CERTIFIED NURSING ASSISTANT (CNA) LEVEL I – OSBN STATE CERTIFICATION PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

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How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

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Questions

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1. What are the three categories of transmission-based precautions?

A. airborne, droplet, and contact precautions

B. standard precautions, universal precautions, and reactive

C. protective isolation only

D. chemical precautions

2. MDROs are defined as microorganisms resistant to

A. One or more antimicrobial agents

B. A single antibiotic

C. Vaccines

D. Antivirals

3. What type of fractures lead the most deaths and lead to severe health problems?

A. Hip fractures

B. Skull fractures

C. Rib fractures

D. Pelvic fractures

4. Which practice is associated with droplet precautions?

A. Wearing a face mask during procedures and restricting visits from uninfected people

B. Wearing a respirator

C. No precautions needed

D. Wearing gloves only

5. What are the five steps in the nursing process in order?

A. Assessment, Diagnosis, Planning, Implementation, Evaluation.

B. Assessment, Planning, Diagnosis, Implementation, Evaluation.

C. Diagnosis, Assessment, Planning, Implementation, Evaluation.

D. Assessment, Diagnosis, Implementation, Planning, Evaluation.

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6. Which resident right concerns the discharge and transfer processes?

A. The right to be fully informed

B. The right during discharges and transfers

C. The right to visits

D. The right to security of possessions

7. What is the chain of infection?

A. A way of describing how disease is transmitted from one being to another

B. A description of how a patient recovers from illness

C. A chart of medication administration sequence

D. A list of pathogens common in a facility

8. A resident's vital signs are being measured. Which statement describes a correct BP measurement position?

A. The resident sits with feet flat on the floor and the arm supported at heart level, using the correct cuff size on bare skin.

B. The resident sits with feet crossed and the arm supported at shoulder level.

C. The resident stands with the arm dangling.

D. The resident lies down with the arm below heart level.

9. Can residents refuse care?

A. Yes

B. No

C. Only with physician order

D. Only if the care is uncomfortable

10. Apnea (n.) is defined as which of the following?

A. Absence of breathing

B. Rapid breathing

C. Difficulty breathing

D. Painful breathing

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Answers

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1. A
2. A
3. A
4. A
5. A
6. B
7. A
8. A
9. A
10. A

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Explanations

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1. What are the three categories of transmission-based precautions?

A. airborne, droplet, and contact precautions

B. standard precautions, universal precautions, and reactive

C. protective isolation only

D. chemical precautions

Transmission-based precautions are added to standard precautions based on how an infection spreads. There are three categories: airborne, droplet, and contact precautions. Airborne precautions protect against infections spread by tiny particles that can remain suspended in the air. This typically requires a negative-pressure room and an N95 respirator or respirator when caring for the patient. Droplet precautions target larger respiratory droplets that travel short distances when a person talks, coughs, or sneezes. Protective measures include staying at least about three feet away from the patient and using a surgical mask; eye protection may be added as needed. Contact precautions are used for infections spread by direct contact with the patient or contaminated surfaces. They require gloves and a gown, with careful hand hygiene and often dedicated equipment to prevent transmission. Other groupings don't fit the framework for transmission-based precautions. Standard precautions (and universal precautions) are the baseline for all patients, not a three-category system. Protective isolation refers to protecting a vulnerable patient rather than classifying how transmission occurs, and chemical precautions are not part of the transmission-based categories.

2. MDROs are defined as microorganisms resistant to

A. One or more antimicrobial agents

B. A single antibiotic

C. Vaccines

D. Antivirals

Multi-drug resistant organisms are microbes that survive exposure to antimicrobial drugs, making infections harder to treat. Among the options, the statement that they are resistant to one or more antimicrobial agents best captures this concept, since it emphasizes resistance to drugs used to treat infections. The other choices don't fit: vaccines are not antimicrobial drugs, antivirals target viruses, and being resistant to a single antibiotic doesn't convey the broader resistance implied by the term multidrug-resistant. Understanding this helps guide infection prevention and careful antibiotic use to limit spread and treatment challenges.

3. What type of fractures lead the most deaths and lead to severe health problems?

A. Hip fractures

B. Skull fractures

C. Rib fractures

D. Pelvic fractures

Hip fractures carry the highest risk of death and serious problems, especially in older adults with osteoporosis or other health issues. When a hip fracture occurs, people often can't move well or at all for a long period, which leads to complications like pneumonia from shallow breathing, blood clots from immobility, muscle wasting, delirium, and a loss of independence. Surgery is common, but older patients may have more health issues that complicate recovery, increasing mortality within the first year after the fracture. Other fracture sites can be serious, especially if they involve brain injury or major bleeding, but the combination of advanced age, immobilization, and postoperative risks makes hip fractures the most deadly and debilitating overall. In care settings, recognizing the seriousness, preventing complications, and supporting safe, early mobilization under medical guidance are key areas of focus.

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4. Which practice is associated with droplet precautions?

A. Wearing a face mask during procedures and restricting visits from uninfected people

B. Wearing a respirator

C. No precautions needed

D. Wearing gloves only

Droplet precautions focus on preventing transmission of infections spread by larger respiratory droplets that travel short distances when a person talks, coughs, or sneezes. The key measure is a face mask to block those droplets from reaching others during close contact, especially during procedures. Limiting visits to uninfected people helps reduce potential exposure from any droplets that might escape or from environmental contamination. A respirator would be used for airborne pathogens, not for standard droplet spread. Wearing gloves alone doesn't protect against droplets reaching the eyes, nose, or mouth, so a mask is needed in addition to gloves and standard precautions.

5. What are the five steps in the nursing process in order?

A. Assessment, Diagnosis, Planning, Implementation, Evaluation.

B. Assessment, Planning, Diagnosis, Implementation, Evaluation.

C. Diagnosis, Assessment, Planning, Implementation, Evaluation.

D. Assessment, Diagnosis, Implementation, Planning, Evaluation.

Understanding the proper sequence of the nursing process is about organizing care in a systematic, patient-centered way. Start with assessment, where you gather all relevant information about the patient's health status, including history, symptoms, and objective findings. This information is used to determine what problems exist, which leads to the diagnosis step, where you interpret data to identify actual or potential nursing problems. Next comes planning, where you set measurable goals and outcomes and choose appropriate interventions to address the diagnosed problems. Then you implement those planned interventions, carrying out the care and monitoring the patient's response. Finally, you evaluate the results to see if goals were met and to decide whether to continue, modify, or stop interventions. If planning were done before a full assessment or before identifying a diagnosis, care would be unfocused or inappropriate. If implementation occurs without a clear plan, actions may not address the patient's actual needs. If evaluation happens without having implemented any interventions, you can't judge effectiveness. The sequence above—Assessment Diagnosis Planning Implementation Evaluation—is the correct order.

6. Which resident right concerns the discharge and transfer processes?

A. The right to be fully informed

B. The right during discharges and transfers

C. The right to visits

D. The right to security of possessions

Resident rights during discharge and transfer processes focus on protecting and guiding the move from one care setting to another. This right ensures residents are informed, involved in planning, and safe throughout the process. In practice, that means giving proper notice before a discharge or transfer, involving the resident (and family when appropriate) in decisions about where they're going and why, and making sure the destination has the necessary care and that transportation is safe and appropriate. It also helps prevent abrupt or involuntary moves and supports continuity of care by coordinating records and services with the new setting. Other rights touch on related areas but not specifically the discharge/transfer process. The right to be fully informed covers information about care and treatment in general, not just moves. The right to visits concerns visitation rights, and the right to security of possessions protects belongings during transfers.

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7. What is the chain of infection?

A. A way of describing how disease is transmitted from one being to another

B. A description of how a patient recovers from illness

C. A chart of medication administration sequence

D. A list of pathogens common in a facility

The chain of infection is a framework for understanding how disease is transmitted from one person to another. It includes several linked parts: the infectious agent (pathogen), the reservoir where the pathogen lives, the portal of exit from that reservoir, the mode of transmission to a new host, the portal of entry into the new host, and a susceptible host who can become infected. In healthcare, breaking any one link prevents spread, so practices like hand hygiene, using gloves and masks, proper cleaning and disinfection, isolating contagious patients, and ensuring vaccination all help interrupt transmission. The other options describe recovery, a medication sequence, or a catalog of pathogens, none of which explain how disease moves from person to person.

8. A resident's vital signs are being measured. Which statement describes a correct BP measurement position?

A. The resident sits with feet flat on the floor and the arm supported at heart level, using the correct cuff size on bare skin.

B. The resident sits with feet crossed and the arm supported at shoulder level.

C. The resident stands with the arm dangling.

D. The resident lies down with the arm below heart level.

Accurate blood pressure relies on proper positioning and fit so the measurement reflects the true arterial pressure at heart level. The correct approach is to have the resident seated with feet flat on the floor, back supported, and the arm supported at heart level, with a cuff appropriate for the arm's size placed on bare skin. This setup keeps the body stationary, preserves normal venous return, and avoids hydrostatic errors that occur when the arm is higher or lower than the heart. Using the correct cuff size ensures the bladder covers enough arm circumference to compress correctly without being too tight or too loose, and applying it to bare skin prevents clothing from altering the reading. Other postures—such as crossing the legs, standing with the arm dangling, or lying with the arm below heart level—create changes in venous return or hydrostatic pressure that distort the reading, making them unreliable.

9. Can residents refuse care?

A. Yes

B. No

C. Only with physician order

D. Only if the care is uncomfortable

Residents have the right to refuse care. This reflects their autonomy to make decisions about their own body. If the resident is capable of understanding what the care involves and the consequences, they may decline any treatment or procedure, even if others think it's beneficial. Your role is to provide the needed information about risks and benefits, respect their decision, and document the refusal clearly. Do not pressure or coerce them, and continue to provide other routine care that they have not refused, while monitoring for any change in their condition. If capacity is in doubt, involve the physician and consider surrogate decision-making or an advance directive to guide choices, because decisions may shift if a resident's ability to decide changes. In short: yes, residents can refuse care as long as they have the capacity to decide and the choice is informed and voluntary.

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10. Apnea (n.) is defined as which of the following?

A. Absence of breathing

B. Rapid breathing

C. Difficulty breathing

D. Painful breathing

Apnea means a complete cessation of breathing—the person isn't taking in air during that time. This is different from rapid breathing, which is fast breaths but air is still moving; from difficulty breathing, which is the sensation or presence of trouble getting air in; and from painful breathing, which is breathing that hurts. In CNA practice, recognizing apnea is critical because it can quickly lead to insufficient oxygen. If you observe no breathing, check the airway and breathing, call for help, and follow your facility's emergency procedures. (Note: sleep apnea refers to breathing pauses during sleep, but the basic definition is a stoppage of breathing.)

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Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

https://cnalvl1osbn.examzify.com

We wish you the very best on your exam journey. You've got this!

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