

**VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE**



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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. True or False: The clinician should consider how many hours per day the patient walks to determine the majority response to M1860-Ambulation.**
 - A. True
 - B. False
 - C. Depends on the patient's condition
 - D. Only if specified by the agency
- 2. What is the correct response to M1306 regarding a closed pressure ulcer confirmed by a physician?**
 - A. Confirmed as a full thickness pressure ulcer
 - B. No pressure ulcer if the stage isn't confirmed
 - C. Stage 1 pressure ulcer
 - D. Stage 2 pressure ulcer
- 3. What is the significance of a diagnosis being unconfirmed by a physician?**
 - A. It indicates potential treatment issues
 - B. It may lead to a reevaluation of the treatment plan
 - C. It confirms the clinician's expertise
 - D. It has no effect on patient care
- 4. In OASIS-D, how should the process for patient education after medication adjustments be structured?**
 - A. Education should happen before changes are made
 - B. Education is optional and based on patient request
 - C. Education must occur after the physician gives advice
 - D. Education is not necessary for minor changes
- 5. What can trends in OASIS-D data across populations indicate?**
 - A. They provide insights into public transport issues.
 - B. They reveal trends in economic growth.
 - C. They offer insights into public health issues, resource needs, and health disparities.
 - D. They show popularity of healthcare programs.

6. For M1860, if a patient is noted to use a walker but lacks the equipment, how should this be recorded?
- A. Independent ambulation
 - B. Ambulating with assistance
 - C. Ambulating only with equipment
 - D. Unable to ambulate safely
7. What is the correct response to M1311 at discharge for Mrs. Randle?
- A. Stage 1 pressure ulcer on the left ischium
 - B. No pressure ulcers present
 - C. Stage 2 pressure ulcer on the left ischium
 - D. Stage 2 pressure ulcer on both ischiums
8. Must a clinician assess a patient transferring from bed to chair for M1850 if the patient does not typically sleep in a bed?
- A. True
 - B. False
 - C. Only if directed by a physician
 - D. Only if the caregiver is present
9. True or False: CMS requires a PHQ-2 depression screening for all patients receiving Medicare Home Health benefits.
- A. True
 - B. False
 - C. Only for patients over 65
 - D. Only upon request
10. How many sections are present in the OASIS-D assessment?
- A. Three main sections
 - B. Four main sections
 - C. Five main sections
 - D. Six main sections

Answers

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

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Explanations

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1. True or False: The clinician should consider how many hours per day the patient walks to determine the majority response to M1860-Ambulation.

- A. True
- B. False**
- C. Depends on the patient's condition
- D. Only if specified by the agency

The correct assessment regarding M1860-Ambulation in the OASIS-D context centers on the significance of the clinician's evaluation of a patient's walking habits. M1860-Ambulation is primarily focused on the patient's overall ability to ambulate, which includes their need for assistance, the environment in which they are ambulating, and any restrictions or challenges they might face. Determining the majority response to M1860 should not be based solely on the number of hours a patient walks each day—rather, it takes into account the patient's general ambulation capabilities, including whether they walk independently, require supervision, or use assistive devices. While the patient's condition and functional performance are vital to the assessment, merely counting walking hours does not provide a comprehensive picture of their ambulation suitable for accurate reporting in OASIS. The options that suggest that the answer could vary based on the patient's condition or agency specifications would also detract from the rationale behind the need for specific criteria for reporting ambulation, as OASIS-D guidelines are predicated on standardized observations rather than subjective interpretations like hours spent walking. Thus, the assertion that it is false to focus on hours per day for determining ambulation aligns with the intended use of M1860 and the

2. What is the correct response to M1306 regarding a closed pressure ulcer confirmed by a physician?

- A. Confirmed as a full thickness pressure ulcer
- B. No pressure ulcer if the stage isn't confirmed**
- C. Stage 1 pressure ulcer
- D. Stage 2 pressure ulcer

In the context of M1306 regarding the assessment of a pressure ulcer, if the pressure ulcer has been confirmed by a physician as closed, the correct response acknowledges that without a confirmed stage, it is not classified as a pressure ulcer in the data set. The assessment focuses on the current status of the ulcer as confirmed by medical professionals, and if the stage has not been verified, then it would not be appropriate to designate it as a specific type of pressure ulcer. By stating that there is "no pressure ulcer if the stage isn't confirmed," the response clearly aligns with the guidance that a proper classification of any ulcer requires specific criteria to be met, including confirmation of the stage of the ulcer. Therefore, the emphasis lies on the necessity of having a physician's confirmation regarding both the condition and the stage classification to properly report in M1306. This adheres to the standards set by the OASIS-D guidelines, which stress the importance of accurate assessment and documentation for effective patient care and compliance.

3. What is the significance of a diagnosis being unconfirmed by a physician?

- A. It indicates potential treatment issues
- B. It may lead to a reevaluation of the treatment plan**
- C. It confirms the clinician's expertise
- D. It has no effect on patient care

The significance of a diagnosis being unconfirmed by a physician is that it may lead to a reevaluation of the treatment plan. An unconfirmed diagnosis suggests that there is uncertainty regarding the patient's condition, which means that the treatment strategies currently in place may not be appropriate or effective. This uncertainty prompts healthcare providers to reassess the diagnosis and consider further diagnostic tests, specialist referrals, or alternative treatments. Reevaluating the treatment plan ensures that the patient receives the most accurate and effective care based on the best available information. Therefore, addressing unconfirmed diagnoses is critical for optimal patient outcomes and may lead to necessary adjustments in care to better meet the patient's needs.

4. In OASIS-D, how should the process for patient education after medication adjustments be structured?

- A. Education should happen before changes are made
- B. Education is optional and based on patient request
- C. Education must occur after the physician gives advice**
- D. Education is not necessary for minor changes

In OASIS-D, the process for patient education after medication adjustments is structured to ensure that patients are adequately informed about their treatment plan and any changes. Education must occur after the physician gives advice to ensure that patients fully understand the rationale behind medication adjustments and the expected outcomes of these changes. This timing is crucial as it allows patients to receive tailored information that aligns with their specific health needs, encourages adherence to the new regimen, and helps them report any resulting side effects or concerns effectively. Engaging patients in education after the physician's input reinforces the importance of medication management and empowers them to take an active role in their healthcare. This approach aligns with best practices in patient-centered care and facilitates better health outcomes.

5. What can trends in OASIS-D data across populations indicate?

- A. They provide insights into public transport issues.
- B. They reveal trends in economic growth.
- C. They offer insights into public health issues, resource needs, and health disparities.**
- D. They show popularity of healthcare programs.

The correct response highlights that trends in OASIS-D data can provide valuable insights into public health issues, resource needs, and health disparities. OASIS-D is a key tool used in home health care settings to assess patient outcomes and quality of care. By analyzing the data collected through OASIS-D, health care providers and policy makers can identify patterns related to patient demographics, health statuses, and the effectiveness of various interventions. Such trends can reveal significant information regarding the health needs of specific populations, guiding decisions about resource allocation and the development of programs aimed at reducing health disparities. For instance, if certain populations are consistently showing poorer health outcomes, this data can prompt initiatives to provide targeted support or resources to those areas. Understanding these trends is crucial for improving community health overall and ensuring equitable health care access. In contrast, trends in OASIS-D data are not related to public transport issues or economic growth, nor do they primarily indicate the popularity of healthcare programs. While these aspects may have some relevance in broader healthcare discussions, they do not reflect the direct implications of the data gathered through OASIS-D assessments. Thus, the emphasis on public health issues and disparities in the correct choice encapsulates the intended use and significance of OASIS-D data

6. For M1860, if a patient is noted to use a walker but lacks the equipment, how should this be recorded?

- A. Independent ambulation
- B. Ambulating with assistance**
- C. Ambulating only with equipment
- D. Unable to ambulate safely

The appropriate way to record the situation where a patient uses a walker but lacks the equipment is to indicate "Ambulating with assistance." This response captures the reality of the patient's condition: while they have the capability to ambulate, they require assistive devices to do so safely and effectively. In this case, the walker serves as a necessary aid that the patient does not currently have, which still signifies that they are not fully independent in ambulating. By selecting this option, it reflects the need for assistance due to the absence of the walker. This assessment is crucial in OASIS-D documentation and assists healthcare providers in planning appropriate interventions and support for the patient to ensure their safety and mobility needs are met. In contrast, the other choices do not accurately represent the patient's situation, as they either suggest full independence or an inability to ambulate safely, which do not fit the specifics of the scenario given.

7. What is the correct response to M1311 at discharge for Mrs. Randle?

- A. Stage 1 pressure ulcer on the left ischium
- B. No pressure ulcers present
- C. Stage 2 pressure ulcer on the left ischium**
- D. Stage 2 pressure ulcer on both ischiums

The correct response to M1311 at discharge for Mrs. Randle is a Stage 2 pressure ulcer on the left ischium, indicating that at the time of discharge, an assessment has confirmed the presence of a Stage 2 pressure ulcer localized to this area. A Stage 2 pressure ulcer is characterized by partial-thickness skin loss that involves the epidermis and may extend into the dermis but does not involve deeper tissues. This implies that the ulcer is evident and has progressed beyond just redness or discoloration of the skin, which aligns with the response chosen. This answer suggests that the assessment was thorough enough to determine the specific location and severity of the ulcer as it pertains to Mrs. Randle's condition at discharge, which is critical for effective care planning and follow-up. Collecting accurate data on pressure ulcers is essential in order to provide appropriate interventions and ensure that continued care addresses these issues. The other options either suggest the presence of pressure ulcers in a manner inconsistent with the information provided in the scenario or state that there are none present, which wouldn't reflect Mrs. Randle's condition accurately if there is indeed a documented Stage 2 ulcer.

8. Must a clinician assess a patient transferring from bed to chair for M1850 if the patient does not typically sleep in a bed?

- A. True
- B. False**
- C. Only if directed by a physician
- D. Only if the caregiver is present

The statement that a clinician is not required to assess a patient transferring from bed to chair for M1850 if the patient does not typically sleep in a bed is accurate. M1850 in the OASIS-D is focused specifically on the patient's ability to transfer in and out of bed. If a patient does not sleep in a bed, the assessment for transferring from bed to chair does not apply, as the measure is designed to evaluate the transfer abilities associated with a bed environment. Clinicians are expected to conduct assessments based on the actual living conditions and typical behaviors of the patient. Therefore, since the patient's situation does not involve sleeping in a bed, the requirement for evaluation in that specific context is not applicable. This approach emphasizes the need for practical and relevant assessments based on each patient's unique circumstances and care requirements.

9. True or False: CMS requires a PHQ-2 depression screening for all patients receiving Medicare Home Health benefits.

A. True

B. False

C. Only for patients over 65

D. Only upon request

The statement is false. The Centers for Medicare & Medicaid Services (CMS) does not mandate a PHQ-2 depression screening for all patients receiving Medicare Home Health benefits. While depression screening is encouraged and can be a valuable part of the assessment process, it is not universally required for every patient in home health settings. Instead, the PHQ-2 screening is generally recommended as part of a comprehensive assessment when patients show signs of depression or are at risk for depressive disorders. This means that while some patients may be screened, it is not a blanket requirement across all Medicare Home Health recipients. The other options consider various specific criteria or conditions under which the screening might be required, none of which encompass the general mandate for all patients. Thus, understanding the guidelines demonstrates that a universal PHQ-2 screening is not a CMS requirement, supporting the conclusion that the statement is indeed false.

10. How many sections are present in the OASIS-D assessment?

A. Three main sections

B. Four main sections

C. Five main sections

D. Six main sections

The OASIS-D assessment consists of five main sections. These sections encompass various aspects of patient data collection, including clinical, functional, and environmental information. Specifically, the sections are structured to capture comprehensive and standardized information that can be used for patient assessment and care planning in home health settings. The segmentation into five sections allows for a thorough evaluation of the patient's condition and needs, ensuring that healthcare providers can develop effective interventions and monitor outcomes. This organization also facilitates consistency and continuity of care across different home health agencies and providers, which is essential for quality assurance and compliance with regulatory requirements. Understanding the framework and organization of the OASIS-D assessment is crucial for those involved in home health care, as it is foundational for ensuring that patient assessments are accurate and comprehensive.

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://oasisd.examzify.com>

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

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