

Surveyor Minimum Qualification Test (SMQT) Practice Exam (Sample)

Study Guide



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SAMPLE

Questions

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- 1. Can the sample size exceed the sample size grid?**
 - A. Yes**
 - B. No**
 - C. Only in specific situations**
 - D. Only with special approval**
- 2. How is significant weight loss defined within a month?**
 - A. 3% weight loss**
 - B. 7% weight loss**
 - C. 10% weight loss**
 - D. 5% weight loss**
- 3. Which 3 tasks are assigned to all surveyors?**
 - A. Dining observation, Infection control, Quality Assurance**
 - B. Dining observation, Staff interviews, Environment checks**
 - C. Dining observation, Infection control, Sufficient and competent nurse staff**
 - D. Infection control, Resident assessments, Safety checks**
- 4. What does a medication observation assess for?**
 - A. MD orders-reconcile observed meds with the MD orders and verify med expiration date**
 - B. Only the manufacturer's specifications of medications**
 - C. Interviewing staff about their medication practices**
 - D. Evaluation of patient satisfaction with medications**
- 5. What is the purpose of medication administration observation?**
 - A. Verify that the facility meets the requirements of error rate of 5% or less, and residents are free from significant medication errors**
 - B. Ensure all staff are knowledgeable about medication administration**
 - C. Conduct routine audits of medication storage areas**
 - D. Review lab results for all residents**

- 6. What is the consequence of marking a resident as complete without finished documentation?**
- A. The process is deemed satisfactory**
 - B. Potential misreporting of resident information**
 - C. The documentation will be updated automatically**
 - D. There are no consequences**
- 7. What principle emphasizes the importance of plain language in documentation?**
- A. Cross-referencing**
 - B. Interpretive guidelines**
 - C. Using plain language**
 - D. Onsite correction of findings**
- 8. What temperature should leftovers be re-heated to?**
- A. 165 degrees**
 - B. 180 degrees**
 - C. 150 degrees**
 - D. 175 degrees**
- 9. Which of the following is an example of an antipsychotic drug?**
- A. Prozac**
 - B. Haldol**
 - C. Xanax**
 - D. Tylenol**
- 10. How can software assist in identifying new admissions?**
- A. By listing all residents currently in the software**
 - B. By showing a history of past admissions**
 - C. By highlighting residents not listed in the software from the last 30 days**
 - D. By tracking resident movements across facilities**

Answers

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

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Explanations

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1. Can the sample size exceed the sample size grid?

- A. Yes**
- B. No**
- C. Only in specific situations**
- D. Only with special approval**

The assertion that the sample size can exceed the sample size grid is accurate because in various contexts, particularly in statistical sampling and survey methodology, flexibility exists beyond predefined parameters. The sample size grid often serves as a guideline based on factors like desired confidence levels and margins of error. However, researchers may encounter situations requiring a larger sample size to ensure sufficient power for detecting effects or to achieve more precise estimates. This flexibility is particularly relevant when the initial survey objectives evolve or when there are practical considerations, such as increased variability in the population being studied or the need for stratified samples to ensure representation across different subgroups. In these cases, exceeding the sample size grid may yield more reliable and actionable results, allowing for a deeper understanding of the population and improving the robustness of the findings. While other choices suggest constraints, such as restrictions on size without approvals or in specific situations, these do not account for the inherent adaptability researchers may have in adjusting sample sizes based on their analytical needs and study design considerations. Thus, flexibility in sample size allows for the pursuit of more comprehensive and nuanced data collection.

2. How is significant weight loss defined within a month?

- A. 3% weight loss**
- B. 7% weight loss**
- C. 10% weight loss**
- D. 5% weight loss**

Significant weight loss is often defined as a loss of 5% or more of an individual's baseline weight within a month. This threshold is adopted by healthcare professionals to indicate a potential change in the person's health status or lifestyle. Losing 5% of body weight can imply changes that may warrant investigation or support, particularly for those who are overweight or have obesity-related health concerns. Such a weight change might be enough to produce health benefits, as it can improve cardiovascular health, metabolic markers, and decrease the risk of chronic diseases. The other figures, while they may represent notable weight changes, do not fall within the conventional definition typically used in medical and health assessments for significant weight loss in a one-month period.

3. Which 3 tasks are assigned to all surveyors?

- A. Dining observation, Infection control, Quality Assurance
- B. Dining observation, Staff interviews, Environment checks
- C. Dining observation, Infection control, Sufficient and competent nurse staff**
- D. Infection control, Resident assessments, Safety checks

The correct option highlights tasks that are pivotal in maintaining the health and safety standards within a surveyor's purview, especially in healthcare settings. Infection control is a critical responsibility for surveyors as it pertains to preventing and managing the spread of infectious diseases within facilities. Ensuring adequate infection control measures are in place is vital for protecting residents and staff alike. Sufficient and competent nurse staff is another important task. Surveyors need to evaluate the adequacy and qualifications of nursing staff, as these directly affect the quality of care provided to residents. Having enough qualified nursing personnel is essential for delivering safe and effective healthcare services. Quality assurance, while not directly phrased in this task, is encompassed within the expectation that surveyors will assess both infection control and staff competency to ensure that the facility meets established standards of care. Each of these responsibilities plays a fundamental role in ensuring the overall quality of care and operational effectiveness within a healthcare environment, aligning closely with the core responsibilities of surveyors in such contexts.

4. What does a medication observation assess for?

- A. MD orders-reconcile observed meds with the MD orders and verify med expiration date**
- B. Only the manufacturer's specifications of medications
- C. Interviewing staff about their medication practices
- D. Evaluation of patient satisfaction with medications

A medication observation primarily assesses the alignment of administered medications with the medical doctor's orders. This involves verifying that the medications being given match the prescribed orders, ensuring that the right patient receives the right medication, in the correct dosage, and at the right time. Additionally, part of this assessment includes checking the expiration dates of the medications to ensure their efficacy and safety. This systematic approach helps identify any discrepancies between what has been ordered and what is actually being administered, thereby reducing the risk of medication errors and enhancing patient safety. The other options, while related to aspects of medication and healthcare, do not accurately encompass the main objective of a medication observation. For instance, focusing solely on the manufacturer's specifications does not evaluate the practical implementation of those medications within a clinical setting. Interviewing staff about their medication practices provides valuable insights but does not assess the actual medications administered to patients. Evaluating patient satisfaction, while important, is more focused on the subjective experiences of patients rather than the objective assessment of medication administration.

5. What is the purpose of medication administration observation?

- A. Verify that the facility meets the requirements of error rate of 5% or less, and residents are free from significant medication errors**
- B. Ensure all staff are knowledgeable about medication administration**
- C. Conduct routine audits of medication storage areas**
- D. Review lab results for all residents**

The purpose of medication administration observation is primarily focused on ensuring residents receive their medications safely and effectively. By verifying that the facility meets the requirement of an error rate of 5% or less, the observation process plays a vital role in identifying and preventing significant medication errors. This is crucial as even minor errors can lead to serious health implications for residents. Regular observation and assessment of medication administration practices help facilities maintain compliance with regulatory standards and best practices, ensuring that medications are administered accurately and that the safety and well-being of residents are prioritized. This process also fosters an environment of continuous improvement in medication management systems within the facility.

6. What is the consequence of marking a resident as complete without finished documentation?

- A. The process is deemed satisfactory**
- B. Potential misreporting of resident information**
- C. The documentation will be updated automatically**
- D. There are no consequences**

Marking a resident as complete without having finished the documentation can lead to potential misreporting of resident information. This is crucial because accurate documentation is essential for maintaining the integrity of the data, ensuring compliance with regulations, and providing reliable information for future reference. Incomplete documentation may lead to misunderstandings, inconsistencies in records, or even legal or health-related repercussions if the information is relied upon for critical decisions. The integrity of the data is paramount, and any shortcomings in documentation can undermine the overall process and lead to serious consequences for both users and the system as a whole.

7. What principle emphasizes the importance of plain language in documentation?

- A. Cross-referencing**
- B. Interpretive guidelines**
- C. Using plain language**
- D. Onsite correction of findings**

The emphasis on using plain language in documentation is crucial for ensuring clarity and understanding among a diverse audience. Plain language reduces ambiguities and makes technical information more accessible to individuals who may not have specialized knowledge in a particular field. This practice helps to convey information clearly, thus minimizing the risk of misinterpretation and ensuring that the intended message is communicated effectively. In contexts such as surveys or technical documentation, the use of jargon or overly complex language can create barriers to effective communication. By prioritizing plain language, documents are more user-friendly, aiding in comprehension and engagement. This principle aligns with best practices in documentation, aiming to enhance the reader's experience and promote better decision-making based on the information provided.

8. What temperature should leftovers be re-heated to?

- A. 165 degrees**
- B. 180 degrees**
- C. 150 degrees**
- D. 175 degrees**

The recommended temperature for reheating leftovers is 165 degrees Fahrenheit. This temperature is crucial to ensure that any potentially harmful bacteria that may have developed while the food was stored are effectively killed off. Reaching this temperature guarantees that the food is safe to consume and helps to ensure that it is heated evenly throughout. It's important to note that while higher temperatures, like 175 degrees or 180 degrees, may also render food safe, they aren't necessary for safety and could potentially lead to overcooking or degradation of the food's quality. Meanwhile, reheating to temperatures like 150 degrees is insufficient, as it does not guarantee that harmful bacteria are eliminated, leaving the food unsafe to eat.

9. Which of the following is an example of an antipsychotic drug?

- A. Prozac**
- B. Haldol**
- C. Xanax**
- D. Tylenol**

Haldol is an example of an antipsychotic drug because it belongs to a class of medications specifically designed to treat disorders such as schizophrenia and acute psychosis. Antipsychotics work primarily by modulating neurotransmitters in the brain, especially dopamine, which can help alleviate symptoms such as delusions and hallucinations that are characteristic of these mental health conditions. In contrast, Prozac is a selective serotonin reuptake inhibitor (SSRI) primarily used to treat depression and anxiety. Xanax is a benzodiazepine used for anxiety and panic disorders, enhancing the effect of a neurotransmitter called GABA. Tylenol is an analgesic and antipyretic used to relieve pain and reduce fever, and it has no psychiatric applications. These distinctions clarify why Haldol is the only option that fits the criteria for an antipsychotic drug.

10. How can software assist in identifying new admissions?

- A. By listing all residents currently in the software**
- B. By showing a history of past admissions**
- C. By highlighting residents not listed in the software from the last 30 days**
- D. By tracking resident movements across facilities**

The correct choice effectively illustrates how software can play a vital role in identifying new admissions by specifically focusing on residents not currently listed in the system. By highlighting those who have been admitted within the last 30 days but may not have been entered into the software, it draws attention to new cases that may require immediate action or follow-up. This feature is particularly valuable in environments where timely identification of new admissions is critical for effective management and care delivery. Conversely, listing all residents in the software does not specifically target new admissions, as it includes both current and previous residents without differentiating between those who have been newly admitted. Showing a history of past admissions is useful for understanding trends and ensuring continuity of care, but it does not aid in recognizing recent entries. Tracking resident movements across facilities might provide insights into location changes, but it does not specifically address the identification of new admissions. This makes the highlighted function most relevant for the task at hand.