

Texas Certified Nursing Assistant (CNA) Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	16

SAMPLE

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

SAMPLE

- 1. Under Standard Precautions, which of the following is considered a body fluid?**
 - A. Blood only**
 - B. Saliva only**
 - C. Urine**
 - D. Both blood and saliva**
- 2. Normal changes of aging include:**
 - A. Thicker, moisturized skin**
 - B. Increased muscle mass**
 - C. Thinner, drier skin**
 - D. Enhanced vision**
- 3. What is the role of an ombudsman in a nursing facility?**
 - A. To provide medical care**
 - B. To be a legal advocate for residents**
 - C. To manage the facility's operations**
 - D. To assist with financial issues**
- 4. Why is monitoring vital signs important in nursing care?**
 - A. It helps in budgeting for patient care**
 - B. It provides insights into the patient's general health status and needs**
 - C. It is only needed during emergencies**
 - D. It allows for more time spent on administrative tasks**
- 5. What does confidentiality mean for nursing assistants?**
 - A. Keeping residents' medical records accessible**
 - B. Keeping residents' information private**
 - C. Sharing information with family members**
 - D. Discussing residents' conditions openly**
- 6. What must be done when a resident experiences a fall?**
 - A. A nurse should complete a report only if there are injuries**
 - B. An incident report will need to be completed for all falls**
 - C. The resident should be moved immediately**
 - D. Only the resident should take note of the incident**

7. What is the role of a CNA in infection control?

- A. To educate patients on disease prevention**
- B. To follow protocols to prevent the spread of infection**
- C. To conduct medical research**
- D. To administer medications**

8. When should unsafe conditions be reported?

- A. After the incident has occurred**
- B. Immediately after care**
- C. Before accidents occur**
- D. At the end of the week**

9. How should a nursing assistant position her legs when using proper body mechanics?

- A. Together and straight**
- B. Crossed**
- C. Shoulder-width apart**
- D. Together with toes pointed outward**

10. Why is it important to document patient care?

- A. To maintain a personal diary**
- B. To provide a legal record and ensure continuity of care**
- C. To fill out forms for insurance purposes**
- D. To keep track of staff performance**

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. Under Standard Precautions, which of the following is considered a body fluid?

- A. Blood only**
- B. Saliva only**
- C. Urine**
- D. Both blood and saliva**

In the context of Standard Precautions, urine is indeed classified as a body fluid. Standard Precautions is a set of guidelines intended to prevent the transmission of infectious diseases in healthcare settings, which encompasses treating all blood and body fluids as if they are potentially infectious. Body fluids that fall under this definition include not just blood and saliva but also urine, sweat, feces, vomit, and other fluids. Each of these can potentially carry pathogens, making it essential for healthcare workers, including Certified Nursing Assistants, to follow appropriate protocols for handling them. While the other provided options focus on specific fluids, urine, alongside the other body fluids, is included in these precautions due to the risk of transmission through exposure. This highlights the importance of comprehensive safety measures whenever interacting with any body fluid in a healthcare environment.

2. Normal changes of aging include:

- A. Thicker, moisturized skin**
- B. Increased muscle mass**
- C. Thinner, drier skin**
- D. Enhanced vision**

As individuals age, their skin undergoes various changes due to a decrease in collagen production and an overall reduction in oil and moisture levels in the skin. This results in thinner and drier skin, making it more prone to bruising, tearing, and other issues such as skin dryness and the appearance of fine lines. Recognizing these changes is essential for providing appropriate skin care and understanding the elderly population's needs. In contrast, thicker, moisturized skin does not typically occur with aging. Similarly, increased muscle mass is not a normal change; usually, there is a gradual decline in muscle mass and strength as one ages. Enhanced vision is also not a characteristic of aging, as many older adults experience vision changes, including presbyopia and conditions like cataracts. Thus, the understanding of these normal aging changes is crucial for caregivers and healthcare providers in supporting older adults effectively.

3. What is the role of an ombudsman in a nursing facility?

- A. To provide medical care
- B. To be a legal advocate for residents**
- C. To manage the facility's operations
- D. To assist with financial issues

The role of an ombudsman in a nursing facility primarily revolves around being a legal advocate for residents. This position is designed to ensure that residents' rights are protected and that their concerns and complaints are addressed appropriately. Ombudsmen serve as a resource for residents, helping to facilitate communication between residents and facility staff, and they advocate for improvements in care or conditions when necessary. Their focus is on ensuring dignity, respect, and quality of life for each resident, making them a vital part of the nursing facility's ecosystem. In contrast, while medical care is crucial in nursing facilities and managed by healthcare providers, it is not the responsibility of the ombudsman. Additionally, managing the facility's operations typically falls under the purview of administrative staff or management, rather than an advocate for residents. Similarly, assistance with financial issues is also not a function of the ombudsman, as their primary focus is on advocating for residents' rights and well-being.

4. Why is monitoring vital signs important in nursing care?

- A. It helps in budgeting for patient care
- B. It provides insights into the patient's general health status and needs**
- C. It is only needed during emergencies
- D. It allows for more time spent on administrative tasks

Monitoring vital signs is crucial in nursing care because it provides insights into the patient's general health status and needs. Vital signs, which include temperature, pulse, respiration, and blood pressure, serve as critical indicators of physiological functions and can reveal a lot about a patient's condition. For example, changes in these measurements can indicate the onset of complications, the effectiveness of treatments, or the patient's overall stability. By regularly monitoring vital signs, healthcare providers can detect early signs of deterioration or improvement, allowing for timely interventions and adjustments to the care plan. This proactive approach not only enhances patient safety but also contributes significantly to better health outcomes. Understanding and interpreting vital signs helps nurses make informed decisions regarding patient care, ensuring that appropriate actions are taken based on the patient's needs.

5. What does confidentiality mean for nursing assistants?

- A. Keeping residents' medical records accessible
- B. Keeping residents' information private**
- C. Sharing information with family members
- D. Discussing residents' conditions openly

Confidentiality in the context of nursing assistants refers to the ethical and legal obligation to protect the privacy of residents' personal and medical information. This means that nursing assistants must keep all information regarding residents—such as their health records, treatment plans, and personal details—private and secure. When nursing assistants maintain confidentiality, they ensure that only authorized individuals, such as healthcare team members directly involved in the resident's care, have access to this sensitive information. This practice not only fosters trust between residents and caregivers but also complies with legal regulations like HIPAA (Health Insurance Portability and Accountability Act), which mandates that personal health information is kept confidential and secure. Maintaining the privacy of residents' information is critical in providing respectful and dignified care, allowing individuals to feel safe and comfortable in sharing their health concerns without fear of public exposure or discrimination. It also protects the facility from legal repercussions that can arise from unauthorized disclosure of personal information.

6. What must be done when a resident experiences a fall?

- A. A nurse should complete a report only if there are injuries
- B. An incident report will need to be completed for all falls**
- C. The resident should be moved immediately
- D. Only the resident should take note of the incident

When a resident experiences a fall, it is essential to complete an incident report for all falls, regardless of whether there are visible injuries. This procedure is vital for several reasons. First, it documents the event systematically, providing details such as the time, location, and circumstances leading to the fall. This information can be crucial for identifying any patterns that might indicate a need for preventive measures or changes in care practices. Moreover, completing an incident report helps ensure accountability and compliance with facility policies and state regulations regarding patient safety. It serves as a record that can be reviewed to refine protocols for fall prevention, enhance training for staff, and improve overall resident care. In contrast, only completing a report when injuries are present could lead to oversight; not every fall results in noticeable injuries initially, and some complications may develop later. Moving the resident immediately without assessment may pose additional risks, and relying only on the resident to note the incident does not provide a thorough or standardized approach to reporting and managing falls.

7. What is the role of a CNA in infection control?

- A. To educate patients on disease prevention
- B. To follow protocols to prevent the spread of infection**
- C. To conduct medical research
- D. To administer medications

The role of a Certified Nursing Assistant (CNA) in infection control primarily involves following protocols to prevent the spread of infection. This responsibility is critical because CNAs often work in environments where they provide direct care to patients who may be vulnerable to infections. Following established infection control protocols, such as proper hand hygiene, the use of personal protective equipment (PPE), and maintaining a clean and sanitized environment, helps to significantly reduce the risk of infections. While educating patients on disease prevention is an important aspect of healthcare, it is typically more aligned with the responsibilities of nurses or healthcare providers. Conducting medical research goes beyond the scope of a CNA's duties, as it involves extensive training and expertise in research methodologies. Administering medications is also not a task typically assigned to CNAs, as this responsibility generally falls within the realm of licensed nursing staff. Thus, the core duty of a CNA in infection control is essential for maintaining the health and safety of patients and staff alike, making adherence to protocols the most important aspect of their role in this context.

8. When should unsafe conditions be reported?

- A. After the incident has occurred
- B. Immediately after care
- C. Before accidents occur**
- D. At the end of the week

Reporting unsafe conditions before accidents occur is crucial to maintaining a safe environment for both patients and healthcare workers. By identifying and addressing these hazards proactively, it is possible to prevent potential injuries or incidents from happening. This approach not only promotes safety but also aligns with the standards of care that healthcare facilities are expected to uphold. When unsafe conditions are reported early, appropriate measures can be taken to rectify the situation, ensuring that all individuals in the healthcare setting are protected and that the quality of care is maintained. In contrast, waiting until after an incident or care has occurred can lead to further complications or repeated occurrences of the same issue. Reporting at the end of the week may delay necessary interventions, allowing unsafe conditions to persist longer than required. Immediate reporting after care does not provide a proactive stance either, as it focuses on addressing issues only after they have already impacted care delivery.

9. How should a nursing assistant position her legs when using proper body mechanics?

- A. Together and straight**
- B. Crossed**
- C. Shoulder-width apart**
- D. Together with toes pointed outward**

When using proper body mechanics, positioning the legs shoulder-width apart is essential for maintaining balance and stability. This stance allows the nursing assistant to have a strong base of support, which is crucial when lifting or transferring patients. A wider stance distributes weight more evenly and helps in preventing strain on the back and legs, reducing the risk of injury for both the assistant and the patient. Additionally, standing with legs shoulder-width apart promotes proper posture, ensuring that the assistant can engage their core muscles effectively while performing tasks. Maintaining this position also aids in movement and allows for greater mobility when adjusting to the patient's needs.

10. Why is it important to document patient care?

- A. To maintain a personal diary**
- B. To provide a legal record and ensure continuity of care**
- C. To fill out forms for insurance purposes**
- D. To keep track of staff performance**

Documenting patient care is crucial primarily because it creates a legal record that can be referenced in situations where patient care is called into question. Documentation serves as a safeguard for both the healthcare provider and the patient, helping to ensure accountability and traceability of the care provided. Furthermore, comprehensive documentation promotes continuity of care by allowing other healthcare professionals to understand the patient's history, the interventions that were implemented, and the outcomes observed. This is especially important in collaborative settings, where multiple caregivers may be involved in a patient's treatment, ensuring that everyone is informed and on the same page regarding the patient's needs and progress. While documentation can serve other purposes, such as aiding insurance claims or assessing staff performance, these are secondary to its primary role in providing a reliable and legal framework for patient protection and care continuity.

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://texascertifiednursingassistant.examzify.com>

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

SAMPLE