

New Jersey Certified Assisted Living Administrator (CALA) Practice Exam (Sample)

Study Guide



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SAMPLE

Questions

- 1. What term describes an individual residing in a health care facility for care services?**
 - A. Patient**
 - B. Client**
 - C. Resident**
 - D. Member**
- 2. What do financial statements typically summarize?**
 - A. Marketing strategies and sales data**
 - B. Employee performance evaluations**
 - C. An organization's financial data**
 - D. Product inventory levels**
- 3. What is the minimum time dietary staff should provide services to each resident per month?**
 - A. 5-10 minutes**
 - B. 10-15 minutes**
 - C. 15-20 minutes**
 - D. 20-30 minutes**
- 4. When there is an interruption of essential services for how long is it considered a reportable event?**
 - A. 2 hours**
 - B. 3 or more hours**
 - C. 4 hours**
 - D. 5 hours**
- 5. What does the abbreviation PCA stand for?**
 - A. Patient Care Assistant**
 - B. Personal Care Assistant**
 - C. Primary Care Aide**
 - D. Private Care Assistant**

- 6. What type of medications can be dispensed in a conventional medication distribution system?**
- A. Only over-the-counter medications**
 - B. Prescription liquid medications**
 - C. Topical medications**
 - D. Injectable medications**
- 7. Who oversees the standards and regulations for assisted living facilities in New Jersey?**
- A. The Health Care Authority**
 - B. The Governor of New Jersey**
 - C. The Commissioner of the Department**
 - D. The Board of Health**
- 8. Which concept refers to the limitations placed on a resident's choices due to risk of harm?**
- A. Bounded Choice**
 - B. Free Choice**
 - C. Restricted Decision-Making**
 - D. Informed Consent**
- 9. Who is responsible for keeping the key to the locked storage area for medications that are not self-administered?**
- A. The Resident's Family Member**
 - B. The Assistant Staff Member**
 - C. A Designee Assigned for Resident Supervision**
 - D. The Nursing Manager**
- 10. Which of the following is NOT typically found in the chart of accounts for assisted living facilities?**
- A. Accounts Payable**
 - B. Accounts Receivable**
 - C. Revenue Streams**
 - D. Resident Feedback**

Answers

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

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Explanations

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1. What term describes an individual residing in a health care facility for care services?

- A. Patient**
- B. Client**
- C. Resident**
- D. Member**

The term that best describes an individual residing in a health care facility for care services is "Resident." In the context of assisted living and health care facilities, a resident is someone who lives at the facility and receives a range of care services tailored to their individual needs. This designation emphasizes their status as part of the community within the facility, highlighting the more permanent nature of their stay compared to terms like "patient" or "client," which may not necessarily denote a long-term living arrangement. A "patient" often refers to someone receiving medical treatment temporarily, particularly in a hospital setting, rather than someone who resides in a facility. On the other hand, the term "client" typically applies to those who engage in a service or treatment but do not necessarily reside in the facility. "Member" is a broader term that may be used in various organizations or associations but does not specifically denote someone living in a healthcare environment. Therefore, "Resident" is the most appropriate term for an individual who resides in a health care facility.

2. What do financial statements typically summarize?

- A. Marketing strategies and sales data**
- B. Employee performance evaluations**
- C. An organization's financial data**
- D. Product inventory levels**

Financial statements typically summarize an organization's financial data, providing a comprehensive overview of its financial health and performance over a specific period. These documents, which include the balance sheet, income statement, and cash flow statement, serve as critical tools for stakeholders such as management, investors, and regulatory agencies. They help in assessing the organization's profitability, liquidity, and overall financial stability. By consolidating various financial activities, these statements enable informed decision-making regarding budgeting, investments, and operational strategies. Understanding the financial position and performance of an organization is vital for effective management and planning.

3. What is the minimum time dietary staff should provide services to each resident per month?

- A. 5-10 minutes**
- B. 10-15 minutes**
- C. 15-20 minutes**
- D. 20-30 minutes**

The requirement for dietary staff to provide services to each resident is based on the need for personalized nutrition assessments and ongoing dietary support, which are essential in assisted living facilities. A timeframe of 15-20 minutes per resident per month allows dietary staff to adequately engage with each resident, assess their nutritional needs, answer questions, and provide recommendations tailored to individual dietary preferences, health conditions, and any special dietary restrictions that may apply. This time allocation ensures that residents receive sufficient attention to their nutritional health and fosters a supportive environment where they feel acknowledged in their dietary needs. This interaction is not only about providing meals but also involves educating residents on healthy eating habits and understanding their food preferences, which contributes to their overall well-being and satisfaction in the living environment. Thus, the choice reflecting 15-20 minutes is consistent with best practices in dietary care in assisted living settings.

4. When there is an interruption of essential services for how long is it considered a reportable event?

- A. 2 hours**
- B. 3 or more hours**
- C. 4 hours**
- D. 5 hours**

In the context of assisted living facilities, an interruption of essential services such as electricity, water, or critical medical care is categorized as a reportable event due to its potential risk to resident safety and well-being. The standard of three or more hours serves as a threshold for reporting this type of disruption. This criteria ensures that the facility administration is prompt in communicating significant disturbances to appropriate authorities and stakeholders, enabling them to take necessary actions to safeguard residents. A shorter duration might not adequately reflect the potential impact on residents and the operational capacity of the facility. Hence, the specified timeframe of three hours aligns with best practices for emergency management within the assisted living sector, ensuring that administrators are vigilant and proactive regarding residents' needs.

5. What does the abbreviation PCA stand for?

- A. Patient Care Assistant**
- B. Personal Care Assistant**
- C. Primary Care Aide**
- D. Private Care Assistant**

The abbreviation PCA stands for Personal Care Assistant. This term is widely used in the context of assisted living and healthcare settings to refer to an individual who provides support to clients in daily living activities. Personal Care Assistants play a crucial role in ensuring that individuals, especially those who are elderly or have disabilities, receive the help they need with personal hygiene, mobility, meal preparation, and other tasks that promote their well-being and quality of life. This title emphasizes the personal nature of the care provided, highlighting the PCA's role in assisting clients with their unique needs, preferences, and routines, making it a fitting term for the responsibilities they undertake. Understanding this role is vital for administrators in assisted living facilities, as it impacts the level of care and service that residents receive.

6. What type of medications can be dispensed in a conventional medication distribution system?

- A. Only over-the-counter medications**
- B. Prescription liquid medications**
- C. Topical medications**
- D. Injectable medications**

In a conventional medication distribution system, prescription liquid medications are commonly dispensed as they are often used for patients who may have difficulty swallowing solid forms of medication or when a rapid onset of action is necessary. Liquid formulations can include syrups, solutions, and emulsions, making them versatile for various therapeutic needs. This system is designed to ensure that all prescribed medications, especially those needing accurate dosing and monitoring, are readily available to the patients who require them. Prescription liquid medications can be tailored to patient-specific needs, allowing for precise dosing adjustments as needed. While over-the-counter medications, topical medications, and injectable medications may also be part of a medication delivery system, the conventional system primarily focuses on the dispensing of prescription medications that require a healthcare provider's authorization, highlighting the clinical aspect of care in assisted living environments.

7. Who oversees the standards and regulations for assisted living facilities in New Jersey?

- A. The Health Care Authority**
- B. The Governor of New Jersey**
- C. The Commissioner of the Department**
- D. The Board of Health**

The Commissioner of the Department is responsible for overseeing the standards and regulations for assisted living facilities in New Jersey. This role is pivotal as the Commissioner ensures that facilities comply with state laws and guidelines designed to promote the health, safety, and well-being of the residents. This accountability includes the implementation and enforcement of regulations, as well as addressing any issues that arise within these facilities to ensure they meet the required standards of care. The role of the Commissioner also involves collaborating with various stakeholders in the healthcare system, conducting inspections, and facilitating quality improvement initiatives. This structured oversight is crucial in maintaining the integrity of assisted living services throughout the state, allowing constituents to trust in the care being provided. In contrast, while the Health Care Authority and the Board of Health may have roles in health policy and public health initiatives, they do not have the specific responsibility for the regulations governing assisted living facilities. The Governor holds an important leadership position but generally does not manage the day-to-day operational oversight of such facilities. Therefore, the Commissioner of the Department is the key figure in ensuring that assisted living facilities in New Jersey adhere to established standards and regulations.

8. Which concept refers to the limitations placed on a resident's choices due to risk of harm?

- A. Bounded Choice**
- B. Free Choice**
- C. Restricted Decision-Making**
- D. Informed Consent**

The concept of "bounded choice" pertains to the limitations imposed on a resident's options aimed at preventing potential harm. In the context of assisted living and care settings, residents may face situations where their preferences cannot be fully honored due to safety concerns or the associated risks of certain decisions. Bounded choice recognizes that while individuals should have the right to make their own decisions, these choices may need to be circumscribed to ensure their wellbeing and safety. For instance, an assisted living facility might restrict a resident from performing specific activities that could lead to injury, even if the resident desires to engage in those activities. This balance between autonomy and safety is crucial in caregiving environments, where staff must navigate the delicate interplay between empowering residents and protecting them from harm. In contrast, other options like free choice or informed consent focus on broader rights and autonomy without acknowledging the constraints necessary for safety, while restricted decision-making does not encapsulate the notion of choice being bounded by risk factors effectively. Thus, bounded choice serves as the most accurate concept reflecting the limitations on resident choices due to risk of harm in assisted living situations.

9. Who is responsible for keeping the key to the locked storage area for medications that are not self-administered?

A. The Resident's Family Member

B. The Assistant Staff Member

C. A Designee Assigned for Resident Supervision

D. The Nursing Manager

The responsibility for keeping the key to the locked storage area for medications that are not self-administered falls to a designated individual specifically assigned for resident supervision. This ensures a level of accountability and safety in the administration and storage of medications. When a designee is entrusted with this responsibility, it typically means they have been trained and are knowledgeable about proper medication management practices, ensuring compliance with legal and regulatory standards. In assisted living facilities, safeguarding medications is crucial to protect residents' health and wellbeing, and having a dedicated person manage access to medication storage helps to prevent unauthorized access and potential medication errors. This person typically understands the protocols related to medication handling, which further enhances the safety and efficacy of care provided to residents. The other options may not be appropriate because they lack the necessary qualifications and responsibilities associated with medication management, thereby increasing risk and liability for the facility.

10. Which of the following is NOT typically found in the chart of accounts for assisted living facilities?

A. Accounts Payable

B. Accounts Receivable

C. Revenue Streams

D. Resident Feedback

In the context of assisted living facilities, the chart of accounts typically includes various financial accounts used to track and manage the facility's finances. Accounts such as Accounts Payable, Accounts Receivable, and Revenue Streams are integral components of financial management. Accounts Payable refers to the money the facility owes to suppliers and service providers, which is crucial for maintaining positive relationships and ensuring the smooth operation of the facility. Accounts Receivable represents the money owed to the facility by residents or external sources, and tracking this ensures that the facility maintains cash flow. Revenue Streams detail the income generated from various services provided to residents, which is vital for the overall financial health of the facility. On the other hand, Resident Feedback does not fit within the financial tracking mechanisms represented in the chart of accounts. While resident feedback is essential for assessing the quality of care and service within the facility, it is more qualitative and relates to operational or customer service aspects rather than financial accounting. Thus, it is not categorized within the financial chart of accounts used for budgeting and financial reporting.