

New York City Certified Nursing Assistant (CNA) 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. What should be done if a patient falls?**
 - A. Help them get up immediately**
 - B. Assess the patient's injuries, call for help, and document the incident**
 - C. Ignore it if they seem fine**
 - D. Only document the incident**

- 2. What are the steps for proper hand hygiene?**
 - A. Wet hands, apply lotion, and dry with a paper towel**
 - B. Wet hands, apply soap, lather for 20 seconds, rinse, and dry with a clean towel**
 - C. Use hand sanitizer only**
 - D. Wet hands, skip soap, and dry immediately**

- 3. How should a CNA handle a situation involving a patient refusing care?**
 - A. Restrain the patient to provide care**
 - B. Respect their wishes and inform the supervising nurse of the situation**
 - C. Try to persuade the patient to accept care**
 - D. Dismiss their concerns and proceed with care**

- 4. What is a pressure ulcer?**
 - A. A type of skin infection**
 - B. A sore that develops on the skin due to prolonged pressure**
 - C. A result of dry skin**
 - D. An allergic reaction on the skin**

- 5. What is the correct procedure for cleaning a catheter?**
 - A. Clean the tubing from the insertion site outward using a clean cloth**
 - B. Wipe down with a rough cloth to ensure all dirt is removed**
 - C. Only clean near the exit site of the catheter**
 - D. Use cold water and no soap**

- 6. What is the CNA's responsibility in observing and reporting changes in a patient's condition?**
- A. Notify the nurse immediately and document observations**
 - B. Make assumptions based on previous knowledge**
 - C. Delay reporting until the end of your shift**
 - D. Discuss changes with the patient's family first**
- 7. What is the correct procedure for taking a resident's pulse?**
- A. Place fingers on the carotid artery and count beats for 30 seconds**
 - B. Place fingers on the radial artery and count beats for 60 seconds**
 - C. Use a stethoscope and count beats for 15 seconds**
 - D. Place fingers on the wrist and count beats for 45 seconds**
- 8. What is the importance of repositioning a resident every two hours?**
- A. To keep them awake**
 - B. To prevent pressure ulcers and improve circulation**
 - C. To allow staff to clean the area**
 - D. To ensure they are comfortable for longer periods**
- 9. What is the CNA's role in monitoring a resident's fluid intake?**
- A. Measure and document all fluids consumed and output**
 - B. Encourage residents to drink as much as possible without monitoring**
 - C. Ignore fluid intake unless the resident requests it**
 - D. Only report fluid intake at the end of the week**
- 10. How can a CNA encourage independence in residents?**
- A. Make all decisions for them**
 - B. Allow them to do as much as possible on their own while providing assistance as needed**
 - C. Limit their movements to prevent risks**
 - D. Discourage trying new tasks**

Answers

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

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Explanations

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1. What should be done if a patient falls?

- A. Help them get up immediately
- B. Assess the patient's injuries, call for help, and document the incident**
- C. Ignore it if they seem fine
- D. Only document the incident

When a patient falls, the priority is to ensure their safety and well-being. The appropriate response involves assessing the patient's injuries, which allows the caregiver to identify any potential harm or distress that may not be immediately visible. Calling for help ensures that additional medical assistance is provided, particularly if the patient has sustained an injury that requires further evaluation or treatment. Documenting the incident accurately records what happened and is crucial for legal and medical records, ensuring transparency and accountability in patient care. This approach not only prioritizes the patient's health but also aligns with best practices in nursing and healthcare protocols, ensuring comprehensive care and proper follow-up is conducted as needed.

2. What are the steps for proper hand hygiene?

- A. Wet hands, apply lotion, and dry with a paper towel
- B. Wet hands, apply soap, lather for 20 seconds, rinse, and dry with a clean towel**
- C. Use hand sanitizer only
- D. Wet hands, skip soap, and dry immediately

The steps for proper hand hygiene are essential to prevent the spread of infections and enhance overall health safety. The correct answer outlines the complete process of washing hands effectively. Starting with wetting hands allows for the water to activate the soap, which is crucial for breaking down dirt, bacteria, and viruses. Applying soap is the next step, and lathering it for at least 20 seconds is critical. This duration ensures that the soap has enough time to lift and wash away pathogens from the skin. Rinsing thoroughly with clean water removes the soap along with the impurities it has captured. Finally, drying hands with a clean towel is important as well because wet hands can easily transfer germs. This comprehensive technique is designed to maximize the effectiveness of hand hygiene practices, significantly reducing the risk of infection. Other options either omit key steps or propose ineffective methods for maintaining clean hands. For example, simply using lotion or applying hand sanitizer does not replace the thorough benefit gained from the complete washing process.

3. How should a CNA handle a situation involving a patient refusing care?

- A. Restrain the patient to provide care**
- B. Respect their wishes and inform the supervising nurse of the situation**
- C. Try to persuade the patient to accept care**
- D. Dismiss their concerns and proceed with care**

When a patient refuses care, the most appropriate response is to respect their wishes and communicate the situation to the supervising nurse. This approach acknowledges the patient's autonomy and right to make decisions about their own healthcare. Respecting a patient's refusal of care is essential in maintaining their dignity and trust in the healthcare environment. Informing the supervising nurse is also critical as it ensures that the healthcare team is aware of the situation and can address any underlying concerns the patient may have. The supervising nurse may have additional insight or strategies to encourage the patient to reconsider or may need to document the refusal in the patient's medical record for legal and medical reasons. Overall, this approach fosters a collaborative environment between the patient and healthcare providers, promoting better outcomes and adherence to care plans in the long run.

4. What is a pressure ulcer?

- A. A type of skin infection**
- B. A sore that develops on the skin due to prolonged pressure**
- C. A result of dry skin**
- D. An allergic reaction on the skin**

A pressure ulcer, also known as a bedsore or decubitus ulcer, is a sore that develops on the skin as a result of prolonged pressure. This condition typically arises in individuals who are immobile or have limited mobility, as continuous pressure on specific areas of the skin reduces blood flow, leading to tissue damage and skin breakdown. Understanding pressure ulcers is crucial for nursing assistants, as they play a vital role in preventing these injuries through proper patient positioning, regular skin assessments, and implementing turning schedules for those who are unable to move independently. Recognizing the signs and symptoms early on can lead to effective management and better patient outcomes. In contrast, the other options do not accurately describe what a pressure ulcer is, which is specifically linked to pressure rather than infections, dryness, or allergic reactions.

5. What is the correct procedure for cleaning a catheter?

- A. Clean the tubing from the insertion site outward using a clean cloth**
- B. Wipe down with a rough cloth to ensure all dirt is removed**
- C. Only clean near the exit site of the catheter**
- D. Use cold water and no soap**

The correct procedure for cleaning a catheter involves cleaning the tubing from the insertion site outward using a clean cloth. This method helps to prevent the introduction of bacteria from the surrounding skin into the urinary tract, which can be a source of infection. By starting at the insertion site and moving outward, you are effectively minimizing the risk of contamination and ensuring a thorough and safe cleaning process. Using a clean cloth is essential for maintaining hygiene and preventing infection. It is also important to use appropriate cleansing solutions, but the key point of the procedure is the direction of cleaning as well as ensuring that the cloth used is clean. The other options provided suggest methods that do not adhere to proper infection control practices. For instance, wiping down with a rough cloth might irritate the skin or leave debris, while only cleaning near the exit site fails to address the entire length of the catheter, which could lead to potential contamination. Additionally, using cold water without soap would not adequately cleanse the area, as soap helps to remove bacteria effectively.

6. What is the CNA's responsibility in observing and reporting changes in a patient's condition?

- A. Notify the nurse immediately and document observations**
- B. Make assumptions based on previous knowledge**
- C. Delay reporting until the end of your shift**
- D. Discuss changes with the patient's family first**

The responsibility of the CNA in observing and reporting changes in a patient's condition centers on the importance of communication within the healthcare team. By notifying the nurse immediately and documenting observations, the CNA ensures that any potential changes in the patient's condition are brought to the attention of a qualified healthcare professional. This immediate communication allows for timely intervention, which is crucial in providing optimal care and can significantly impact patient outcomes. Documentation is equally important, as it provides a reliable record of the patient's status over time and helps in tracking the effectiveness of treatments and identifying any trends. This meticulous attention to detail can be vital for nurses and physicians when making informed decisions regarding patient care. Timely reporting and documentation also support the overall healthcare system by fostering an environment of collaboration and thoroughness, ensuring that all team members are aware of the patient's current condition and needs, ultimately leading to better patient safety and care.

7. What is the correct procedure for taking a resident's pulse?

- A. Place fingers on the carotid artery and count beats for 30 seconds**
- B. Place fingers on the radial artery and count beats for 60 seconds**
- C. Use a stethoscope and count beats for 15 seconds**
- D. Place fingers on the wrist and count beats for 45 seconds**

Taking a resident's pulse accurately is essential for monitoring their cardiovascular health. The correct method involves placing your fingers on the radial artery, which is located on the wrist, just below the base of the thumb. Counting the beats for a full 60 seconds ensures that you capture an accurate representation of the heart rate, as pulse rates can vary significantly in short intervals. This method integrates precision with a sufficient timeframe to account for any fluctuations that may occur in heartbeats. Using the radial artery is also the standard practice in many healthcare settings because it is easily accessible and allows for an efficient pulse check in most patients. Some methods involving shorter counts or other arteries may not provide the same level of reliability in reading the pulse rate. By counting for a full minute, any irregularities in rhythm can be noted, which is vital for assessing the patient's heart health comprehensively.

8. What is the importance of repositioning a resident every two hours?

- A. To keep them awake**
- B. To prevent pressure ulcers and improve circulation**
- C. To allow staff to clean the area**
- D. To ensure they are comfortable for longer periods**

Repositioning a resident every two hours is crucial primarily to prevent pressure ulcers and improve circulation. When a resident remains in the same position for too long, particularly if they have limited mobility, certain areas of the body can be subjected to excessive pressure. This pressure can restrict blood flow to the skin and underlying tissues, leading to skin breakdown and the formation of pressure ulcers, also known as bedsores. By repositioning the resident, you distribute pressure across different parts of the body, facilitating better blood circulation and reducing the risk of tissue damage. Additionally, frequent changes in position can help relieve discomfort and may also promote better lung function by encouraging deeper breathing and preventing complications such as pneumonia. The other options do not address the primary health concerns that arise from prolonged immobility. Keeping residents awake is not a goal of repositioning; cleaning the area, while important for hygiene, is not the focus of repositioning itself; and while comfort could be a benefit, it is secondary to preventing serious complications like pressure ulcers.

9. What is the CNA's role in monitoring a resident's fluid intake?

- A. Measure and document all fluids consumed and output**
- B. Encourage residents to drink as much as possible without monitoring**
- C. Ignore fluid intake unless the resident requests it**
- D. Only report fluid intake at the end of the week**

The role of the Certified Nursing Assistant (CNA) in monitoring a resident's fluid intake is crucial for ensuring the resident's hydration and overall health. When selecting the option that states to measure and document all fluids consumed and output, this emphasizes the importance of maintaining accurate and ongoing records of both fluid intake and output. This systematic monitoring allows healthcare providers to assess the resident's hydration status, identify potential issues like dehydration or fluid overload, and adjust care plans accordingly. Continuous documentation helps in recognizing patterns over time, which can be critical in managing the resident's condition. In contrast to this, simply encouraging residents to drink without monitoring does not provide the necessary oversight to ensure that they are drinking enough to meet their individual health needs. Ignoring fluid intake unless requested misses important opportunities for proactive care, and only reporting fluid intake at the end of the week may lead to significant oversight, making it difficult to respond to a resident's changing health status in real-time. Therefore, the comprehensive approach of measuring and documenting all fluids is essential for effective patient care and safety.

10. How can a CNA encourage independence in residents?

- A. Make all decisions for them**
- B. Allow them to do as much as possible on their own while providing assistance as needed**
- C. Limit their movements to prevent risks**
- D. Discourage trying new tasks**

Encouraging independence in residents is a fundamental aspect of a Certified Nursing Assistant's role. Allowing residents to do as much as possible on their own, while offering assistance when necessary, fosters a sense of autonomy and dignity. This approach promotes self-esteem and can lead to improvements in their physical and mental well-being. By enabling residents to perform tasks on their own, you encourage them to take ownership of their daily activities, which can help maintain their skills and confidence. This method supports their personal preferences, allowing them to make choices about their care and daily routines, thus reinforcing their independence. In contrast, making all decisions for residents takes away their ability to engage in their own care and limits their opportunities for personal agency. Similarly, restricting their movements can lead to feelings of helplessness and may, ironically, increase their risk of decline. Discouraging residents from trying new tasks stifles their ability to learn and adapt, further diminishing their sense of independence. Fostering an environment where residents can explore their capabilities is essential for their overall quality of life.

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://newyorkcna.examzify.com>

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

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