

OKSLA Residential Care / Assisted Living (RC/AL) Practice Test (Sample)

Study Guide



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Questions

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- 1. How many days does the department have to convene a hearing following a request?**
 - A. Five days**
 - B. Seven days**
 - C. Ten days**
 - D. Fifteen days**
- 2. What constitutes a significant change in a resident's status?**
 - A. Minor fluctuations in mood**
 - B. A major decline or improvement requiring intervention**
 - C. Routine checkups and assessments**
 - D. Changes that are purely psychological in nature**
- 3. What percentage of residents diagnosed with dementia is indicated in typical assessments?**
 - A. 25%**
 - B. 40%**
 - C. 50%**
 - D. 75%**
- 4. What is the primary responsibility of an assisted living center regarding service delivery?**
 - A. Assist residents with medication management**
 - B. Monitor and assure the delivery of home care services and hospice services**
 - C. Provide independent living training**
 - D. Conduct social activities for residents**
- 5. Why are criminal arrest checks conducted for employees in assisted living facilities?**
 - A. To ensure safety for residents**
 - B. To allow employees access to sensitive records**
 - C. To meet insurance policy requirements**
 - D. To comply with state law only**

- 6. What is an essential requirement of a long-term care administrator in terms of facility management?**
- A. Ability to conduct financial audits**
 - B. Capability to manage employee schedules**
 - C. At least one half of work time dedicated to direct supervision**
 - D. Designing marketing strategies for facility services**
- 7. Which group of residents does not require routine nursing services in a residential care facility?**
- A. Non-ambulatory residents**
 - B. Those who cannot participate in ADLs**
 - C. Ambulatory residents, essentially capable**
 - D. Residents with severe health impairments**
- 8. What is the maximum time for training new staff regarding emergency protocols?**
- A. Thirty (30) days**
 - B. Sixty (60) days**
 - C. Ninety (90) days**
 - D. One hundred twenty (120) days**
- 9. What is the Modification to License RC fee?**
- A. \$10**
 - B. \$20**
 - C. \$50**
 - D. \$75**
- 10. Staff in an assisted living facility must be trained to identify which of the following within a specific timeframe?**
- A. Emergency protocols**
 - B. Medication management**
 - C. Abuse and neglect**
 - D. Health and safety regulations**

Answers

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

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Explanations

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1. How many days does the department have to convene a hearing following a request?

- A. Five days**
- B. Seven days**
- C. Ten days**
- D. Fifteen days**

The department must convene a hearing within ten days following a request to ensure timely consideration of the matter at hand. This requirement is critical as it establishes a structured timeline that allows for both the department's administrative efficiency and the individual's right to due process. Prompt hearings ensure that issues are resolved quickly, which is especially important in residential care or assisted living environments where residents may be in urgent need of decisions that affect their care or living conditions. By adhering to this ten-day timeframe, the process maintains integrity and ensures that all parties involved have an opportunity to present their case without unnecessary delays.

2. What constitutes a significant change in a resident's status?

- A. Minor fluctuations in mood**
- B. A major decline or improvement requiring intervention**
- C. Routine checkups and assessments**
- D. Changes that are purely psychological in nature**

A significant change in a resident's status is indicated by a major decline or improvement that requires intervention. This is critical because it directly impacts the level of care that a resident needs. If a resident experiences a notable decline in health, such as a decrease in mobility, cognitive function, or significant weight loss, this indicates that their care plan must be re-evaluated to address these changes. Similarly, if there is a marked improvement, it may allow for adjustments in the type or intensity of care provided. Monitoring for significant changes is an essential aspect of providing quality care in a residential care or assisted living setting. Staff must be vigilant and responsive to these changes to ensure that the resident's needs are met, promoting their well-being and enhancing their quality of life. It is this responsiveness to substantial changes that sets effective care practices apart. In contrast, minor fluctuations, routine assessments, or exclusively psychological changes do not necessitate a change in care approach, as they may not have immediate implications on the resident's overall health and wellness.

3. What percentage of residents diagnosed with dementia is indicated in typical assessments?

- A. 25%
- B. 40%
- C. 50%**
- D. 75%

In typical assessments of residents diagnosed with dementia, it is indicated that about 50% of individuals in residential care or assisted living settings have this diagnosis. This percentage reflects the prevalence of dementia among the elderly population residing in such facilities, where cognitive impairments due to dementia can significantly affect daily living and care requirements. Identifying that roughly half of the residents may be dealing with dementia underscores the importance of specialized training and tailored approaches in care plans, as the needs of these individuals can differ markedly from those without cognitive impairments. Understanding this statistic allows caregivers and facility management to allocate resources effectively and enhance support structures for residents facing challenges related to dementia.

4. What is the primary responsibility of an assisted living center regarding service delivery?

- A. Assist residents with medication management
- B. Monitor and assure the delivery of home care services and hospice services**
- C. Provide independent living training
- D. Conduct social activities for residents

The primary responsibility of an assisted living center regarding service delivery is to monitor and assure the delivery of home care services and hospice services. This encompasses overseeing various health-related services that residents may require, ensuring that they receive the necessary care tailored to their individual needs. These services often include assistance with daily living activities, as well as medical support, thus playing a vital role in the overall well-being of residents. While assisting residents with medication management, providing independent living training, and conducting social activities are also important functions of an assisted living facility, the core responsibility lies in managing and coordinating health care services. This focus on service delivery ensures that residents receive comprehensive support, fostering a safe and nurturing environment that addresses their physical, emotional, and social needs.

5. Why are criminal arrest checks conducted for employees in assisted living facilities?

- A. To ensure safety for residents**
- B. To allow employees access to sensitive records**
- C. To meet insurance policy requirements**
- D. To comply with state law only**

Conducting criminal arrest checks for employees in assisted living facilities is essential primarily to ensure the safety and well-being of the residents. These facilities often care for vulnerable populations, including the elderly, individuals with disabilities, or those requiring additional medical attention, making it crucial to verify that employees do not have a history of criminal behavior that could endanger the residents. By screening potential employees for past criminal activity, facilities can help maintain a safe environment and build trust with residents and their families, knowing that they are being cared for by individuals who have been vetted for their safety. While there may be other aspects to why criminal checks are performed, such as insurance requirements or compliance with laws, the overarching priority is resident safety. Ensuring a secure environment is vital for the effective operation of assisted living facilities, as it directly impacts both the quality of care provided and the overall experience of the residents.

6. What is an essential requirement of a long-term care administrator in terms of facility management?

- A. Ability to conduct financial audits**
- B. Capability to manage employee schedules**
- C. At least one half of work time dedicated to direct supervision**
- D. Designing marketing strategies for facility services**

An essential requirement for a long-term care administrator is the necessity to dedicate at least one half of their work time to direct supervision. This is crucial because the role of an administrator extends beyond administrative duties; it involves ensuring the quality of care and services provided to residents. Direct supervision allows the administrator to engage with staff directly, assess the effectiveness of care delivery, and make immediate adjustments to improve resident outcomes. In long-term care facilities, the administrator is responsible for overseeing the day-to-day operations, which requires being present and actively involved in the management of care staff and interacting with residents. This engagement helps foster a supportive environment where both staff and residents feel valued and heard. The direct oversight also aids in maintaining compliance with regulatory standards and ensuring that the facility operates smoothly, promoting the well-being of all individuals in care. While the other responsibilities, such as conducting financial audits, managing employee schedules, or designing marketing strategies, are also important aspects of the administrator's role, they do not directly impact the immediate supervision and quality of care as significantly as dedicating time to direct oversight of staff and residents.

7. Which group of residents does not require routine nursing services in a residential care facility?

- A. Non-ambulatory residents**
- B. Those who cannot participate in ADLs**
- C. Ambulatory residents, essentially capable**
- D. Residents with severe health impairments**

In considering which group of residents does not require routine nursing services in a residential care facility, ambulatory residents who are essentially capable stand out as the correct choice. These individuals are usually able to move about independently and can manage their activities of daily living (ADLs), such as bathing, dressing, and eating, without needing assistance. This capability often means they don't need routine nursing services, which are primarily designed to support those who require more extensive health care or assistance due to physical or cognitive impairments. Non-ambulatory residents, those who cannot participate in ADLs, and residents with severe health impairments typically necessitate regular nursing services for support with their daily needs, medication management, or health monitoring. Therefore, the focus on residents who are ambulatory and essentially capable makes them less reliant on routine nursing services, as their independence and ability to perform activities suggest a lower level of healthcare intervention is necessary.

8. What is the maximum time for training new staff regarding emergency protocols?

- A. Thirty (30) days**
- B. Sixty (60) days**
- C. Ninety (90) days**
- D. One hundred twenty (120) days**

The maximum time for training new staff on emergency protocols is set at ninety days. This timeframe is in place to ensure that all staff members have sufficient opportunity to fully understand and effectively respond to emergency situations, which are critical for the safety and well-being of residents. Training typically includes familiarization with emergency procedures, evacuation routes, first aid, and the use of emergency equipment. Within this ninety-day period, new employees can participate in hands-on training, simulations, and assessments to ensure they are adequately prepared. This extended period reflects the complexity and importance of emergency readiness in residential care settings, where staff may encounter various types of emergencies, including medical crises, natural disasters, or security threats. By allowing up to ninety days for comprehensive training, facilities ensure that staff not only receive adequate instruction but also have time to practice and gain confidence in their abilities to respond appropriately under pressure. Shorter timeframes may not provide enough exposure or experience, potentially leaving staff unprepared when actual emergencies arise. Therefore, setting the maximum training time at ninety days is a balanced approach to ensuring safety while accommodating the learning process of new employees.

9. What is the Modification to License RC fee?

- A. \$10
- B. \$20**
- C. \$50
- D. \$75

The Modification to License RC fee is set at \$20. This fee is typically required when an existing residential care or assisted living facility needs to make changes to its licensing details. Such modifications might include changes in services offered, ownership transitions, or alterations to facility capacity. The fee structure is often established to help cover the administrative costs associated with processing these modifications. Understanding the correct fee amount is crucial for facility operators to ensure compliance and avoid any potential penalties for underpayment or incorrect fee submission.

10. Staff in an assisted living facility must be trained to identify which of the following within a specific timeframe?

- A. Emergency protocols
- B. Medication management
- C. Abuse and neglect**
- D. Health and safety regulations

In an assisted living facility, staff must be trained to identify abuse and neglect within a specific timeframe because protecting residents is paramount to their well-being and safety. Understanding the signs and indicators of abuse and neglect ensures that staff can respond appropriately, report incidents, and intervene to prevent harm. Timely identification and reporting are crucial as they can significantly impact the health and safety of vulnerable individuals who may not be able to advocate for themselves. Regular training on this issue prepares staff not only to recognize potential signs of abuse or neglect but also is aligned with state regulations and best practices in caregiving. This urgency is underscored by the potential for serious repercussions for both residents and the facility if such incidents go unnoticed or unaddressed. By focusing on this area, staff can create a safer, more protective environment and fulfill their duty of care. While emergency protocols, medication management, and health and safety regulations are all important aspects of training, the specific training on abuse and neglect often has stricter timeframes and mandates due to its direct impact on resident safety and legal requirements.