

NHA Line of Service Practice Exam (Sample)

Study Guide



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SAMPLE

Questions

SAMPLE

- 1. How soon must an attending physician countersign a treatment plan ordered by a Physician Assistant?**
 - A. 7 days**
 - B. 14 days**
 - C. 21 days**
 - D. 30 days**
- 2. If plans for construction are submitted to the DOH, when must they be resubmitted if construction does not begin?**
 - A. 24 months**
 - B. 18 months**
 - C. 12 months**
 - D. 6 months**
- 3. In which type of facility can surgeries be performed for residents needing knee surgery?**
 - A. Class A, Class B, or Class C**
 - B. 5 Star, 4 Star, or 3 Star**
 - C. Government paid, non-profit, or Volunteer**
 - D. Private or commercial surgical centers only**
- 4. Which public policy was initially responsible for the protection of resident funds?**
 - A. Safe Harbor Act**
 - B. Omnibus Budget Reconciliation Act (OBRA)**
 - C. Health Insurance Portability and Accountability Act (HIPAA)**
 - D. Consumer Protection Act**
- 5. What is the total working capital of Facility X based on its financial data?**
 - A. \$30,000**
 - B. \$35,000**
 - C. \$3,365,000**
 - D. \$3,765,000**

- 6. Which of the following statements about the members of the Nursing Home Administrator Advisory Council is NOT accurate?**
- A. At least 6 of the 10 members shall be nursing home administrators**
 - B. One of the members shall be a member of the clergy with a demonstrated interest in LTC**
 - C. One of the members shall be an owner of one or more nursing homes**
 - D. At least one shall be a physician**
- 7. What is the minimum storage space required for furniture, equipment, and resident possessions per bed?**
- A. 6 sq feet**
 - B. 8 sq feet**
 - C. 10 sq feet**
 - D. 12 sq feet**
- 8. Except during sleeping hours, how often must the position of a resident in restraints be adjusted?**
- A. 2 hours**
 - B. 3 hours**
 - C. 4 hours**
 - D. 5 hours**
- 9. What is the minimum square footage required for a single-occupancy resident bedroom?**
- A. 100 sq feet**
 - B. 80 sq feet**
 - C. 120 sq feet**
 - D. 75 sq feet**
- 10. Each floor in a facility must have at least one centralized bathtub with ____ feet of clearance on three sides.**
- A. 6 feet**
 - B. 5 feet**
 - C. 4 feet**
 - D. 3 feet**

Answers

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

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Explanations

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1. How soon must an attending physician countersign a treatment plan ordered by a Physician Assistant?

- A. 7 days**
- B. 14 days**
- C. 21 days**
- D. 30 days**

The requirement for an attending physician to countersign a treatment plan ordered by a Physician Assistant within a specific timeframe is crucial for maintaining standards of patient care and ensuring oversight in medical practice. The correct answer indicates that an attending physician must countersign within 7 days. This time frame is consistent with regulations designed to ensure timely review and validation of the treatment plan, promoting both accountability and collaborative care between the Physician Assistant and the supervising physician. The rationale behind the 7-day requirement is to facilitate prompt communication and adjustment of patient care strategies if needed, reflecting the dynamic nature of patient management. In settings where patients' conditions can change rapidly, having this shorter countersignature requirement allows for quicker adaptations to their treatment, ensuring that care aligns with the most current clinical assessments. While longer timeframes might seem more lenient, they could potentially delay necessary changes in patient care, which is why they are not preferred in this context. The emphasis on a concise time window is designed to support optimized patient outcomes through enhanced coordination and timely decisions in their treatment plans.

2. If plans for construction are submitted to the DOH, when must they be resubmitted if construction does not begin?

- A. 24 months**
- B. 18 months**
- C. 12 months**
- D. 6 months**

The correct timeframe for the resubmission of construction plans to the Department of Health (DOH) is 24 months if construction does not commence. This means that if plans are not acted upon within this period, they lose their validity and must be re-evaluated to ensure compliance with current regulations and standards. The 24-month period is likely established to encourage timely project initiation while also allowing enough time for planning and regulatory updates that may affect the construction plans. Shorter periods such as 18 months, 12 months, or 6 months might not provide adequate time for project complexities or unforeseen delays that can occur in the planning stages, highlighting the importance of ensuring that the plans remain aligned with any regulatory changes that may have occurred during that time.

3. In which type of facility can surgeries be performed for residents needing knee surgery?

A. Class A, Class B, or Class C

B. 5 Star, 4 Star, or 3 Star

C. Government paid, non-profit, or Volunteer

D. Private or commercial surgical centers only

In the context of facilities where surgeries can be performed, Class A, Class B, and Class C designations refer to the specific classifications of healthcare facilities based on the level of care they provide and their compliance with regulatory standards. Class A facilities typically provide a high level of service and have the capability to perform more complex surgeries, including those necessitated by knee issues. Class B facilities may offer a range of surgical services but might not have the same capacity or specialization as Class A. Class C facilities are generally geared towards more basic healthcare needs, but they also must meet certain standards to perform surgeries classified at their level. The distinction among these classes is critical because they dictate what types of procedures can be safely and effectively conducted in each type of facility. This classification system ensures that residents needing knee surgery are directed to appropriate facilities that have the necessary equipment, staff, and protocols in place to handle such procedures effectively and safely. This classification is not arbitrary; it is designed to protect patient safety and ensure quality care. In contrast to the other options, which focus on alternative types of categorization (such as star ratings, funding structures, or business models), the Class A, B, or C classification directly addresses the capability and regulatory approval for performing surgical procedures

4. Which public policy was initially responsible for the protection of resident funds?

A. Safe Harbor Act

B. Omnibus Budget Reconciliation Act (OBRA)

C. Health Insurance Portability and Accountability Act (HIPAA)

D. Consumer Protection Act

The Omnibus Budget Reconciliation Act (OBRA) is crucial in the context of protecting resident funds, particularly in long-term care facilities. Enacted in 1987, OBRA established a comprehensive set of regulations aimed at enhancing the quality of care in nursing homes. Among its significant provisions, OBRA introduced stringent requirements for the financial management of residents' funds, ensuring that they are safeguarded and used appropriately. This act mandates that facilities maintain a separate account for residents' funds, requires accurate accounting of any transactions involving these funds, and provides residents with the right to manage their finances or appoint someone to assist them. The act also established guidelines to prevent financial exploitation, which is essential for protecting vulnerable populations living in care facilities. Understanding OBRA's role is crucial because it directly addresses the financial and ethical responsibilities of care providers concerning their residents, thereby enhancing trust and transparency in the management of resident funds.

5. What is the total working capital of Facility X based on its financial data?

- A. \$30,000**
- B. \$35,000**
- C. \$3,365,000**
- D. \$3,765,000**

Total working capital is calculated by subtracting current liabilities from current assets. This metric indicates the liquidity position of a facility, reflecting its ability to cover short-term obligations with short-term assets. In this case, if the selected answer indicates that Facility X has a total working capital of \$3,765,000, it suggests that the current assets substantially exceed the current liabilities by that amount. A higher working capital figure typically means that the facility is in a strong position to manage its day-to-day operations and meet its financial commitments. It often implies effective operational management and the capacity for growth, as there are more resources available to invest in short-term opportunities or to handle unexpected expenses. To verify the accuracy of the working capital figure, one would typically review the balance sheet details regarding current assets, which might include cash, accounts receivable, and inventory, as well as current liabilities, such as accounts payable and short-term debt. The difference resulting in \$3,765,000 indicates a positive working capital scenario for Facility X.

6. Which of the following statements about the members of the Nursing Home Administrator Advisory Council is NOT accurate?

- A. At least 6 of the 10 members shall be nursing home administrators**
- B. One of the members shall be a member of the clergy with a demonstrated interest in LTC**
- C. One of the members shall be an owner of one or more nursing homes**
- D. At least one shall be a physician**

The statement regarding the advisory council members accurately reflects the composition required to guide decisions and policies related to nursing home administration. To clarify, the council is expected to have a diverse set of members, including individuals with specific credentials and experiences relevant to long-term care (LTC). Focusing on the specific context of nursing home administration, having at least six members who are nursing home administrators ensures that the council is primarily composed of individuals with direct, relevant experience in the field. Additionally, inclusion of a member from the clergy and a physician brings in essential perspectives that can enhance the understanding of care from spiritual and medical viewpoints respectively. The requirement for at least one member to be an owner of a nursing home could help provide insights into the operational and financial challenges facing such facilities, but this does not necessarily have to be a requirement to ensure effective council functionality. Hence, it makes sense that a council could still operate effectively without needing an owner as one of its members, since the primary considerations likely revolve around regulatory compliance and administrative practices rather than ownership issues. This context and the composition requirements clarify why the statement about the requirement for an owner of one or more nursing homes is not accurate.

7. What is the minimum storage space required for furniture, equipment, and resident possessions per bed?

- A. 6 sq feet**
- B. 8 sq feet**
- C. 10 sq feet**
- D. 12 sq feet**

The minimum storage space required for furniture, equipment, and resident possessions per bed is 10 square feet. This specification is based on standards that ensure each resident has adequate room for their belongings, which can include personal items, necessary medical equipment, and furniture like beds or chairs. Having 10 square feet is crucial in providing a comfortable environment, allowing residents to keep their items organized and accessible while maintaining a sense of personal space. Adequate storage contributes to overall well-being, enabling residents to feel more at home and supporting their independence. Other suggested sizes, while they might seem sufficient, do not meet the recommended guidelines for facilitating an effective living space. Therefore, the choice of 10 square feet aligns with best practices in residential care settings to ensure both functionality and comfort for residents.

8. Except during sleeping hours, how often must the position of a resident in restraints be adjusted?

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

The requirement for adjusting the position of a resident in restraints every 2 hours is guided by regulations and best practices aimed at ensuring the safety and comfort of individuals in care settings. Frequent repositioning helps to prevent complications such as skin breakdown, pressure ulcers, and potential circulatory issues that can arise from prolonged restraint use. This 2-hour interval is considered essential because it strikes a balance between maintaining the safety of the resident while also addressing their physical well-being. It aligns with established guidelines from organizations focused on patient safety and quality care, emphasizing that restraints should not lead to further harm. Maintaining a structured schedule for repositioning also emphasizes the importance of continuous care and monitoring of the individual's condition, ensuring healthcare providers can respond to any changes in status promptly. In sum, adjusting the position every 2 hours is a critical practice in preventing adverse effects and promoting the overall health of residents who may require restraints.

9. What is the minimum square footage required for a single-occupancy resident bedroom?

- A. 100 sq feet**
- B. 80 sq feet**
- C. 120 sq feet**
- D. 75 sq feet**

The minimum square footage required for a single-occupancy resident bedroom is 80 square feet. This standard is often established in guidelines and regulations to ensure that individuals have adequate space for personal comfort, safety, and essential furniture placement. A minimum of 80 square feet allows for basic furnishings such as a bed, closet, and potentially additional items like a desk or chair, catering to the needs of the resident while also adhering to guidelines for space within residential settings. Other choices either exceed or do not meet the established requirements, emphasizing the importance of regulations that align with best practices for living environments.

10. Each floor in a facility must have at least one centralized bathtub with ____ feet of clearance on three sides.

- A. 6 feet**
- B. 5 feet**
- C. 4 feet**
- D. 3 feet**

The requirement for a centralized bathtub in a facility, specifically having at least three sides with a clearance of three feet, is based on safety and accessibility standards. This clearance is essential to ensure that there is adequate space for individuals to safely maneuver around the bathtub, which is particularly important for assisting those with mobility challenges or for caregivers providing support. Having three feet of clearance allows enough room for side access, which is crucial during both regular use and in emergency situations. This can facilitate ease of entry and exit from the bathtub and ensure that caregivers can efficiently provide assistance without obstruction. In the context of facility design, adhering to these standards is not just about meeting regulatory requirements; it's also about creating a compassionate environment that prioritizes the safety and comfort of all users. The specification of three feet emphasizes a balance between efficient use of space and the necessity of safe, clear access around essential fixtures like bathtubs.