

Personal Support Specialist (PSS) Certification Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

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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. At the end of a survey, what does the survey team present?**
 - A. A written report of their findings**
 - B. An oral summary only**
 - C. A list of deficiencies only**
 - D. A resident satisfaction survey**

- 2. Which of the following are listed as operative values?**
 - A. Participation in the community**
 - B. Being positive**
 - C. All of the above**
 - D. Individuality**

- 3. Which of the following are signs of loneliness or social isolation in clients?**
 - A. Mood changes and increased energy only.**
 - B. Withdraw from activities but keep social engagement.**
 - C. Increased social activity and engagement.**
 - D. Withdrawal, reduced communication, decreased activity, mood changes, and lack of social engagement.**

- 4. Which list includes tasks that are not ADLs but are often addressed as household tasks?**
 - A. Bathing and dressing**
 - B. Toileting**
 - C. Meal prep, grocery shopping, laundry, general light housekeeping around the home**
 - D. Transferring from bed to chair**

- 5. When a client reports pain, which action should you take first?**
 - A. Assess intensity, location, and duration; document findings; implement comfort measures within scope; report persistent or escalating pain**
 - B. Administer analgesic immediately**
 - C. Ignore pain unless requested by family**
 - D. Notify family only**

- 6. Congregate housing services programs involve what type of services?**
- A. Inpatient hospital services**
 - B. Supportive services provided to residents in group housing**
 - C. School-based health services**
 - D. Acute medical care**
- 7. Which steps support effective continence care while preserving dignity?**
- A. Provide no toileting schedule to avoid restrictions.**
 - B. Focus only on skin barrier products without toileting plan.**
 - C. Maintain a regular toileting schedule, skin care, use appropriate barriers or products, and protect client dignity.**
 - D. Use punitive measures to encourage continence.**
- 8. OSHA stands for which of the following?**
- A. Organization for Safety and Health Administration**
 - B. Occupational Safety and Health Administration**
 - C. Office of Safety and Health Administration**
 - D. Occupational Service and Health Administration**
- 9. What should you do if a client refuses a recommended care task?**
- A. Respect the decision, document the refusal, inform the supervisor, assess safety, and discuss alternatives.**
 - B. Force the client to perform the task and document refusal as noncompliance.**
 - C. Ignore the refusal unless a lawsuit arises.**
 - D. Notify family members only and skip supervisor.**
- 10. Facilities are primarily for which populations?**
- A. Elderly, those with mental/physical illness, and those with intellectual disabilities**
 - B. Children and newborns**
 - C. Healthy adults**
 - D. Athletes**

Answers

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

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Explanations

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1. At the end of a survey, what does the survey team present?

- A. A written report of their findings**
- B. An oral summary only**
- C. A list of deficiencies only**
- D. A resident satisfaction survey**

The main idea is that the final deliverable from a survey is a formal written report of the findings. This written report provides a complete, documented record that summarizes how the survey was conducted, what data was collected, what the analysis showed, and what actions are recommended. It gives stakeholders a clear, shareable reference they can review, discuss, and implement over time. An oral summary might happen, but it doesn't replace the need for a detailed written report. A list of deficiencies alone would miss context, data, and actionable recommendations, and a resident satisfaction survey is the tool used to gather information, not the presentation of results.

2. Which of the following are listed as operative values?

- A. Participation in the community**
- B. Being positive**
- C. All of the above**
- D. Individuality**

Operative values are the everyday standards that guide how you interact with clients, families, and coworkers. Participation in the community shows the importance of connection, teamwork, and contributing to others beyond the immediate setting. Being positive reflects a constructive attitude, encouragement, and resilience that help create a supportive environment. Since both of these are listed as operative values, the choice that includes both is the best because it acknowledges that multiple values guide behavior, not just one. Even on their own, each item reflects a valuable quality, but the inclusive choice correctly captures that both are considered operative values.

3. Which of the following are signs of loneliness or social isolation in clients?

- A. Mood changes and increased energy only.**
- B. Withdraw from activities but keep social engagement.**
- C. Increased social activity and engagement.**
- D. Withdrawal, reduced communication, decreased activity, mood changes, and lack of social engagement.**

Loneliness and social isolation show up as a cluster of changes in how a client interacts with others and participates in life. When someone feels disconnected, you'll often see them withdraw from social contact, communicate less, and reduce their participation in activities they once enjoyed. Mood can shift—becoming more sad, irritable, or flat—and there's generally a noticeable drop in social engagement over time. Together, these signs reflect both the subjective feeling of loneliness and the objective isolation from others. That's why the best answer includes withdrawal, reduced communication, decreased activity, mood changes, and a lack of social engagement—all of which together signal loneliness or social isolation. The other options miss key elements or describe opposite patterns. One option mentions mood changes plus increased energy, which isn't a typical sign of loneliness. Another suggests withdrawing from activities but maintaining social engagement, which doesn't fit a withdrawal pattern. The last option even describes increased social activity, which contradicts isolation.

4. Which list includes tasks that are not ADLs but are often addressed as household tasks?

- A. Bathing and dressing**
- B. Toileting**
- C. Meal prep, grocery shopping, laundry, general light housekeeping around the home**
- D. Transferring from bed to chair**

Understanding the difference between ADLs and IADLs is essential. ADLs are basic self-care tasks like bathing, dressing, toileting, and transferring from bed to chair. IADLs are more complex activities that enable independent living, such as meal preparation, grocery shopping, laundry, and general light housekeeping around the home. This option is the best because it lists tasks that are not essential self-care but are commonly handled as household tasks—activities that support living independently. The other options describe core ADLs (bathing, dressing, toileting, transferring), which are fundamental self-care rather than household tasks.

5. When a client reports pain, which action should you take first?

- A. Assess intensity, location, and duration; document findings; implement comfort measures within scope; report persistent or escalating pain**
- B. Administer analgesic immediately**
- C. Ignore pain unless requested by family**
- D. Notify family only**

The first step in addressing a client's pain is to gather a thorough pain assessment and document it before taking further action. Start by asking the client to rate their pain on a standard scale, and collect details about intensity, location, onset, duration, quality, and any factors that worsen or relieve it. This helps you understand the pain pattern and informs what to do next. After collecting this information, document the findings clearly so the care team has a record to track changes over time. Then apply any comfort measures within your scope of practice—such as repositioning, environmental adjustments, or nonpharmacologic techniques—and reassess to see if the pain changes. If pain remains high or worsens, escalate to the appropriate clinician for orders or further evaluation. Administering analgesics right away without an order or a plan isn't appropriate because treatment must be guided by an assessment and proper authorization. Ignoring the pain or handling it only by informing the family fails to address the client's immediate comfort. Notifying family alone also doesn't treat or document the client's pain or ensure timely care.

6. Congregate housing services programs involve what type of services?

- A. Inpatient hospital services**
- B. Supportive services provided to residents in group housing**
- C. School-based health services**
- D. Acute medical care**

Congregate housing services programs center on delivering supportive services to people living in group housing. These services help residents stay independent and safe in a non-hospital setting, covering items like daily living assistance (meal prep, housekeeping, help with bathing or dressing), medication management, transportation, social activities, and access to healthcare or case management through on-site staff or referrals. The focus is on enabling everyday living and linking residents to needed services, rather than providing acute medical or hospital care.

7. Which steps support effective continence care while preserving dignity?

- A. Provide no toileting schedule to avoid restrictions.**
- B. Focus only on skin barrier products without toileting plan.**
- C. Maintain a regular toileting schedule, skin care, use appropriate barriers or products, and protect client dignity.**
- D. Use punitive measures to encourage continence.**

Effective continence care centers on supporting the person's comfort and independence while protecting the skin and dignity. Establishing a regular toileting schedule gives predictable opportunities to void, reducing accidents and discomfort and helping maintain control for as long as possible. Alongside this, good skin care and the use of appropriate barriers or products protect against moisture-related irritation and skin breakdown, which is a common consequence of incontinence. Preserving dignity is about treating the person with respect—providing privacy, using respectful language, and offering choices in how and when help is given—rather than using punitive or restrictive tactics. The other approaches miss important elements: not scheduling can lead to more accidents and distress; focusing only on skin barriers ignores the need for regular toileting support; punitive measures harm trust and self-esteem.

8. OSHA stands for which of the following?

- A. Organization for Safety and Health Administration**
- B. Occupational Safety and Health Administration**
- C. Office of Safety and Health Administration**
- D. Occupational Service and Health Administration**

The idea being tested is knowing the exact expansion of a well-known safety acronym. OSHA stands for Occupational Safety and Health Administration. This is the U.S. federal agency under the Department of Labor that sets and enforces workplace safety standards, provides training and outreach, and conducts inspections to prevent injuries and illnesses on the job. The other options mix up the first word (Organization, Office, or Service) while keeping Administration, which is not the official name. Knowing the official wording helps you connect the acronym to the agency and its role, including its origin in the OSHA Act of 1970.

9. What should you do if a client refuses a recommended care task?

- A. Respect the decision, document the refusal, inform the supervisor, assess safety, and discuss alternatives.**
- B. Force the client to perform the task and document refusal as noncompliance.**
- C. Ignore the refusal unless a lawsuit arises.**
- D. Notify family members only and skip supervisor.**

Honoring a client's right to make decisions about their own care while keeping them safe is the core idea here. When a client refuses a recommended care task, you should acknowledge their choice and explore their reasoning, then provide clear information about the benefits and risks of the task. Document the refusal accurately and promptly in the chart, including any details the client shares. Inform your supervisor or the primary care team per agency policy, and perform a quick safety assessment to determine if there's an immediate risk to the client or others. If the client has decision-making capacity, respect their decision and work with them to find acceptable alternatives or a plan to revisit the decision later, ensuring the care plan still meets their needs as much as possible. Keep the client's privacy and confidentiality; involve family or a substitute decision-maker only with the client's consent or when required by policy, and follow procedures for surrogate decision-making if capacity is lacking. Forcing the task is not acceptable, as it violates autonomy and can cause harm; ignoring the refusal or handling it in secret without supervision or documentation also breaches safety and professional standards.

10. Facilities are primarily for which populations?

- A. Elderly, those with mental/physical illness, and those with intellectual disabilities**
- B. Children and newborns**
- C. Healthy adults**
- D. Athletes**

Facilities are designed to support people who cannot fully manage daily tasks or medical needs on their own, typically including older adults, individuals with mental or physical illness, and people with intellectual disabilities. In these settings, staff provide 24-hour safety, help with activities of daily living, medication administration, and access to healthcare and rehabilitation services. This combination makes these populations the primary focus of such facilities. Children and newborns are usually cared for in family, pediatric, or child-focused settings, not in the general adult care facilities. Healthy adults and athletes generally don't require the ongoing, supervised environment these facilities provide, unless they're there for temporary treatment or rehabilitation.

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://personalsupportspecialist.examzify.com>

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

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