the resident's legal medical representative. The facility should request copies ofany legal</p>		