

# Pennsylvania Nursing Home Administrators (NHA) Practice Exam (Sample)

## Study Guide



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**SAMPLE**

## **Questions**

- 1. What restriction applies to doors into rooms used by residents?**
  - A. They must be locked at all times**
  - B. They cannot be locked from the outside when the resident is in the room**
  - C. They must be power-operated**
  - D. They can only swing inward**
- 2. What minimum area is needed for each resident bed in a common lounge room above 100 beds?**
  - A. 10 square feet**
  - B. 12 square feet**
  - C. 13.5 square feet**
  - D. 15 square feet**
- 3. What is the minimum square footage required for a multi-resident bedroom?**
  - A. At least 100 sq feet**
  - B. At least 80 sq feet**
  - C. At least 90 sq feet**
  - D. At least 70 sq feet**
- 4. What is the required time frame for the majority of AIT program training?**
  - A. 8am-8pm**
  - B. 8am-7pm**
  - C. 6am-6pm**
  - D. 7am-7pm**
- 5. What type of linen may not be transported through areas where clean linen is stored?**
  - A. Clean linen**
  - B. Used linen**
  - C. Soiled linen**
  - D. All types of linen**

- 6. What is the required advance notice for a resident about an impending discharge?**
- A. 45 days**
  - B. 30 days**
  - C. 21 days**
  - D. 14 days**
- 7. How many times can a provisional license be renewed at the discretion of the DOH?**
- A. 1 time**
  - B. 2 times**
  - C. 3 times**
  - D. No renewals allowed**
- 8. How many days must a facility keep a record of menus served for compliance?**
- A. 14 days**
  - B. 30 days**
  - C. 45 days**
  - D. 60 days**
- 9. If a resident inquires about the height of the ceilings in the facility, what is the correct height to state?**
- A. 7 feet 3 inches**
  - B. 7 feet 6 inches**
  - C. 8 feet**
  - D. 8 feet 4 inches**
- 10. What minimum amount of direct care is expected per resident in an hour for compliance?**
- A. 0.5 hours**
  - B. 1.0 hours**
  - C. 2.0 hours**
  - D. 2.7 hours**

## **Answers**

SAMPLE

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

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## **Explanations**

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**1. What restriction applies to doors into rooms used by residents?**

**A. They must be locked at all times**

**B. They cannot be locked from the outside when the resident is in the room**

**C. They must be power-operated**

**D. They can only swing inward**

The correct choice emphasizes the importance of resident safety and autonomy within nursing home environments. In facilities where residents live, it is critical for them to have the ability to exit their rooms freely, especially in case of emergencies. If doors were locked from the outside while a resident is inside, it could create a dangerous situation where a resident cannot access help or leave their room during a crisis. This regulation is designed to balance safety and the right of residents to maintain personal freedom. While there may be scenarios where locking doors is necessary for certain security measures, it is essential that these do not infringe upon the residents' rights to access their environment safely when they are present in their rooms. The other options do not meet the core necessity of ensuring both safety and accessibility for residents. Having doors locked at all times might create unnecessary hazards, while requiring power-operated doors or inward-swinging doors may not be practical or necessary for every room setup. Thus, ensuring that doors cannot be locked from the outside when residents are inside is integral to maintaining a safe and supportive living environment for them.

**2. What minimum area is needed for each resident bed in a common lounge room above 100 beds?**

**A. 10 square feet**

**B. 12 square feet**

**C. 13.5 square feet**

**D. 15 square feet**

The minimum area required for each resident bed in a common lounge room above 100 beds is set at 13.5 square feet. This specification is part of regulations that aim to ensure adequate space for residents, promoting their comfort and safety in shared living areas. Adequate space is essential for allowing movement and accessibility, facilitating social interaction, and reducing the risk of overcrowding, which can affect the quality of life for residents. Other sizes, while they may suggest varying degrees of space, do not meet the established standards that consider factors like safety, functionality, and overall resident well-being in such environments. The chosen minimum area of 13.5 square feet reflects a balanced approach to these considerations in a common lounge space, ensuring that each resident has enough room to use the facilities comfortably.

**3. What is the minimum square footage required for a multi-resident bedroom?**

- A. At least 100 sq feet**
- B. At least 80 sq feet**
- C. At least 90 sq feet**
- D. At least 70 sq feet**

The minimum square footage required for a multi-resident bedroom in a nursing home setting is set to ensure that residents have adequate space for personal comfort and safety. The requirement of at least 80 square feet per resident helps to promote a living environment that supports both personal privacy and accessibility. This space allocation is crucial for accommodating furniture, mobility aids, and personal belongings, contributing to a more pleasant living experience. Additionally, adhering to these space standards is essential for regulatory compliance and maintaining the quality of care within facilities. By providing a minimum of 80 square feet, nursing homes can ensure that they meet the needs of residents while promoting their overall well-being.

**4. What is the required time frame for the majority of AIT program training?**

- A. 8am-8pm**
- B. 8am-7pm**
- C. 6am-6pm**
- D. 7am-7pm**

The correct choice reflects the established requirements for assisted living training programs, which often stipulate an extensive number of hours designed to ensure adequate experience in various operational aspects. The specified time frame of 8am-8pm provides a 12-hour training window, allowing for immersive learning opportunities throughout the day, including time for clinical activities, observation, and administrative tasks. This extensive period is crucial as it encompasses a range of activities that a nursing home administrator needs to master. Extended training hours facilitate interaction with staff, patients, and the operational flow, which benefits the intern's understanding of their future responsibilities. The chosen time frame aligns with common practice in many states that have regulatory standards for administrator-in-training (AIT) programs, ensuring that participants receive comprehensive and hands-on exposure. Other options present shorter training periods that may not meet the requirements for sufficient exposure and experience in nursing home operations. Such limitations could hinder the depth of training necessary for the responsibilities that a nursing home administrator will eventually undertake.

**5. What type of linen may not be transported through areas where clean linen is stored?**

**A. Clean linen**

**B. Used linen**

**C. Soiled linen**

**D. All types of linen**

Soiled linen may not be transported through areas where clean linen is stored because doing so can compromise the hygiene and safety standards of the clean linen storage area. Soiled linens are likely to contain pathogens, contaminants, or odors that can contaminate clean linen. Proper infection control practices dictate that clean and soiled linens should be handled and stored separately to reduce the risk of cross-contamination and ensure the health and safety of residents in a nursing home setting. The focus on maintaining a sterile environment for clean linen is critical in preventing infections and upholding the overall quality of care. This separation is a key practice in nursing home management and in maintaining compliance with health regulations.

**6. What is the required advance notice for a resident about an impending discharge?**

**A. 45 days**

**B. 30 days**

**C. 21 days**

**D. 14 days**

The requirement for a nursing home to provide advance notice of discharge to a resident is 30 days. This timeline is crucial as it gives residents sufficient time to prepare for their transition, whether that involves finding new accommodations, arranging for transportation, or addressing any necessary medical or personal arrangements. Providing a notice period of 30 days also aligns with regulatory requirements designed to protect residents' rights and ensure that the discharge process is carried out smoothly and with dignity. It ensures that the residents are not abruptly removed from the facility, which could lead to undue stress or hardship. This time frame supports the planning process for the residents and helps in coordinating with healthcare providers or family members if needed. In contrast, the other choices reflect durations that are either shorter than what is required or may not comply with the regulations set forth for discharge notices, which can lead to confusion and potential violations of residents' rights.

**7. How many times can a provisional license be renewed at the discretion of the DOH?**

- A. 1 time
- B. 2 times
- C. 3 times**
- D. No renewals allowed

In Pennsylvania, the Department of Health (DOH) allows for a provisional license to be renewed up to three times. This provision enables individuals who hold a provisional license additional opportunities to gain the necessary experience and meet the qualifications needed for full licensure as a Nursing Home Administrator. Each renewal is granted at the discretion of the DOH, reflecting the regulatory oversight in ensuring that candidates are adequately prepared to assume the responsibilities of the role. Allowing multiple renewals supports a practical approach for those working in the field, enabling them to continue their professional development and attain full licensure while still contributing to the care of residents in nursing homes.

**8. How many days must a facility keep a record of menus served for compliance?**

- A. 14 days
- B. 30 days**
- C. 45 days
- D. 60 days

The requirement for a nursing home to keep a record of menus served for compliance is set at a minimum of 30 days. This duration ensures that facilities can adequately assess the dietary offerings they provide to residents and review them if necessary for nutritional planning, quality assurance, and regulatory compliance. Keeping records for this length of time allows for effective monitoring and evaluation of menu variety and resident satisfaction, which are crucial components of quality care in a nursing home setting. Adhering to this standard not only meets regulatory requirements but also supports the overall health and well-being of the residents.

**9. If a resident inquires about the height of the ceilings in the facility, what is the correct height to state?**

- A. 7 feet 3 inches
- B. 7 feet 6 inches**
- C. 8 feet
- D. 8 feet 4 inches

The standard ceiling height in many nursing facilities is often set at 7 feet 6 inches, which is designed to provide adequate space and comfort for residents, staff, and visitors. This height allows for proper ventilation, natural light, and an overall sense of openness in communal areas and resident rooms. While some buildings may feature higher ceilings, regulations and structural considerations typically establish 7 feet 6 inches as a baseline for many facilities. Thus, when addressing a resident's inquiry, stating this height aligns with common building standards, contributing to a sense of trust and transparency about the living environment.

**10. What minimum amount of direct care is expected per resident in an hour for compliance?**

- A. 0.5 hours**
- B. 1.0 hours**
- C. 2.0 hours**
- D. 2.7 hours**

The minimum amount of direct care expected per resident in an hour for compliance in nursing homes is 2.7 hours. This standard is based on regulatory requirements that aim to ensure that residents receive adequate care and attention, which is crucial for their overall well-being and health outcomes. The 2.7 hours represents the necessary staffing levels needed to effectively attend to residents' medical, emotional, and daily living needs in a way that fulfills the standards of care set forth by governing bodies. Adequate direct care correlates with better quality of life for residents, reduced incidents of neglect, and improved clinical outcomes. Compliance with this expectation ensures that nursing homes maintain a sufficient ratio of caregivers to residents, which is essential for delivering personalized care services, monitoring health conditions, and assisting with activities of daily living.