

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 12/31/2025
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 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. (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

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 12/31/2025
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)		
<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Based on observation, interview and record review the facility failed to ensure that menus were followed in accordance with the national guidelines in 1 of 1 kitchen reviewed at lunch meal in that: The facility failed to ensure that the menus were followed. This failure could place all residents who ate food from the kitchen at risk of weight loss and diminished quality of life. Observation on 12/31/2025 at 12:20pm during the lunch service revealed the lunch tray included one egg roll, 3 chicken nuggets, approximately 2 ounces of green beans, banana pudding, juice and water. No bread was observed on the tray. Further observation revealed no posted menu in the dining room and no substitution list. Interview on 12/31/2025 at 12:40pm with the Dietary Manager revealed that the menu was supposed to be posted but she did not get a chance to print it and that was why it was not posted. She said the menu should include fried rice as the starch and she did not know why the fried rice was not included. Record review of the lunch menu for 12/31/2025 revealed Egg roll, fried rice, oriental vegetables, orange chicken, banana pudding and beverage of choice. Further observation on 12/31/2025 at 12:45pm with the Dietary Manager at meal service in the dining room revealed no rice or bread on resident's plates in the dining room. Further interview with the Dietary Manager on 12/31/2025 at 1:20pm revealed that rice was in the kitchen and it should be served. She said she did not know why they did not cook the rice. She said the vegetables should be oriental vegetables and not green beans. She said they usually use chicken nuggets with orange sauce for the orange chicken. She said that day was her day off and she was called in so she was not there to see what had been prepared. She said she will have to in-service the staff on following the menu and making a substitution list of similar food with the same nutritional value. In an interview with [NAME] A on 12/31/2025 at 1:55pm she said she did not prepare fried rice as there was no rice in the dry storage room and she did not want to use a different starch as it could be the starch for the next meal. She said she should have called the Dietary Manager to ask what should be substituted for the fried rice. She further stated they had just gotten groceries that day and there was no rice on the order. Observation on 12/31/2025 at 1:55pm of the dry storage room revealed no rice in the dry storage room. Record review of food invoices dated 12/18/25, 12/19/2025, 12/24/2025, 12/29/2025 and 12/31/2025 revealed no documentation that rice was ordered. In an interview on 12/31/2025 at 2:00pm with the AIT he said they spoke with the Dietitian, and she said bread could be substituted for the rice, for the residents who did not like rice. The AIT was told that no rice was served, and no other menu item was substituted for the rice. In an interview on 12/31/2025 at 5:07pm with the Administrator he said he had started in-servicing the staff on portion size and menu substitution. He said they will also be in-serviced on replacing food groups with the same food or similar and of the same nutritional value. Record review of the facility undated policy and procedure titled Menus read in part. Policy Statement Menus are developed and prepared to meet resident choices including religious, cultural and ethnic needs while following established national guidelines for nutritional adequacy. Policy Interpretation and Implementation 1. Menus meet the nutritional needs of residents in accordance with the recommended dietary allowances of the Food and Nutrition Board (National Research Council and National Academy of Sciences). 4. Copies of the menus (as served, including substitutions) are kept on file for at least 90 days/ 3 months. 5. Menus provide a variety of foods from the basic daily food groups and indicate standard portions at each meal. 6. If a food group is missing from a resident's daily diet (e.g., dairy products), the resident is provided an alternate means of meeting his or her nutritional needs (e.g., calcium supplementation or fortified non-dairy alternatives). 7. Menus are updated periodically. 8. Copies of menus are posted in at least two (2) resident areas, in positions and in print large enough for residents to read them.</p>		