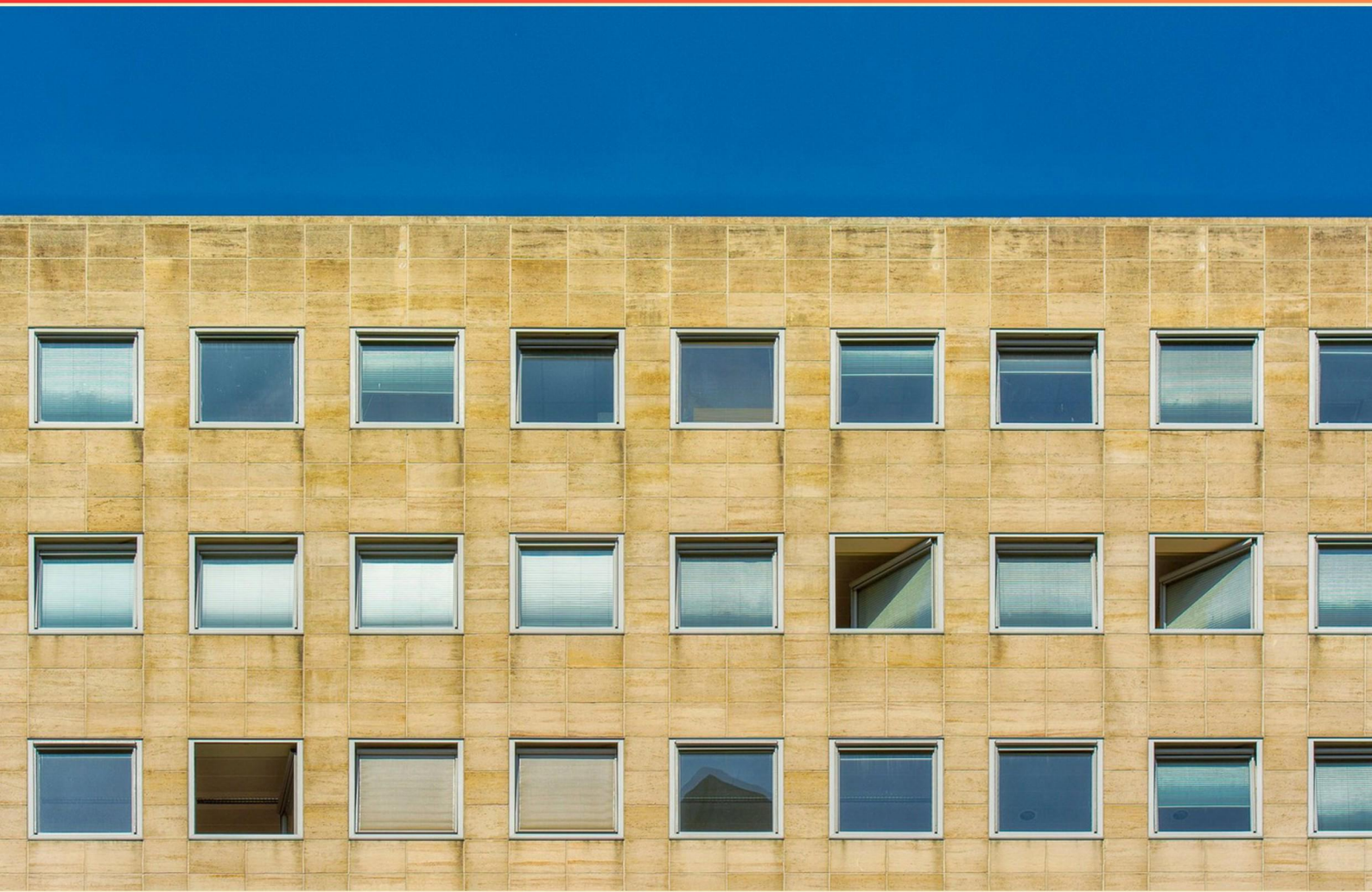


AMERICAN COLLEGE OF HEALTHCARE ARCHITECTS (ACHA) CERTIFICATION PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE

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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.

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!

Questions

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- 1. Clinical decision unit (CDU) is best described as which of the following?**
 - A. A Long-Term Inpatient Unit
 - B. A Short Stay Unit Embedded In The ED
 - C. An Outpatient Clinic
 - D. An Operating Room Recovery Area

- 2. How do Life Safety Evaluation (LSE) and Facility Condition Assessment (FCA) differ?**
 - A. LSE focuses on budgets; FCA on staffing.
 - B. LSE assesses compliance of existing structures to life-safety codes; FCA inventories facility condition for capital planning.
 - C. LSE evaluates patient satisfaction; FCA evaluates nurse response times.
 - D. They are the same.

- 3. What is the minimum ceiling height specified for a seclusion room?**
 - A. 8 feet
 - B. 9 feet
 - C. 10 feet
 - D. 7 feet

- 4. During design development, there is a proposal for sliding pocket doors between ICU rooms. Which factor is most critical for the architect to explain to the owner?**
 - A. Infection control issues
 - B. Conflicts with utilities in the wall
 - C. Additional wall thickness
 - D. Maintenance issues

- 5. How do airborne, droplet, and contact isolation differ in design and operation?**
 - A. They require identical room types and identical PPE across all isolation types.
 - B. They require the same room type for all isolation categories with standard airflow.
 - C. Only PPE is different; room design is the same for all isolates.
 - D. Airborne, droplet, and contact isolation require different room types (such as negative pressure for airborne) and PPE, with airflow considerations.

- 6. GGHC is described as what in the context of sustainable design?**
- A. The healthcare sector's first quantifiable sustainable design toolkit.
 - B. A national energy code.
 - C. A patient safety standard.
 - D. A financial grant program.
- 7. Differences between lead lined and RF shielding?**
- A. Lead lined protects from ultraviolet rays
 - B. Lead lined protects from X-rays; RF shielding protects from radio-frequency waves
 - C. RF shielding protects from X-rays
 - D. Lead lined protects from heat
- 8. According to the Life Safety Code, what is the maximum square footage for suites with sleeping rooms?**
- A. 5,000
 - B. 12,000
 - C. 7,500
 - D. 10,000
- 9. What is an accountable care organization?**
- A. A group of doctors, hospitals and other providers that can work together to give patients high quality care and manage costs.
 - B. A government program for emergency care.
 - C. A hospital department focused on administrative tasks.
 - D. An insurance plan managed by a single payer.
- 10. Which envelope characteristic contributes to infection control by reducing moisture intrusion and drafts?**
- A. Low-performance envelope.
 - B. High-performance envelope.
 - C. No envelope considerations.
 - D. Using porous materials.

Answers

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

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Explanations

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1. Clinical decision unit (CDU) is best described as which of the following?

- A. A Long-Term Inpatient Unit
- B. A Short Stay Unit Embedded In The ED**
- C. An Outpatient Clinic
- D. An Operating Room Recovery Area

A clinical decision unit is a short-stay observation space integrated with the emergency department, designed to rapidly evaluate and manage patients who don't need full admission but require a brief period of monitoring, testing, and treatment planning to decide disposition. The stay is typically limited to a day, allowing timely decisions about discharge versus admission and helping improve ED flow. It focuses on diagnostic workup and initial management to resolve uncertainty quickly. This fits best because it specifically describes a space that supports short-term observation right within or connected to the ED, rather than a long-term inpatient unit, an outpatient clinic, or a post-anesthesia recovery area. Long-stay inpatient units are for extended care; outpatient clinics are for scheduled visits without acute ED traffic; operating room recovery areas serve post-surgical patients rather than observational evaluation.

2. How do Life Safety Evaluation (LSE) and Facility Condition Assessment (FCA) differ?

- A. LSE focuses on budgets; FCA on staffing.
- B. LSE assesses compliance of existing structures to life-safety codes; FCA inventories facility condition for capital planning.**
- C. LSE evaluates patient satisfaction; FCA evaluates nurse response times.
- D. They are the same.

The main idea is that Life Safety Evaluation looks at whether existing structures meet life-safety codes, while a Facility Condition Assessment inventories the facility's physical condition to inform capital planning. A Life Safety Evaluation focuses on regulatory compliance for life-safety features such as egress, fire protection, detection and suppression, and accessibility, identifying any gaps that must be remedied to meet code requirements. A Facility Condition Assessment, on the other hand, surveys the building and its major systems to determine their current state, remaining useful life, and replacement or repair priorities for budgeting and long-range planning. This distinction makes the second option correct: one assesses regulatory life-safety compliance, the other catalogs condition for capital planning. The other choices don't fit because they describe unrelated goals (budgets vs staffing; patient satisfaction or response times) or claim they are the same, which they are not.

3. What is the minimum ceiling height specified for a seclusion room?

- A. 8 feet
- B. 9 feet**
- C. 10 feet
- D. 7 feet

Seclusion spaces are designed with safety, containment, and staff operability in mind. The ceiling height is set higher than a typical patient room to ensure ample headroom for safe interventions and to reduce the perceived confinement that can escalate agitation. A taller ceiling also accommodates overhead equipment, lighting, and observation devices without creating cramped or awkward spaces, which supports better supervision and quicker, safer responses by staff. Because this elevated height directly supports safety, observation, and containment goals, the option describing a noticeably taller ceiling is the correct one. Shorter heights would fall short of meeting these safety and operational needs.

4. During design development, there is a proposal for sliding pocket doors between ICU rooms. Which factor is most critical for the architect to explain to the owner?

- A. Infection control issues
- B. Conflicts with utilities in the wall
- C. Additional wall thickness
- D. Maintenance issues

The most important point to convey is that infection control implications drive the feasibility of sliding pocket doors between ICU rooms. In critical care spaces, maintaining a defined air barrier, cleanability, and ease of disinfection is essential to prevent cross-contamination and protect vulnerable patients. Pocket doors leave a wall pocket and a track system that can harbor dust, moisture, and pathogens, making it harder to clean thoroughly. The door seal around a pocket door is also typically less airtight than a solid swing door, which can compromise room pressurization and airflow differentials that isolate rooms from each other. This directly affects infection control performance, affects regulatory compliance, and influences patient safety more than other design concerns. Maintenance becomes more complex as the track, pocket, and hardware require ongoing cleaning and inspection to ensure seals stay effective, which translates into higher long-term costs and potential infection-control risk if neglected. While conflicts with utilities, added wall thickness, and maintenance considerations are real design factors, they are secondary to preserving a robust infection-control environment in the ICU, so explaining these infection-control impacts upfront helps the owner make a safer, more informed decision.

5. How do airborne, droplet, and contact isolation differ in design and operation?

- A. They require identical room types and identical PPE across all isolation types.
- B. They require the same room type for all isolation categories with standard airflow.
- C. Only PPE is different; room design is the same for all isolates.
- D. Airborne, droplet, and contact isolation require different room types (such as negative pressure for airborne) and PPE, with airflow considerations.

Airborne, droplet, and contact isolation are designed around how infections spread and how the environment can be controlled to prevent transmission. Airborne isolation uses a negatively pressurized room (an AIIR) with dedicated airflow so air moves into the room and is exhausted or passes through appropriate filtration; this setup typically requires more air changes per hour and ensures contaminated air doesn't circulate to other areas. Healthcare workers wear respirators (N95 or higher) or PAPRs, and the patient should wear a mask if transported outside the room. The door is usually kept closed to maintain the negative pressure. Droplet isolation does not require negative pressure. It aims to block larger droplets that travel only short distances, so the room is generally a standard private room and the airflow does not have to be negatively pressurized. PPE centers on protective barriers such as a surgical mask for staff, with gloves and gowns as needed for contact with potentially contaminated secretions or surfaces; patient transport typically involves masking. Contact isolation focuses on preventing transmission via direct touch and contaminated surfaces, so a private room or cohort grouping is used, with gloves and gowns required for all patient care and dedicated equipment to avoid cross-contamination. Environmental cleaning and hand hygiene are emphasized to reduce surface-mediated spread. Thus the correct choice reflects that these isolation types require different room types and PPE, with airflow considerations for airborne cases, rather than identical rooms or PPE across all types.

6. GGHC is described as what in the context of sustainable design?

- A. The healthcare sector's first quantifiable sustainable design toolkit.
- B. A national energy code.
- C. A patient safety standard.
- D. A financial grant program.

Green Guide for Health Care (GGHC) is a metrics-based framework that guides sustainable design and operation of healthcare facilities. It's described as the healthcare sector's first quantifiable sustainable design toolkit because it provides concrete, measurable criteria across areas like energy and water efficiency, materials selection, waste management, indoor environmental quality, site impact, and operations and maintenance. This toolkit helps design teams set targets, compare options, and document performance in a way that makes sustainability efforts auditable and trackable throughout the project lifecycle. It's not a legal energy code, it's not a patient safety standard, and it isn't a financial grant program—it's a practical, scoreable set of design guidelines that translates sustainability goals into measurable outcomes.

7. Differences between lead lined and RF shielding?

- A. Lead lined protects from ultraviolet rays
- B. Lead lined protects from X-rays; RF shielding protects from radio-frequency waves
- C. RF shielding protects from X-rays
- D. Lead lined protects from heat

The key idea is that shielding designed for X-rays and shielding designed for radio-frequency (RF) energy protect against different types of radiation and use different materials and methods. Lead lining is used because lead's high density and atomic number effectively absorb X-ray photons, reducing exposure in areas like radiology rooms. Shielding RF energy, on the other hand, is about creating a conductive barrier that prevents RF energy from entering or leaving a space, typically using metals like copper or steel and ensuring a continuous Faraday cage with proper seams and penetrations. That's why the best choice states that lead lining protects from X-rays and RF shielding protects from radio-frequency waves. The other options mix up the types of protection (UV and heat) or misattribute X-ray protection to RF shielding.

8. According to the Life Safety Code, what is the maximum square footage for suites with sleeping rooms?

- A. 5,000
- B. 12,000
- C. 7,500
- D. 10,000

The main idea is that the Life Safety Code restricts how large a sleeping suite in a healthcare facility can be to keep evacuations simple and life-safety barriers effective. A sleeping suite with sleeping rooms is limited to 7,500 square feet. Keeping suites under this size helps ensure that occupants can reach exits quickly, that fire and smoke control remain manageable within the space, and that the required egress and compartmentation provisions stay practical in design and operation. If a suite exceeded 7,500 square feet, the design would generally require additional fire-rated barriers, more exits, or other enhanced protections, complicating the safety strategy. The other listed sizes exceed the allowable limit, which is why 7,500 square feet is the correct maximum.

9. What is an accountable care organization?

- A. A group of doctors, hospitals and other providers that can work together to give patients high quality care and manage costs.
- B. A government program for emergency care.**
- C. A hospital department focused on administrative tasks.
- D. An insurance plan managed by a single payer.

An accountable care organization is a collaborative network of physicians, hospitals, and other health care providers who join forces to deliver coordinated, high-quality care for a defined patient population while actively managing and aiming to reduce overall costs. The key idea is that care is organized across settings—primary care, specialists, hospital stays, and post-acute care—using shared protocols, data-driven decision making, and continuous communication. Providers in an ACO share financial and clinical accountability: if they meet quality targets while controlling total costs, they can share in savings with payers; if performance falls short, there can be financial risk. This concept is distinct from a government program for emergency care, which focuses on urgent treatment access rather than ongoing, coordinated management of a patient population. It's also not a hospital department that handles administration, which is an internal organizational unit rather than a network of affiliated providers. And it isn't an insurance plan managed by a single payer, since an ACO is about how providers organize and be accountable for care, often working with insurers or government programs rather than replacing insurance with a single payer.

10. Which envelope characteristic contributes to infection control by reducing moisture intrusion and drafts?

- A. Low-performance envelope.
- B. High-performance envelope.**
- C. No envelope considerations.
- D. Using porous materials.

A high-performance envelope provides a tight, well-sealed building enclosure that minimizes air leakage and moisture movement. Keeping moisture intrusion in check reduces condensation and mold growth, which are major contributors to infection risk in healthcare environments. It also minimizes drafts that can carry contaminants and create cold spots where moisture can condense, further supporting a safer, cleaner indoor environment. Features like continuous air barriers, proper vapor retarders, and reliable sealing around joints, penetrations, and openings help maintain stable indoor conditions and improve indoor air quality, both of which are important for infection control. By contrast, a low-performance envelope allows more air and moisture to pass through, increasing condensation, mold risk, and draft-driven dispersion of contaminants. Not addressing envelope performance at all leaves moisture and drafts unmanaged, and using porous materials permits more moisture transfer, counteracting infection-control goals.

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://achacert.examzify.com>

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

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