

TEXAS LNFA PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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. What is the role of mediation or alternative dispute resolution in resident grievances?**
 - A. They are generally discouraged.
 - B. They always require formal litigation.
 - C. They provide a structured path to fair resolution without formal litigation, with proper documentation.
 - D. They eliminate the need for any documentation.
- 2. How often should a contractor registered with the Texas State Fire Marshal come into the facility to test, inspect, and maintain the fire alarm system?**
 - A. Biannually
 - B. Every 3 months
 - C. Weekly
 - D. Yearly
- 3. What is the required temperature range for a medication refrigerator?**
 - A. 36-46 degrees
 - B. 32-40 degrees
 - C. 40-50 degrees
 - D. 34-44 degrees
- 4. In long-term care (LTC), how does a transfer differ from a discharge?**
 - A. Transfer is a temporary move within the facility; discharge is an actual move out of the facility or termination of residency.
 - B. A transfer ends residency; discharge is a temporary relocation within the same facility.
 - C. A transfer requires physician clearance; a discharge does not.
 - D. A transfer involves only administrative changes; discharge involves housing changes.
- 5. Which cycle is commonly described in quality improvement programs as Plan-Do-Check-Act?**
 - A. Plan-Do-Check-Act cycles
 - B. Repeat-Monitor-Evaluate
 - C. Build-Test-Release cycles
 - D. Analyze-Solve-Report cycles

6. What is the role of a pharmacy consultant in SNFs?

- A. Oversee hospital admissions and discharge planning.
- B. Audit financial statements and billing for medications.
- C. Review medication regimens, ensure safety and compliance with standards, identify drug interactions, and advise staff.
- D. Manage architectural layouts of medication storage.

7. Which term is a synonym sometimes used for NFPA 101?

- A. Building Code
- B. Life Safety Code
- C. Fire Safety Regulations
- D. Structural Code

8. Differentiate between CMS surveys and state licensure surveys and when each occurs.

- A. CMS surveys evaluate Medicare/Medicaid eligibility and compliance; state licensure surveys address facility licensure and reported complaints; CMS may participate for federal programs
- B. CMS surveys evaluate building code compliance; state licensure handles patient care decisions; CMS may not participate
- C. CMS surveys are only for hospitals; state licensure only for nursing homes; CMS sets facility insurance requirements
- D. CMS surveys set marketing and advertising rules; state licensure handles patient privacy

9. How often should the resident assessment and care plan be updated?

- A. Only at admission.
- B. Every six months.
- C. During annual reviews.
- D. Regular updates to the care plan with thorough documentation.

10. What is the minimum number of hours a dietary consultant must be present for a facility with 60 residents?

- A. 6 hours
- B. 8 hours
- C. 10 hours
- D. 12 hours

Answers

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

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Explanations

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1. What is the role of mediation or alternative dispute resolution in resident grievances?

- A. They are generally discouraged.
- B. They always require formal litigation.
- C. They provide a structured path to fair resolution without formal litigation, with proper documentation.**
- D. They eliminate the need for any documentation.

Mediation and other forms of ADR provide a structured, collaborative path to a fair resolution of resident grievances without moving into formal court or administrative litigation. This approach emphasizes speed, cost savings, and control over the outcome, while also creating a clear record of what is agreed. In practice, a grievance is brought to a mediator, who guides confidential discussions that help both sides express needs and interests, explore options, and reach a settlement or action plan. The process relies on proper documentation to memorialize what was agreed, who will do what, and by when, so the resolution is enforceable and there's accountability if further issues arise. This approach preserves relationships, offers creative solutions, and provides a legitimate, non-litigation route to resolution. Documentation is a natural and essential part of ADR, not something to be avoided.

2. How often should a contractor registered with the Texas State Fire Marshal come into the facility to test, inspect, and maintain the fire alarm system?

- A. Biannually
- B. Every 3 months**
- C. Weekly
- D. Yearly

Regular testing, inspection, and maintenance by a qualified contractor is essential to keep a fire alarm system functioning and compliant. In Texas, the state requires that a contractor registered with the State Fire Marshal perform this testing at least every three months. This quarterly cadence ensures all parts of the system—control panel, detectors, initiating devices, notification appliances, power supply and battery backup, wiring, and supervision—are checked and kept up to date. Doing inspections more frequently than quarterly would be unnecessary for a full system, while less frequent inspections could allow issues to go unnoticed and compromise life-safety and compliance.

3. What is the required temperature range for a medication refrigerator?

- A. 36-46 degrees**
- B. 32-40 degrees
- C. 40-50 degrees
- D. 34-44 degrees

Keeping medications in a refrigerator requires a precise temperature window to maintain potency and safety. For most medications and vaccines stored in a standard medication refrigerator, the required range is 2-8°C (36-46°F). This range protects against degradation while avoiding freezing, which can damage many formulations. Temperatures above 8°C can reduce effectiveness, and temperatures at or near freezing can cause some liquids to freeze and become unusable. A calibrated thermometer should be used and readings checked daily, with any out-of-range excursions documented and corrected according to policy.

4. In long-term care (LTC), how does a transfer differ from a discharge?

- A. Transfer is a temporary move within the facility; discharge is an actual move out of the facility or termination of residency.**
- B. A transfer ends residency; discharge is a temporary relocation within the same facility.
- C. A transfer requires physician clearance; a discharge does not.
- D. A transfer involves only administrative changes; discharge involves housing changes.

In LTC, the key distinction is whether the move keeps the resident still under the facility's care. A transfer is a temporary relocation that remains within the care setting (or to another unit or setting) with the expectation that the resident will return and continue residency. A discharge means the resident leaves the facility entirely, ending residency, and moves to another place or back home. This distinction matters for planning and documentation: transfers focus on ongoing care within the system, while discharges require complete discharge planning and arranging follow-up care outside the facility.

5. Which cycle is commonly described in quality improvement programs as Plan-Do-Check-Act?

- A. Plan-Do-Check-Act cycles**
- B. Repeat-Monitor-Evaluate
- C. Build-Test-Release cycles
- D. Analyze-Solve-Report cycles

The main idea here is the PDCA cycle, a simple loop used in quality improvement to test and learn from changes. In Plan, you define the problem, set a goal, and design how you'll measure success. In Do, you carry out the change on a small scale to limit risk. In Check, you examine the results to determine whether the change produced the expected improvement. In Act, you decide to adopt the change, adjust it, or abandon it, and you prepare for the next cycle. This iterative process creates a continuous cycle of planning, testing, learning, and refining. This is why it's the best choice: it precisely describes the standard approach to quality improvement testing and refinement. The other option names don't correspond to the familiar Plan-Do-Check-Act sequence and aren't the recognized framework used for iterative improvement.

6. What is the role of a pharmacy consultant in SNFs?

- A. Oversee hospital admissions and discharge planning.
- B. Audit financial statements and billing for medications.
- C. Review medication regimens, ensure safety and compliance with standards, identify drug interactions, and advise staff.**
- D. Manage architectural layouts of medication storage.

The key idea is that a pharmacy consultant focuses on medication management to keep residents safe and properly treated. In SNFs, a clinical pharmacist reviews each resident's drug regimen, checks for safety and regulatory compliance, screens for drug interactions and potential adverse effects, and guides the care team on appropriate therapies. They may recommend dose adjustments for renal or hepatic impairment, suggest safer or more effective alternatives, and provide ongoing education to nurses and prescribers about monitoring parameters and best practices. This role aligns with standards and regulations that govern medication use in long-term care, such as OBRA and CMS guidelines, and often includes medication reconciliation during admissions and transfers. Overseeing hospital admissions and discharge planning, auditing financial statements and medication billing, or managing architectural layouts of storage are not the core activities of a pharmacy consultant; those tasks belong to other roles or departments.

7. Which term is a synonym sometimes used for NFPA 101?

- A. Building Code
- B. Life Safety Code**
- C. Fire Safety Regulations
- D. Structural Code

NFPA 101 is centered on protecting people during emergencies by ensuring safe means of exit, proper fire protection features, and other life-safety measures in buildings. Because of this focus on preserving human life, it's commonly called the Life Safety Code. That name reflects its purpose more than general construction requirements, which is why other terms like Building Code or Structural Code don't fit as well, and "Fire Safety Regulations" is too broad and non-specific. In practice, when you hear Life Safety Code, it often refers to NFPA 101, especially where jurisdictions adopt it as the life-safety provisions within their codes.

8. Differentiate between CMS surveys and state licensure surveys and when each occurs.

- A. CMS surveys evaluate Medicare/Medicaid eligibility and compliance; state licensure surveys address facility licensure and reported complaints; CMS may participate for federal programs**
- B. CMS surveys evaluate building code compliance; state licensure handles patient care decisions; CMS may not participate
- C. CMS surveys are only for hospitals; state licensure only for nursing homes; CMS sets facility insurance requirements
- D. CMS surveys set marketing and advertising rules; state licensure handles patient privacy

CMS surveys focus on whether a facility meets the requirements to participate in Medicare and Medicaid and remain in good standing for federal program reimbursement. They assess compliance with the conditions of participation that govern federal funding and program rules, which directly affect funding and certification. State licensure surveys, on the other hand, are conducted by the state agency responsible for facility licensure. They ensure the facility meets state licensure standards and investigations into complaints or safety concerns fall under this purview. These surveys determine whether the facility can legally operate within the state. CMS may participate or be involved in surveys when federal program requirements are at stake, or during joint survey activities tied to a facility's certified participation in Medicare/Medicaid. This is why the statement notes CMS involvement "for federal programs." Other options pair activities that aren't what these surveys cover, such as building codes, patient care decisions, marketing, advertising, or privacy rules, which are outside the described CMS vs. state licensure scope.

9. How often should the resident assessment and care plan be updated?

- A. Only at admission.
- B. Every six months.
- C. During annual reviews.
- D. Regular updates to the care plan with thorough documentation.**

Regular updates to the resident's assessment and care plan with thorough documentation are essential because a person's needs can change at any time. The care plan should be a living document that is revised whenever there is a change in condition, new orders, after hospital events, or other notable shifts in status, and it must be documented clearly so every member of the care team knows the current goals, interventions, responsibilities, and progress. This keeps care safe, effective, and coordinated, and it provides a clear record for accountability and regulatory compliance. For example, if a resident develops a new health issue, experiences a change in mobility, or starts a new treatment, timely updates ensure the plan reflects the new reality and guides appropriate actions.

10. What is the minimum number of hours a dietary consultant must be present for a facility with 60 residents?

- A. 6 hours
- B. 8 hours**
- C. 10 hours
- D. 12 hours

In long-term care facilities, there's a regulatory minimum for on-site dietary oversight that scales with the resident census. For a facility with up to 60 residents, the dietary consultant must be present on-site for at least 8 hours per week. This ensures ongoing supervision of menu planning, nutrition screening, and compliance with dietary standards. Fewer hours wouldn't meet the required oversight, while more hours aren't required for this census unless the resident count increases.

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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://texaslnfa.examzify.com>

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

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