

Certified Nursing Assistant (CNA) Level I - OSBN State Certification Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

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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. Which act requires states to have an ombudsman program?**
 - A. Older Americans Act**
 - B. Health Insurance Portability and Accountability Act**
 - C. Patient Self-Determination Act**
 - D. OBRA**

- 2. What are the normal ranges for systolic and diastolic blood pressure?**
 - A. 100-139 systolic; 60-89 diastolic**
 - B. 90-120 systolic; 60-80 diastolic**
 - C. 120-140 systolic; 80-90 diastolic**
 - D. 140-160 systolic; 90-100 diastolic**

- 3. What is the main reason for admission to a long-term care facility?**
 - A. The lack of ability to care for oneself and the lack of a support system**
 - B. The need for specialized surgical care**
 - C. The desire for social activities**
 - D. The requirement for short-term rehabilitation only**

- 4. ADLs refer to activities of daily living and include which of the following?**
 - A. Walking**
 - B. Diagnosing illnesses**
 - C. Scheduling appointments**
 - D. Administering medications**

- 5. The term "Dispnea" refers to which symptom?**
 - A. Difficulty breathing**
 - B. Absence of breathing**
 - C. Chest pain**
 - D. Dizziness**

- 6. What does the MDS provide in resident care?**
- A. Guidelines for assessing residents**
 - B. A daily activity schedule**
 - C. Medical history forms for physicians**
 - D. Facility budgeting framework**
- 7. What does NATCEP stand for?**
- A. Nurse Aide Training Competency Evaluation Program**
 - B. National Aide Training and Examination Program**
 - C. Nursing Assistant Training and Certification Program**
 - D. Nurse Assistant Technical Education Program**
- 8. Can residents refuse care?**
- A. Yes**
 - B. No**
 - C. Only with physician order**
 - D. Only if the care is uncomfortable**
- 9. How is Hepatitis A transmitted?**
- A. Fecal-oral contamination**
 - B. Sexual contact**
 - C. Blood contact**
 - D. Airborne**
- 10. In the chain of infection, the portal of exit is:**
- A. Any body opening on an infected person that allows pathogens to leave**
 - B. A body opening on a host that allows pathogens enter**
 - C. The reservoir where pathogens reside**
 - D. The mode of transmission**

Answers

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

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Explanations

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1. Which act requires states to have an ombudsman program?

- A. Older Americans Act**
- B. Health Insurance Portability and Accountability Act**
- C. Patient Self-Determination Act**
- D. OBRA**

The long-term care ombudsman program is established through the Older Americans Act. This act provides the framework and funding for state programs that advocate for residents of nursing homes and similar facilities, help with complaints, mediate disputes, and ensure residents' rights are protected. It's the act that creates and supports the statewide ombudsman system. HIPAA handles privacy and security of health information. The Patient Self-Determination Act focuses on informing patients about advance directives. OBRA includes nursing home reforms and resident rights but does not specifically mandate a state ombudsman program.

2. What are the normal ranges for systolic and diastolic blood pressure?

- A. 100-139 systolic; 60-89 diastolic**
- B. 90-120 systolic; 60-80 diastolic**
- C. 120-140 systolic; 80-90 diastolic**
- D. 140-160 systolic; 90-100 diastolic**

Understanding normal blood pressure means reading both numbers together. The systolic number is the pressure when the heart beats, and the diastolic number is the pressure when the heart rests between beats. In many CNA training references, a normal range is roughly 100-139 for systolic and 60-89 for diastolic. Readings within this band are not considered high enough to be hypertension or low enough to be hypotension, so this option best fits the typical normal range used in practice. Values below 100/60 could indicate low blood pressure, while readings at or above 140/90 suggest hypertension and need further assessment. The other choices include values outside this normal window, which is why they're not the standard normal range.

3. What is the main reason for admission to a long-term care facility?

- A. The lack of ability to care for oneself and the lack of a support system**
- B. The need for specialized surgical care**
- C. The desire for social activities**
- D. The requirement for short-term rehabilitation only**

Admission to a long-term care facility is needed when a person can no longer meet daily self-care needs at home and there isn't a reliable support system to assist with those tasks. The facility provides ongoing help with activities of daily living and daily monitoring to keep the person safe and well cared for over time. This differs from needing specialized surgical care (which requires hospital or surgical settings), seeking social activities (helpful, but not the primary reason for placement), or short-term rehabilitation (which is temporary and aims to restore function after an illness or procedure).

4. ADLs refer to activities of daily living and include which of the following?

- A. Walking**
- B. Diagnosing illnesses**
- C. Scheduling appointments**
- D. Administering medications**

ADLs are basic self-care tasks people do every day to care for themselves. Walking is a basic mobility task that lets a person move around and perform daily activities independently, so it fits as an ADL. The other options involve obtaining medical care or managing healthcare services—diagnosing illnesses, scheduling appointments, and administering medications—which are not self-care tasks, but rather medical or care-management activities. So walking is the best choice.

5. The term "Dispnea" refers to which symptom?

- A. Difficulty breathing**
- B. Absence of breathing**
- C. Chest pain**
- D. Dizziness**

Dispnea, usually written as dyspnea, is the sensation of difficult or labored breathing. It's a subjective symptom the person feels as shortness of breath and can indicate problems with the lungs or heart, such as COPD, asthma, pneumonia, heart failure, or fluid around the lungs. The other options describe different issues: absence of breathing is apnea, chest pain could be angina or a cardiac problem, and dizziness relates to balance or circulation issues.

6. What does the MDS provide in resident care?

- A. Guidelines for assessing residents**
- B. A daily activity schedule**
- C. Medical history forms for physicians**
- D. Facility budgeting framework**

The MDS, or Minimum Data Set, is a standardized, comprehensive assessment used in skilled nursing facilities to gather a wide range of information about a resident—functional abilities, cognitive status, health conditions, mood and behavior, nutrition, and treatments. This data provides structured guidelines for how residents should be assessed and helps the interdisciplinary team identify needs and risks. The information supports the development and ongoing updates of each resident's care plan and triggers appropriate services or referrals. It isn't a daily activity calendar or medical history forms for physicians, and it isn't a budgeting tool, which is why its primary role is guiding assessment and care planning.

7. What does NATCEP stand for?

- A. Nurse Aide Training Competency Evaluation Program**
- B. National Aide Training and Examination Program**
- C. Nursing Assistant Training and Certification Program**
- D. Nurse Assistant Technical Education Program**

NATCEP stands for Nurse Aide Training and Competency Evaluation Program. This label reflects the federal framework that a nurse aide must complete an approved training program and then pass a competency evaluation to demonstrate the required skills and knowledge. The training covers essential nursing assistant tasks, safety, infection control, communication, and resident rights, while the competency evaluation includes a written (or oral) test and a hands-on skills demonstration. Passing both parts earns certification and places the individual on the state nurse aide registry, which employers check when hiring, especially in settings that receive federal funding. The reason this is the best fit is that NATCEP specifically names both the training component and the formal competency evaluation as parts of becoming a certified nurse aide.

8. 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.

9. How is Hepatitis A transmitted?

- A. Fecal-oral contamination**
- B. Sexual contact**
- C. Blood contact**
- D. Airborne**

Hepatitis A is transmitted through the fecal-oral route. This means the virus shed in an infected person's stool can contaminate hands, food, or water, and people become infected when they ingest that contaminated material. It's common in areas with poor sanitation or when proper handwashing and food handling aren't practiced, and prevention is built around thorough hand hygiene, safe food and water, and vaccination. This isn't a blood-borne infection like hepatitis B or C, which spread through contact with infected blood, nor is it inherited through the air. Sexual contact can transmit some hepatitis viruses, but for hepatitis A the primary and most tested route is ingesting contaminated material.

10. In the chain of infection, the portal of exit is:

- A. Any body opening on an infected person that allows pathogens to leave**
- B. A body opening on a host that allows pathogens enter**
- C. The reservoir where pathogens reside**
- D. The mode of transmission**

The idea being tested is how infections spread from one person to another. The portal of exit is the route by which pathogens leave the infected person to reach someone else. Paths include natural openings and secretions such as the mouth, nose, mucous membranes, wounds, skin, or body fluids; for example, coughing or sneezing can release infectious droplets, while blood or other fluids can carry pathogens out through an open wound or seepage. This exit point is what allows transmission to begin. This is different from the portal of entry, which is how a new person becomes infected, or from the reservoir, which is where the pathogens live and multiply, and from the mode of transmission, which is the method by which the pathogen is carried to the next host.

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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://cna1v11osbn.examzify.com>

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

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