COLORADO NURSING HOME ADMINISTRATORS (NHA) PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Table of Contents

Copyright 1

Table of Contents 2

Introduction 3

How to Use This Guide 4

Questions 5

Answers 8

Explanations 10

Next Steps 15

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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. **Occurrence reporting needs to be done in what time frame?**

   A. 12 hours

   B. 24 hours

   C. 48 hours

   D. 72 hours

2. **How many square feet per resident is required in the common space of a secured unit?**

   A. 5 sq ft

   B. 8 sq ft

   C. 10 sq ft

   D. 12 sq ft

3. **If a resident is using a safety device, how often should they be monitored and documented?**

   A. Every hour

   B. Every 2 hours

   C. Every 4 hours

   D. Every 8 hours

4. **Is there a charge for obtaining copies of a health care record to another healthcare provider?**

   A. No, there are no charges

   B. Yes, there is a minimal fee

   C. Yes, $5.00 per record

   D. No, except for records older than five years

5. **Can the door in the water closet swing into the toilet room?**

   A. Yes

   B. No

   C. Only if the room is large enough

   D. Only if the door is specially designed

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6. When are alternatives available for the two-hour fire separation wall?

A. When there are adjoining occupancies by licensed health care entities and all are directly owned by one of the licensees or share the same governing body

B. When both entities agree on an alternative plan

C. When the wall is unnecessary for fire protection

D. When the separation requirement is under review

7. Is an extension allowed for a health emergency regarding exceeding its bed capacity?

A. No, extensions are not permitted

B. Yes, for 7 days

C. Yes, for 14 days

D. Yes, for 21 days

8. If facility administration does not agree with the findings of the ED of the Department, how long do they have to request a hearing?

A. 14 days

B. 30 days

C. 60 days

D. 90 days

9. Who approves medications kept at the bedside?

A. Dietary supervisor

B. Nursing supervisor

C. Pharmaceutical advisory committee

D. Resident's family

10. Who serves as the liaison between the facility and admitting physicians?

A. Attending physician

B. Dietary supervisor

C. Medical director

D. Nursing supervisor

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Answers

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

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Explanations

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1. Occurrence reporting needs to be done in what time frame?

A. 12 hours

B. 24 hours

C. 48 hours

D. 72 hours

Occurrence reporting is a critical component of ensuring safety and compliance in nursing homes. The requirement to report occurrences, such as incidents, accidents, or atypical events, within a designated time frame is essential for prompt investigation and response. Choosing 24 hours reflects best practices in healthcare facilities, where rapid reporting helps identify trends, implement corrective actions, and mitigate any potential risks to residents' safety. Timely reporting also ensures that issues are addressed while details are fresh, which aids in accurate documentation and subsequent reviews by management or regulatory bodies. This timeframe aligns with regulatory guidelines that emphasize the importance of swift communication regarding incidents that may affect patient care or facility operations. The other time frames, such as 12, 48, or 72 hours, might not adequately support the urgency required for effective incident resolution and quality improvement processes in a healthcare setting. Adopting a 24-hour window emphasizes a proactive approach to risk management and enhances the overall safety culture within the facility.

2. How many square feet per resident is required in the common space of a secured unit?

A. 5 sq ft

B. 8 sq ft

C. 10 sq ft

D. 12 sq ft

The common space in a secured unit is typically used for various activities and is designed to accommodate the residents' needs. Therefore, it is important to ensure that there is enough space for each resident to comfortably move around and participate in activities without feeling cramped. Option A - 5 sq ft per resident is the most accurate and appropriate choice as it allows for adequate personal space for each resident. Options B and C provide slightly more space, which may not be necessary and could lead to wasted space. Option D, on the other hand, offers significantly less space, which could potentially lead to residents feeling crowded and uncomfortable. Therefore, option A is the best answer as it strikes the right balance between providing enough space for each resident and using the space efficiently.

3. If a resident is using a safety device, how often should they be monitored and documented?

A. Every hour

B. Every 2 hours

C. Every 4 hours

D. Every 8 hours

It is important to monitor and document the use of safety devices for residents regularly to ensure their safety. Option A (Every hour) may be too frequent and disruptive for the resident, while option D (Every 8 hours) may not provide enough time to catch any potential issues. Option C (Every 4 hours) could also be insufficient as some residents may require closer monitoring. Option B (Every 2 hours) strikes a balance between being thorough and not being overly intrusive, making it the best choice.

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4. Is there a charge for obtaining copies of a health care record to another healthcare provider?

A. No, there are no charges

B. Yes, there is a minimal fee

C. Yes, $5.00 per record

D. No, except for records older than five years

Obtaining copies of a health care record to another health care provider typically does not come with any charges. However, there may be some exceptions. Option B may be incorrect as it mentions a minimal fee. Option C may be incorrect because it specifies a flat fee of $5.00 per record, which may not always be the case. Option D may be incorrect because it suggests that there may be a charge for records older than five years, which may not be true in all cases. Overall, option A is the most accurate answer.

5. Can the door in the water closet swing into the toilet room?

A. Yes

B. No

C. Only if the room is large enough

D. Only if the door is specially designed

No, the door in the water closet cannot swing into the toilet room. This is because if the door swings into the toilet room, it may obstruct movement within the space and create potential safety hazards. It is important for doors in such settings to swing outward to ensure easy access and egress without limitations.

6. When are alternatives available for the two-hour fire separation wall?

A. When there are adjoining occupancies by licensed health care entities and all are directly owned by one of the licensees or share the same governing body

B. When both entities agree on an alternative plan

C. When the wall is unnecessary for fire protection

D. When the separation requirement is under review

In the context of fire safety regulations in nursing homes, the correct answer is option A. This is because when there are adjoining occupancies by licensed health care entities and all are directly owned by one of the licensees or share the same governing body, alternatives may be available for the two-hour fire separation wall. This exception recognizes that in some cases where multiple healthcare entities are under the same ownership or governing body, the need for a two-hour fire separation wall may be reassessed without compromising safety standards. This exception allows for flexibility in fire safety measures while ensuring that the necessary precautions are still in place. Options B, C, and D are not correct in this context. Option B's requirement for both entities to agree on an alternative plan does not align with the specific conditions outlined in the question. Option C's suggestion that the wall may be unnecessary for fire protection is not a valid reason to forego fire safety requirements. Option D's mention of the separation requirement being under review does not automatically warrant alternatives for the two-hour fire separation wall without meeting the specific criteria mentioned in option A.

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7. Is an extension allowed for a health emergency regarding exceeding its bed capacity?

A. No, extensions are not permitted

B. Yes, for 7 days

C. Yes, for 14 days

D. Yes, for 21 days

In a health emergency situation where a facility has exceeded its bed capacity, an extension is allowed for a maximum of 14 days. This is to allow for temporary relief and assistance in managing the influx of patients during a crisis. Options A, B, and D are incorrect because they either state that no extensions are allowed (A) or provide shorter or longer time frames for extensions that do not align with regulations. Option C, 14 days, is the correct answer as it provides a reasonable and realistic amount of time for the facility to address the emergency situation before reassessing.

8. If facility administration does not agree with the findings of the ED of the Department, how long do they have to request a hearing?

A. 14 days

B. 30 days

C. 60 days

D. 90 days

When a facility administration does not agree with the findings of the ED of the Department, they must request a hearing within 30 days. Option A (14 days) is too short of a time frame for the administration to fully review the findings and make a decision. Option C (60 days) and Option D (90 days) are both too long and may result in the administration not taking prompt action to address any potential issues. Therefore, option B is the most reasonable and appropriate time frame for a request to be made.

9. Who approves medications kept at the bedside?

A. Dietary supervisor

B. Nursing supervisor

C. Pharmaceutical advisory committee

D. Resident's family

The correct answer pertains to the specific protocols and regulations governing medication management in nursing homes. Medications that are kept at the bedside for residents are typically approved by the nursing supervisor. This individual is responsible for overseeing nursing staff and ensuring that medications are administered safely and according to prescribed protocols. The nursing supervisor's role includes regularly reviewing medication orders, verifying that the medications are appropriate for each resident, and ensuring compliance with all regulatory standards regarding medication handling and storage. Safety and proper adherence to medication management are critical in a nursing home setting to prevent medication errors and ensure the well-being of residents. While the dietary supervisor may be involved with medication in terms of dietary restrictions or interactions, and the pharmaceutical advisory committee provides guidance and oversight on pharmaceutical practices, it is the nursing supervisor who directly manages bedside medication approval. The resident's family may be included in discussions about care and treatment but does not have authority over medication management decisions.

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10. Who serves as the liaison between the facility and admitting physicians?

A. Attending physician

B. Dietary supervisor

C. Medical director

D. Nursing supervisor

The medical director plays a crucial role in serving as the liaison between the facility and admitting physicians. This position typically involves overseeing the medical aspects of resident care and ensuring that the facility adheres to appropriate medical practices and standards. The medical director collaborates with attending physicians to develop care protocols and ensure effective communication regarding patient admissions, treatment plans, and changing medical needs. This role is essential for coordinating admissions and addressing any medical concerns that may arise during the process. The medical director is responsible for providing guidance on medical policies and ensuring that the facility meets regulatory requirements, which directly impacts the quality of care provided to residents. In this way, the medical director is pivotal in acting as the intermediary, facilitating smooth interactions and understanding between the facility's healthcare team and outside physicians.

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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://coloradonha.examzify.com

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

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