

Outcome and Assessment Information Set, Version D (OASIS-D) Practice Test (Sample)

Study Guide



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SAMPLE

Questions

SAMPLE

- 1. If a patient uses a bedside commode at night but is independent during the day, how should M1840 be responded to?**
 - A. 0 - Able to get to and from the toilet independently.**
 - B. 1 - Requires assistance at night.**
 - C. 2 - Unable to use toilet independently.**
 - D. 3 - Needs full assistance during the day.**
- 2. What is an appropriate response if a patient needs assistance but is not allowed to have any due to facility policy?**
 - A. Patient must be discharged**
 - B. Patient can be assessed for alternatives**
 - C. Caregiver must provide assistance offsite**
 - D. Patient's needs exceed current offerings**
- 3. What should the clinician do when medication discrepancies arise from the discharge list?**
 - A. Ignore the discrepancies**
 - B. Educate the patient only**
 - C. Contact the physician for clarification**
 - D. Consult with the pharmacist**
- 4. When assessing functional abilities, what determines the level of assist needed?**
 - A. The patient's previous medical history**
 - B. The results of a standardized test**
 - C. The ability to perform the majority of tasks independently**
 - D. The clinician's personal evaluation**
- 5. When coding for M0104, what is the requirement concerning dates?**
 - A. To reflect the most recent assessment**
 - B. To represent the prior date before a new SOC**
 - C. To offer the patient's birthday**
 - D. To align with therapy dates**

- 6. What does a score of 'NA' imply in the context of the patient assessments?**
- A. The assessment was not applicable**
 - B. The patient was not observed**
 - C. The patient refused the assessment**
 - D. The equipment was unavailable**
- 7. Which transfer should be completed if the patient is admitted to the hospital on day 58?**
- A. RFA 1**
 - B. RFA 3**
 - C. RFA 7**
 - D. RFA 5**
- 8. How should M2401 be marked if no new orders for fall education were received prior to discharge?**
- A. Mark Yes**
 - B. Mark No**
 - C. It can be marked Yes if follow-up orders exist**
 - D. Mark Yes if discussed with the patient**
- 9. What is indicated for a patient who has had a catheter for three days with no signs of incontinence?**
- A. Continue catheterization**
 - B. Remove the catheter**
 - C. Change the catheter**
 - D. Boost hydration**
- 10. If a nurse admits a patient for services and paperwork is completed on March 5th, what is the date for M0090 - Date Assessment Completed?**
- A. March 1st**
 - B. March 3rd**
 - C. March 5th**
 - D. March 7th**

Answers

SAMPLE

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

SAMPLE

Explanations

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1. If a patient uses a bedside commode at night but is independent during the day, how should M1840 be responded to?

- A. 0 - Able to get to and from the toilet independently.**
- B. 1 - Requires assistance at night.**
- C. 2 - Unable to use toilet independently.**
- D. 3 - Needs full assistance during the day.**

In this scenario, M1840 is assessing the patient's ability to use the toilet independently, which refers to their capability to manage bathroom activities without assistance. Since the patient is independent during the day—a critical detail—it indicates that they can reach and use the toilet without help during those hours. Choosing a response of "0 - Able to get to and from the toilet independently" appropriately acknowledges the patient's independence during the day, despite requiring a bedside commode at night. OASIS assessments focus on the predominant capabilities of the patient in their daily routines, so daytime independence is the relevant factor here. This reflects an understanding of the patient's overall functional ability rather than a singular instance of needing assistance at night. Responses that suggest needing help at night or being unable to use the toilet independently do not align with the assessment intent, which is focused on daytime functionality. The outcome should capture the most favorable scenario, so recognizing the patient's independence in the daytime is crucial.

2. What is an appropriate response if a patient needs assistance but is not allowed to have any due to facility policy?

- A. Patient must be discharged**
- B. Patient can be assessed for alternatives**
- C. Caregiver must provide assistance offsite**
- D. Patient's needs exceed current offerings**

The correct response to the situation where a patient needs assistance but is restricted by facility policy is to assess the patient for alternatives. This approach emphasizes a patient-centered perspective where the healthcare provider actively explores different options to meet the patient's needs within the constraints of facility policy. Assessing for alternatives can involve discussing possible modifications to the patient's care plan, identifying other resources that could offer support, or even exploring options for referrals to different services that can better accommodate the patient's requirements. This reflective practice not only ensures the patient's well-being but also aligns with the goals of providing quality care while adhering to established policies. Considering other responses, discharging the patient may prematurely terminate their care and does not address the immediate need for assistance. Suggesting that a caregiver provide assistance offsite could introduce inconsistencies with facility policies designed to ensure safety and compliance. Claiming that the patient's needs exceed current offerings may imply a more negative outlook that does not encourage finding viable solutions. Therefore, assessing for alternatives promotes a proactive and supportive approach to patient care.

3. What should the clinician do when medication discrepancies arise from the discharge list?

- A. Ignore the discrepancies
- B. Educate the patient only
- C. Contact the physician for clarification**
- D. Consult with the pharmacist

When medication discrepancies arise from the discharge list, it is crucial for the clinician to contact the physician for clarification. This step is essential because discrepancies can lead to significant health risks for the patient, including adverse drug reactions or ineffective treatment if the wrong medications or dosages are administered. By reaching out to the physician, the clinician ensures that they obtain the most accurate and up-to-date information regarding the patient's medication regimen. This collaborative approach not only enhances patient safety but also helps in aligning the treatment plan with the physician's intentions. While consulting with a pharmacist can also be beneficial, particularly in understanding medication interactions and managing transitions of care, the primary responsibility for reconciling discrepancies lies with the physician, especially regarding adjustments to prescriptions and overall medication management. Educating the patient is important, but it should occur after the discrepancies have been resolved to ensure that the patient has a clear and accurate understanding of their medications. Disregarding the discrepancies is not an option, as this could lead to serious consequences for the patient's health.

4. When assessing functional abilities, what determines the level of assist needed?

- A. The patient's previous medical history
- B. The results of a standardized test
- C. The ability to perform the majority of tasks independently**
- D. The clinician's personal evaluation

The determination of the level of assist needed during assessments of functional abilities is fundamentally rooted in a patient's capacity to perform tasks independently. When evaluating functional abilities, it is critical to establish whether the patient can execute the majority of activities without assistance. This understanding reflects the patient's actual performance in their daily life and provides a clear picture of how much help they require. If a patient can manage most of their activities independently, it indicates a higher level of functional capability, suggesting that less assistance is needed.

Conversely, if a patient struggles with multiple tasks, it may warrant more support. The focus is always on the patient's functional independence, which drives the care plan and interventions. While previous medical history, standardized test results, and clinician evaluations can provide valuable context and supporting information, they do not carry the same weight as the actual performance of tasks. The essence of functional assessment lies in the patient's ability to manage day-to-day functions autonomously.

5. When coding for M0104, what is the requirement concerning dates?

- A. To reflect the most recent assessment**
- B. To represent the prior date before a new SOC**
- C. To offer the patient's birthday**
- D. To align with therapy dates**

In coding for M0104 within the OASIS-D framework, the requirement is to represent the prior date before a new Start of Care (SOC) assessment. This code specifically relates to the date of the most recent comprehensive assessment conducted before the current SOC. It is essential for ensuring continuity of care and tracking changes in a patient's condition, which informs the development of a new care plan. Accurately inputting this information allows healthcare providers to evaluate progress and make necessary adjustments to treatment based on historical data. While it's important to record other relevant dates, such as therapy dates or a patient's birthday, the specific requirement for M0104 is focused solely on documenting the most recent assessment date occurring before a new SOC. This highlights the necessity for accurate and chronological documentation in patient care records.

6. What does a score of 'NA' imply in the context of the patient assessments?

- A. The assessment was not applicable**
- B. The patient was not observed**
- C. The patient refused the assessment**
- D. The equipment was unavailable**

In the context of patient assessments using the OASIS-D framework, a score of 'NA' signifies that the particular assessment item was not applicable to the patient's situation. This means that the question or assessment does not pertain to the patient's condition or circumstances, and thus, no relevant data can be gathered. This situation commonly arises in cases where the patient may not have certain characteristics, conditions, or needs that the assessment was designed to evaluate. While other options suggest scenarios where the assessment could not be conducted for different reasons—such as refusal or lack of equipment—none of those instances would warrant marking an assessment as 'NA'. Instead, 'NA' specifically indicates the assessment question does not apply to the patient, ensuring that data collected is relevant and accurate, which is critical for effective patient care and accurate reporting in the OASIS-D system.

7. Which transfer should be completed if the patient is admitted to the hospital on day 58?

- A. RFA 1**
- B. RFA 3**
- C. RFA 7**
- D. RFA 5**

The correct choice involves understanding the context of patient assessments and care transitions in relation to the OASIS-D framework. When a patient is admitted to the hospital on day 58, it typically aligns with specific discharge planning and ongoing assessment processes. In this scenario, RFA 7, which refers to "Transfer to an inpatient facility," is applicable because it indicates a transfer that is necessitated by the patient's condition, requiring them to be moved to a hospital setting. This transfer would be appropriately documented as the patient is actively undergoing a change in care level due to their hospitalization. The other transfer options do not fit the context of a patient being admitted to a hospital on a specific day during their care timeline. Each of those options focuses on different circumstances such as change in facility type or planned transfers, which do not accurately reflect the emergency nature of a hospital admission occurring on day 58. Understanding the nuances of these transfer types helps in properly categorizing the patient's transition within the OASIS-D coding framework.

8. How should M2401 be marked if no new orders for fall education were received prior to discharge?

- A. Mark Yes**
- B. Mark No**
- C. It can be marked Yes if follow-up orders exist**
- D. Mark Yes if discussed with the patient**

In the context of the OASIS-D assessment, M2401 addresses the topic of fall risk education for patients. To determine how to mark M2401 effectively, it is important to consider the criteria outlined for recording this item. If no new orders for fall education were received prior to the discharge of the patient, it indicates that there has been no instruction or communication regarding fall education initiated by the healthcare provider. Therefore, marking "No" is appropriate, as it accurately reflects the absence of new orders for fall education. The intent behind M2401 is to capture whether the patient received relevant education, not simply if the topic was discussed or acknowledged during their care. The other options suggest circumstances that would either imply a positive affirmation or conditional scenarios where fall education could still be considered as addressed. However, these do not hold if no formal orders or actions were taken regarding new education upon discharge. Thus, the "No" marking aligns precisely with the situation described, focusing on the necessity of documented orders to validate the provision of fall education.

9. What is indicated for a patient who has had a catheter for three days with no signs of incontinence?

- A. Continue catheterization**
- B. Remove the catheter**
- C. Change the catheter**
- D. Boost hydration**

In the scenario presented, the most appropriate action is to remove the catheter. Prolonged catheter use can increase the risk of urinary tract infections (UTIs) and other complications, especially when no signs of urinary incontinence are present. Since the patient has had a catheter in place for three days without any evidence that it is necessary, it is reasonable and standard practice to remove it to promote normal bladder function and reduce the risk of complications. Continuing catheterization is not advisable given the absence of incontinence, as it may lead to unnecessary risks. Changing the catheter would also not be appropriate since the current catheter serves no essential purpose without signs of incontinence. Furthermore, boosting hydration is generally beneficial for bladder health, but in this case, it would not replace the need to remove the catheter when there are no indications for its continued use.

10. If a nurse admits a patient for services and paperwork is completed on March 5th, what is the date for M0090 - Date Assessment Completed?

- A. March 1st**
- B. March 3rd**
- C. March 5th**
- D. March 7th**

The date for M0090 - Date Assessment Completed should reflect the date on which the assessment was officially concluded, which in this scenario would be the date when the nurse admitted the patient and completed the necessary paperwork. Since the admission and completion of paperwork occurred on March 5th, this date accurately represents when the assessment was finished. It is important to note that M0090 specifically requires the date that the assessment was completed as part of compliance with the OASIS-D guidelines, which emphasize accurate documentation of patient assessments. Therefore, March 5th correctly aligns with the protocol for recording the assessment date in this case.