

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

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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. What is the primary purpose of standard precautions?

- A. To protect workers by treating blood and body fluids as if infected
- B. To speed up patient throughput
- C. To replace hand hygiene
- D. To eliminate use of PPE

2. What is the proper sequence for hand hygiene before performing resident care?

- A. Wet hands, apply soap, lather for at least 20 seconds, scrub all surfaces (including nails and between fingers), rinse, dry with a disposable towel, and turn off the faucet with a clean towel.
- B. Wet hands, rinse, apply soap, scrub, rinse, dry with towel, turn off the faucet.
- C. Apply soap, wet hands, lather, rinse, dry.
- D. Wet hands, lather with soap for 10 seconds, wash only palms, rinse, dry.

3. What is the best practice for feeding a resident who has mild dysphagia?

- A. Provide large bites, sit upright, and rush swallowing
- B. Do not adjust the posture or pace
- C. Sit the resident reclined and offer any food
- D. Provide small bites, sit upright, allow time to chew and swallow, and follow any diet recommendations prescribed

4. 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

5. VRE stands for

- A. Vancomycin resistant Enterococcus
- B. Viral resistant Enterococcus
- C. Varied resistant Enterococcus
- D. Vancomycin response Enterococcus

- 6. Which practice demonstrates proper privacy during care?**
- A. Close doors/curtains, knock, and wait for invitation before entering
 - B. Enter without knocking
 - C. Discuss care in the hallway
 - D. Skip privacy measures
- 7. The absence of breathing is defined as which term?**
- A. Apnea
 - B. Dyspnea
 - C. Bradypnea
 - D. Hyperpnea
- 8. When measuring a resident's height, what is essential to ensure accuracy?**
- A. Have the resident stand straight with heels together, feet flat, back straight, and the measurement taken with the head in a neutral position
 - B. Measure while the resident sits with shoulders hunched
 - C. Ask the resident their height
 - D. Use any measuring device without alignment
- 9. In older adults, which fracture type is most associated with mortality and major health issues?**
- A. Hip fractures
 - B. Greenstick fractures
 - C. Compression fractures
 - D. Transverse fractures
- 10. What technique should you use to provide facial and oral care for a dependent resident?**
- A. Use warm water and mild soap for face; use soft washcloth; pat dry; for mouth care, brush teeth or clean tongue, and keep the resident comfortable.
 - B. Use cold water and rough cloth for the face.
 - C. Skip mouth care to avoid discomfort.
 - D. Use alcohol-based mouthwash only.

Answers

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

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Explanations

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1. What is the primary purpose of standard precautions?

- A. To protect workers by treating blood and body fluids as if infected
- B. To speed up patient throughput
- C. To replace hand hygiene
- D. To eliminate use of PPE

Standard precautions protect healthcare workers and patients by preventing infection transmission. They require treating all blood and body fluids as potentially infectious, so you perform hand hygiene before and after contact and use appropriate PPE, like gloves, gowns, masks, and eye protection when indicated. They also cover safe handling of needles and sharps and thorough cleaning and disinfection of surfaces and equipment. The goal is to reduce the risk of spreading bloodborne and other pathogens, regardless of whether an infection is known. This approach emphasizes protection for both staff and patients and does not rely on speeding up patient flow or eliminating PPE; PPE remains a key part of safety.

2. What is the proper sequence for hand hygiene before performing resident care?

- A. Wet hands, apply soap, lather for at least 20 seconds, scrub all surfaces (including nails and between fingers), rinse, dry with a disposable towel, and turn off the faucet with a clean towel.
- B. Wet hands, rinse, apply soap, scrub, rinse, dry with towel, turn off the faucet.
- C. Apply soap, wet hands, lather, rinse, dry.
- D. Wet hands, lather with soap for 10 seconds, wash only palms, rinse, dry.

Thorough handwashing before resident care aims to remove germs from every hand surface and prevent transmission to the resident. The proper sequence starts by wetting the hands, then applying soap, and lathering for at least 20 seconds while scrubbing all surfaces, including the backs of the hands, between the fingers, and under the nails. After this thorough scrub, rinse the hands completely, dry them with a disposable towel, and use that towel to turn off the faucet to avoid recontaminating clean hands. This approach ensures that transient germs are removed and minimizes the chance of recontaminating hands on the faucet. Other sequences fall short because they skip important parts (like cleaning between fingers and under nails), reverse the order (washing before applying soap or rinsing before lathering), or cut the scrubbing time too short (10 seconds) and don't address all hand surfaces.

3. What is the best practice for feeding a resident who has mild dysphagia?

- A. Provide large bites, sit upright, and rush swallowing
- B. Do not adjust the posture or pace
- C. Sit the resident reclined and offer any food
- D. Provide small bites, sit upright, allow time to chew and swallow, and follow any diet recommendations prescribed

Managing feeding for someone with mild dysphagia focuses on safe swallowing through proper posture, controlled pacing, and adherence to diet advice. The best approach is to provide small bites, keep the resident sitting upright during and after meals, allow ample time to chew and swallow, and follow any diet recommendations prescribed by the care team. This combination helps protect the airway by reducing how much is in the mouth at once, giving the person time to coordinate breathing and swallowing, and using texture or consistency changes that aid safe swallowing. Large bites and rushing swallowing raise choking risk, not adjusting posture or pace undermines airway protection, and sitting reclined or offering any food increases the chance of aspiration.

4. 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.

5. VRE stands for

- A. Vancomycin resistant Enterococcus
- B. Viral resistant Enterococcus
- C. Varied resistant Enterococcus
- D. Vancomycin response Enterococcus

VRE stands for Vancomycin resistant Enterococcus. Enterococcus is a type of bacteria that often resides in the gut and can cause infections, especially in people who are ill or have weakened immune systems. When Enterococcus becomes resistant to vancomycin, one of the antibiotics used to treat serious infections, it's harder to treat and requires special infection-control measures to prevent spread in healthcare settings. For a CNA, this means using proper contact precautions—wearing gloves and a gown, performing thorough hand hygiene, and ensuring careful environmental cleaning—whenever caring for someone with VRE. The other options don't fit because Enterococcus is not a virus, and the terms "varied resistant" or "vancomycin response" aren't the correct way to describe this organism's resistance.

6. Which practice demonstrates proper privacy during care?

- A. Close doors/curtains, knock, and wait for invitation before entering
- B. Enter without knocking
- C. Discuss care in the hallway
- D. Skip privacy measures

Protecting a patient's privacy during care means keeping them in control of who enters their space and what information is shared. The best practice is to close doors or curtains, knock, and wait for an invitation before entering. This shows respect for the patient's personal space and gives them a chance to consent to your presence, reducing embarrassment and interruptions. It also helps protect confidentiality by limiting who can overhear discussions or see sensitive information. Entering without knocking invades privacy and can cause distress. Discussing care in the hallway breaches confidentiality and may expose the patient to onlookers. Skipping privacy measures eliminates dignity and trust.

7. The absence of breathing is defined as which term?

- A. Apnea**
- B. Dyspnea
- C. Bradypnea
- D. Hyperpnea

The main idea is recognizing breathing pattern terminology. Apnea means a complete stop in breathing—no air moves in or out for a period. That's why it's the correct term for the absence of breathing. In contrast, dyspnea describes a sensation of difficult or labored breathing; bradypnea is an abnormally slow breathing rate; and hyperpnea is deeper or faster breathing in response to need. So apnea specifically captures the idea of no breathing at all, whereas the others describe breathing that is present but abnormal. In care situations, noticing apnea requires immediate action per your training, including assessing responsiveness and calling for help or starting emergency measures if necessary.

8. When measuring a resident's height, what is essential to ensure accuracy?

- A. Have the resident stand straight with heels together, feet flat, back straight, and the measurement taken with the head in a neutral position**
- B. Measure while the resident sits with shoulders hunched
- C. Ask the resident their height
- D. Use any measuring device without alignment

Accurate height measurement depends on consistent posture and alignment. When using a stadiometer, the resident should stand straight with heels together, feet flat, and back straight, with the head in a neutral position and eyes looking forward. This setup positions the body so the measurement reflects true standing height, not the effects of slouching, knee bending, or tilting the head. Shoes should be removed, and the headpiece should rest firmly on the top of the head to register the correct point. If the resident is seated with shoulders hunched or if you guess height or use a device without proper alignment, the reading becomes unreliable because posture and reference points affect the measurement.

9. In older adults, which fracture type is most associated with mortality and major health issues?

- A. Hip fractures**
- B. Greenstick fractures
- C. Compression fractures
- D. Transverse fractures

In older adults, the most dangerous fracture is the one that involves the hip because it often requires surgery and leads to a period of prolonged immobility. This immobility increases the risk of serious complications like pneumonia, blood clots, urinary infections, pressure ulcers, delirium, and overall deconditioning, all of which contribute to higher mortality and loss of independence. Other fracture types can be painful and disabling but do not typically trigger these same systemic risks as often or as severely. Greenstick fractures are more common in children and involve minimal displacement, so they're unlikely to drive major health problems in older adults. Compression fractures of the spine cause pain and reduced function but usually don't carry the same immediate mortality risk as a hip fracture. Transverse fractures vary by location and displacement, but alone they don't carry the same high mortality risk as hip fractures.

10. What technique should you use to provide facial and oral care for a dependent resident?

- A. Use warm water and mild soap for face; use soft washcloth; pat dry; for mouth care, brush teeth or clean tongue, and keep the resident comfortable.**
- B. Use cold water and rough cloth for the face.
- C. Skip mouth care to avoid discomfort.
- D. Use alcohol-based mouthwash only.

Providing facial and oral care for a dependent resident should be gentle, comfortable, and hygienic. For the face, use warm water with mild soap and a soft washcloth, and pat the skin dry to prevent irritation. This protects delicate facial skin and reduces friction or soreness. For the mouth, brush the teeth or clean the tongue as needed, and keep the resident as comfortable as possible throughout the process. This helps maintain oral hygiene, prevent infection or bad odor, and preserve dignity for someone who may not participate in self-care. Choosing cold water and a rough cloth can irritate the skin and be uncomfortable. Skipping mouth care neglects oral hygiene and can lead to dental problems and discomfort. Relying on alcohol-based mouthwash only can dry and irritate sensitive oral tissues, so it isn't the best single approach for a dependent resident.

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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://cna1vl1osbn.examzify.com>

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

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