Wisconsin Nursing Home Administrators (NHA) Practice Exam (Sample)

Study Guide

Everything you need from our exam experts!

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Questions

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1. What must be sent to the attending physician after a person is admitted for respite care?

A. Resident’s educational history

B. The comprehensive resident assessment, the physician's orders, and the plan of care

C. The facility’s policy manual

D. A financial statement

2. Which criterion DOES NOT determine whether a service is skilled?

A. The inherent complexity of the service

B. The restoration potential of the resident

C. The need for skilled personnel due to special medical complications

D. Whether the service prevents deterioration or sustains current capacities

3. After completing the medication aide training program, how many years of experience as a nurse aide in direct patient care are required?

A. 1 year

B. 2 years

C. 3 years

D. None

4. With whom must a nursing facility have a transfer agreement?

A. Ambulance services

B. Local clinics

C. One or more hospitals

D. Other nursing homes

5. In what type of containers shall contingency medications be stored?

A. Bulk containers

B. Jar containers

C. Single unit containers

D. Vial containers

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6. How shall an individual resident's supply of drugs be stored in a unit dose system?

A. In a general medication area for all residents

B. In a separate, individually labeled container and then transferred to the nursing station and placed in a locked cabinet or cart

C. In the resident's room

D. On the nurse's desk for easy access

7. A drug testing program shall make available to the department experts to support a test result for how long after the test results are released to the department?

A. 1 year

B. 3 years

C. 5 years

D. 10 years

8. How often should the local fire inspection authorities inspect nursing home facilities?

A. At least annually

B. At least biannually

C. At least once every three months

D. At least semiannually

9. What should happen to unused medications once a resident is discharged?

A. They should be kept for future use

B. They should be given to another resident

C. They should be returned to the pharmacy or destroyed

D. They should be handed over to family members

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10. When an employee or prospective employee has a communicable disease that may result in transmission, they may not perform employment duties until:

A. A replacement is found

B. The department is notified

C. The employee receives a vaccination

D. The facility makes safe accommodations to prevent transmission

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Answers

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

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Explanations

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1. What must be sent to the attending physician after a person is admitted for respite care?

A. Resident’s educational history

B. The comprehensive resident assessment, the physician's orders, and the plan of care

C. The facility’s policy manual

D. A financial statement

After a person is admitted for respite care, the attending physician must receive the comprehensive resident assessment, their physician's orders, and the plan of care in order to properly care for the resident. Option A, the resident's educational history, is not needed for this purpose and is not relevant to their medical care. Option C, the facility's policy manual, may be useful for staff members but does not need to be sent to the attending physician. Option D, a financial statement, is not necessary for the attending physician and does not provide any information about the resident's care.

2. Which criterion DOES NOT determine whether a service is skilled?

A. The inherent complexity of the service

B. The restoration potential of the resident

C. The need for skilled personnel due to special medical complications

D. Whether the service prevents deterioration or sustains current capacities

The restoration potential of the resident is not a determining factor in whether a service is considered skilled. However, the other options all contribute to the determination of whether a service is skilled. The inherent complexity of the service, the need for skilled personnel due to special medical complications, and whether the service prevents deterioration or sustains current capacities are all important factors to consider when assessing the skill level of a service. Therefore, these options are not incorrect choices, but rather they are all factors that must be considered in addition to the restoration potential of the resident.

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3. After completing the medication aide training program, how many years of experience as a nurse aide in direct patient care are required?

A. 1 year

B. 2 years

C. 3 years

D. None

To become a medication aide, one year of experience as a nurse aide in direct patient care is required. This is because the role of a medication aide involves administering medication to patients, which requires a certain level of experience and competence in working directly with patients. The other options are incorrect because they either require more or less years of experience than what is required. Option B requires 2 years, which is more than the required 1 year, and option C requires 3 years, which is also more than what is needed. Option D, on the other hand, requires no experience, which is not the case for becoming a medication aide.

4. With whom must a nursing facility have a transfer agreement?

A. Ambulance services

B. Local clinics

C. One or more hospitals

D. Other nursing homes

A nursing facility must have a transfer agreement with ambulance services. This is crucial to ensure that residents can be promptly and safely transferred to a hospital in case of emergencies. While having agreements with local clinics, hospitals, and other nursing homes can also be beneficial, the priority for transfer agreements should be with ambulance services as they are typically the primary mode of transportation in emergency situations requiring immediate medical attention.

5. In what type of containers shall contingency medications be stored?

A. Bulk containers

B. Jar containers

C. Single unit containers

D. Vial containers

Contingency medications should be stored in single unit containers. This is because single unit containers ensure that each dose is individually packaged, making it easier to track and administer the medication accurately in case of emergencies. Bulk containers and jar containers increase the risk of errors and contamination, while vial containers may not provide the same level of convenience and clarity in urgent situations.

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6. How shall an individual resident's supply of drugs be stored in a unit dose system?

A. In a general medication area for all residents

B. In a separate, individually labeled container and then transferred to the nursing station and placed in a locked cabinet or cart

C. In the resident's room

D. On the nurse's desk for easy access

In a unit dose system, each resident's supply of drugs should be stored in a separate, individually labeled container. This practice helps ensure accurate medication administration and reduces the risk of medication errors. After being dispensed in individual containers, the drugs should then be transferred to the nursing station and placed in a locked cabinet or cart to maintain security and prevent unauthorized access. Storing the drugs in a general medication area for all residents (Option A), in the resident's room (Option C), or on the nurse's desk (Option D) does not provide the same level of security and individualized care as storing them in separate, labeled containers in a secure location.

7. A drug testing program shall make available to the department experts to support a test result for how long after the test results are released to the department?

A. 1 year

B. 3 years

C. 5 years

D. 10 years

In this case, the correct answer is C. A drug testing program in a nursing home setting in Wisconsin shall make available to the department experts to support a test result for up to 5 years after the test results are released to the department. This requirement ensures that there is a sufficient timeframe for the department to access expert support and validation of the test results in case any issues arise or if further verification is needed. Having this support available for up to 5 years helps maintain the integrity and accuracy of the drug testing program within nursing home facilities.

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8. How often should the local fire inspection authorities inspect nursing home facilities?

A. At least annually

B. At least biannually

C. At least once every three months

D. At least semiannually

Local fire inspection authorities should inspect nursing home facilities at least semiannually. This means they should conduct inspections at least twice a year to ensure that the nursing home meets all the necessary fire safety regulations and standards. Regular inspections help to identify and address any potential fire hazards promptly, ensuring the safety of the residents and staff within the facility. Option A is incorrect because an annual inspection would not be frequent enough to ensure the ongoing compliance with fire safety regulations. Option B is incorrect as a biannual inspection would not meet the standard requirement for ensuring the safety of the residents and staff at the nursing home. Option C is incorrect because an inspection every three months would be too frequent and may not be practical for the local fire inspection authorities to conduct regularly.

9. What should happen to unused medications once a resident is discharged?

A. They should be kept for future use

B. They should be given to another resident

C. They should be returned to the pharmacy or destroyed

D. They should be handed over to family members

Unused medications should not be kept for future use or given to another resident, as this can lead to misuse of medication and potentially harm the individual. Medications should also not be handed over to family members, as they may not be aware of its proper usage or may have their own medication interactions. The best course of action is to return unused medications to the pharmacy for proper disposal or destruction to prevent any potential harm or misuse.

10. When an employee or prospective employee has a communicable disease that may result in transmission, they may not perform employment duties until:

A. A replacement is found

B. The department is notified

C. The employee receives a vaccination

D. The facility makes safe accommodations to prevent transmission

This is because it is not enough to just inform the department or find a replacement when an employee has a communicable disease. This could potentially put others at risk of contracting the disease. Additionally, getting a vaccination does not immediately prevent the transmission of the disease. It takes time for the body to build up immunity. Therefore, the facility must make safe accommodations to prevent transmission before the employee can return to performing employment duties.

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