



Certified Nursing Assistant (CNA) and Certified Medication Aide/Technician (CMA/CMT) Competency Assessment Answer Key

Table of Contents

Click on the hyperlinks below to be taken directly to the competency sections.

Behavioral Competencies _____	2
Technical Competencies _____	18
Resident-based Competencies _____	35

ANSWER SHEET

Behavioral Competencies

Certified Nursing Assistant (CNA) and Certified Medication Aide/Technician (CMA/CMT)

Advocacy

Definition

Ensures the resident has active participation in all parts of his/her own health care (i.e., right to self-determination, right to access to information and privacy, preferences for care, decisions). Represents the resident when requested or when the resident is not able to advocate for one's self.¹ Promotes staff education on resident rights and the responsibilities of the facility to ensure services enhance care within the organization.²

Knowledge, Skills and Abilities

- Advocates for safe, quality care in the use of new resident care technologies.³
 1. **Your unit has received a new resident lift. You have not been in-serviced on how to safely use it. You:**
 - A. Take it down to lift a resident because all lifts are pretty much the same.
 - B. Ask another staff member to show you how to use it.
 - C. **Let your charge nurse know you have not been trained and ask for training before attempting to use the lift to transfer a resident.**
 - D. Use only the older lifts that you know how to use.
- Values role and responsibilities as resident advocate and performs interventions (i.e., screening, immunization, risk-assessment) to promote health, enhance quality of life, prevent disease and injury, maximize function, maintain desired level of autonomy and independence, and promote rehabilitation to residents.^{1,3}
 2. **You notice that a new resident is not getting out of bed or coming out of his room and seems depressed. You:**
 - A. **Spend some time encouraging him to come out, but respect his choice if he refuses. You report your concerns to the charge nurse.**
 - B. Tell him he has to come out and take him to the activities room, even though he tells you he does not want to go. You know that sometimes people feel better if they just get out of their room.
 - C. Tell him he is only making it worse for himself and that you are not going to do things for him that he can do for himself.
 - D. Do nothing. Some people just like to stay in bed.
 3. **A resident insists on wearing a light dress out to lunch with her daughter even though you have warned her it is cold outside. You:**
 - A. **Help her put on the dress she picked and help her pick a sweater that looks nice with the dress.**
 - B. Put a warm dress on her anyway; it is more important for her to be warm than to wear what she wants.
 - C. Refuse to dress her and let her daughter convince her to wear something warmer.
 - D. Tell her she cannot go out unless she dresses appropriately.

- Understands role and responsibilities as an advocate to assist resident in navigating through the health care system.³
- 4. You know a resident has an appointment to go to an eye doctor this morning. You:**
 - A. Make sure the resident is clean and properly dressed.
 - B. Assist with toileting and personal needs so the resident is comfortable on his/her transport.
 - C. Report any special needs to the transport assistant.
 - D. All of the above.**
- Serves as an advocate by using established criteria to identify elder abuse and following standards of care to recognize and report mistreatment (e.g., physical, financial, sexual, neglect, emotional, social).^{1,3}
- 5. A pressure ulcer/injury caused by not turning and repositioning a resident can be defined as:**
 - A. Physical abuse.
 - B. Neglect.**
 - C. Financial abuse.
 - D. Emotional abuse.

Sources

¹ [Canadian Gerontological Nursing Association](#)

² [Centers for Medicare and Medicaid Services](#)

³ [Nurse of the Future](#)

Communications

Definition

Interacts and effectively communicates with residents, families and staff while “fostering respect and shared decision-making” in order to improve residents’ care coordination and satisfaction.^{1,2,7} Utilizes communication technology and knowledge of the English language to read, write and speak effectively with others in order to convey and understand information and ideas clearly.^{1,3} Utilizes effective communication skills, such as active listening, providing feedback and full attention, addressing emotional behaviors and barriers, resolving conflict and understanding the role diversity and aging can play in communication.^{1,3,4,5,6}

Knowledge, Skills and Abilities

- Recognizes and reports changes in a resident’s communication and uses communication strategies and technologies identified in the plan of care to meet a resident’s needs.^{1,4}
 1. **Which of the following strategies should NOT be used when communicating with people who have speech or language difficulties:**
 - A. Sit or squat to be at eye level.
 - B. Allow extra time for communication.
 - C. **Finish the person’s sentences so they don’t get frustrated.**
 - D. Use gestures or a pen and paper to draw or write.
- Communicates information and ideas accurately when speaking and writing so others can understand; actively participates in regular team meetings to ensure timely and open discussions about important issues and reports concerns as needed.^{2,3,4,6,7}
 2. **What should you do if you feel your charge nurse does not listen to your reports of concern?**
 - A. **Locate the supervisor of the charge nurse and voice your concerns, then document the concern.**
 - B. Document the resident’s situation in the medical record.
 - C. Tell the resident’s family member when he/she comes into the room.
 - D. All of the above.
- Establishes a relationship with residents, considers their readiness/willingness and ability to communicate, understands their needs, preferences for visual, auditory or tactile communication, and adapts own communication based on resident preferences and the plan of care.²
 3. **What are proper ways to learn a new resident’s communication needs and preferences?**
 - A. Ask his/her roommate.
 - B. Ask the family.
 - C. Review the communication section of the plan of care.
 - D. Observe the resident.
 - E. **B, C and D.**
- Maintains respectful communication with residents and family members and maintains confidentiality.^{2,3}
 4. **Talking with respect can build better relationships with residents, their families and coworkers. Which of the sentences listed does NOT show respect while interacting?**
 - A. Making eye contact when culturally appropriate.
 - B. **Multi-tasking while maintaining communication.**
 - C. Restating what has been said to clarify understanding and validate that you’re listening.
 - D. None of the above.

- Recognizes that people from different backgrounds and cultures have different communication styles and beliefs. Understands how personal preferences and style of communication can impact residents, families and coworkers. ^{1,2}
- 5. It is _____ to make sure your beliefs and opinions do NOT affect the care and support you give residents and their families.
 - A. Not very important.
 - B. Very important.**
 - C. I don't know.

Sources

¹[Canadian Gerontological Nursing Association](#)

²[Nurse of the Future](#)

³[Competency Model Clearinghouse](#)

⁴[American Association of Colleges of Nursing](#)

⁵[Pioneer Network/Hartford](#)

⁶[American Nurses Association Leadership Institute](#)

⁷[National Committee for Quality Assurance](#)

Conflict Resolution

Definition

Handles complaints, arguments and conflicts as appropriate. Understands potential crises and behaviors. Takes the appropriate steps to resolve the situation or reduce risk and/or danger.¹

Knowledge, Skills and Abilities

- Understands the importance of preventing conflicts that can impact resident safety.¹
 - 1. **You hear two residents threatening each other in the dining room. Which of the following is NOT an effective way to prevent further conflict?**
 - A. Approach the two and try to redirect by asking them a question.
 - B. Approach the two and make a joke about them arguing.
 - C. Remove one resident from the dining room.**
 - D. B and C.
- Reports conflict between residents and his/her family members appropriately.²
 - 2. **Mrs. Jones visits her husband every day. You see her slap his face through the open door as you approach the room. What should you do first?**
 - A. Knock and enter the room as you call for staff assistance.**
 - B. Go get the nurse.
 - C. Shut the door to provide privacy.
 - D. None of the above.
- Monitors environment and reports concerns about safety of residents and others.¹
 - 3. **To prevent a dangerous situation in the facility, you should watch for _____.**
 - A. Resident-to-resident conflicts.
 - B. Unauthorized individual wandering in the facility.
 - C. An angry family member threatening staff with violence.
 - D. All of the above.**
- Works with team members to address conflicts or challenges and comes to a shared agreement.^{1,2,3,4}
 - 4. **One good way for teams to share information and reach agreement is in care team “huddles” at the nurses’ station.**
 - A. True.**
 - B. False.

Sources

¹ [Competency Model Clearinghouse](#)

² [Canadian Gerontological Nursing Association](#)

³ [Nurse of the Future](#)

⁴ [Quality and Safety Education in Nursing](#)

Education and Training

Definition

Shows an interest in learning and applies new skills and knowledge learned.¹ Creates learning plans using a basic understanding of methods of instruction.^{1,2} Understands that lifelong learning is key to gaining knowledge and competence needed to be successful in his/her position. Completes required annual trainings and learning hours to ensure continuing competence in field.^{3,4}

Knowledge, Skills and Abilities

- Assesses him/herself and seeks feedback from peers and management on how to improve and develop.^{1,2}
 - 1. An example of how to assess your own skills includes:**
 - A. Asking your supervisor about how you are doing in your job and about ways you can improve.**
 - B. Being upset by suggestions to improve performance.
 - C. Being too hard on yourself.
 - D. Avoiding changing when issues are pointed out.
- Works with individual to identify needs, abilities and goals, and instructs the learner using his/her preferred learning style.¹
 - 2. Which of the following could be used to assess a learner's needs, abilities and goals?**
 - A. Request a demonstration of current skill capabilities.
 - B. Ask the learner what his/her goals are and what he/she needs to learn to achieve those goals.
 - C. Rely on what has worked for other people in the past.
 - D. A and B.**
- Understands person-specific learning styles and strategies (i.e., hand-over-hand assistance, verbal cueing or visual instruction, etc.) and provides methods for learners to share feedback on the instruction.¹
 - 3. A good way to teach a new skill is to show someone how to do it and then ask him/her to teach the new skill back to you.**
 - A. True.**
 - B. False.
- Takes charge of his/her professional development by recognizing strengths and weaknesses and selects education and training opportunities accordingly.¹
 - 4. You were assigned to the memory care unit. During your first day, you find out you do NOT know how to redirect a resident who is upset or shows challenging behavior. You should:**
 - A. Hope that as time goes on you will learn from other staff.
 - B. Demand to have your assignment changed.
 - C. Tell your supervisor about your concerns and ask for more training.**
 - D. B and C.
- States the importance of meeting training requirements, such as abuse, neglect, exploitation and resident rights.
 - 5. Going to trainings and in-services are the best way to learn about facility rule changes and the way to do tasks.**
 - A. True.**
 - B. False.

- Demonstrates an interest in continuous professional and personal development by pursuing educational opportunities relevant to his/her position.
- 6. Ways to continue learning about your role and improving your skills may include:**
 - A. Going to a workshop on pressure ulcer/injury prevention.
 - B. Attending a training on person-centered care.
 - C. Joining the professional organization for your role.
 - D. All of the above.**

Sources

¹[Competency Model Clearinghouse](#)

²[American Nurses Association's Leadership Institute](#)

³[Canadian Gerontological Nursing Association](#)

⁴[Centers for Medicare and Medicaid Services](#)

Ethics

Definition

Completes roles and responsibilities within the ethical structure of his/her profession and supports ethical decision-making by the resident and his/her family consistent with the resident's values and beliefs.^{1,2,4} Understands the importance of honesty and resident consent.¹

Knowledge, Skills and Abilities

- Displays the ability to use judgment, including critical thinking, problem-solving and ethical reasoning, while supporting resident choices and maintaining safety and quality of care.^{2,4}
 1. **You come on shift and a resident who is usually a one-person gait belt transfer tells you that he had a bad night. The resident says he needs to use the restroom, but he feels very weak. You:**
 - A. Tell the resident to go to the bathroom in his/her brief and you will clean them up later.
 - B. **Turn on the call light so that a coworker can come to assist with transfer to ensure safety.**
 - C. Get your gait belt and tell the resident that you will go slowly and things will be ok.
 - D. Tell the resident that you will come back later when you have found someone to help you.
- Follows the basic principles of National Standards for Culturally and Linguistically Appropriate Services (CLAS), cultural sensitivity and language assistance services.¹
 2. **You have been assigned a new resident who does not speak English. You are sent by the nurse to find out health-related information about the resident. The resident's 7-year-old grandson is the only visitor in the room who can speak English. You:**
 - A. Ask the resident's grandson to translate to find out the answer.
 - B. Go down the hall to find another staff member who speaks the resident's language, so that he/she can translate.
 - C. **You tell the nurse that you cannot get the information because you do not speak the resident's language and they do not understand English.**
 - D. You try to talk to the resident and draw pictures to figure out the answer.
- Provides safe and ethical care by keeping professional boundaries and respecting resident's right to privacy and choice. Understands the negative things that can happen if situations of abuse, neglect and exploitation are not reported.^{1,3}
 3. **You mention to another nursing assistant (CNA) that you are exhausted but need money to pay bills. The CNA tells you that you should ask one of the residents you take care of for help. The resident lent her \$200 the month before for her rent and she paid him back when she got paid the following week. You should:**
 - A. Thank her for the advice and decide to sleep on it.
 - B. Ask the resident for the money you need and make the same promise to pay him back from your next paycheck.
 - C. **Report the situation with the other CNA to facility administration immediately because you recognize it is exploitation.**
 - D. Sign up to work extra shifts to make the money you need.

Sources:

¹[Competency Model Clearinghouse](#)

²[American Association of Colleges of Nursing](#)

³[Canadian Gerontological Nursing Association](#)

⁴[American Nurses Association's Leadership Institute](#)

Leadership

Definition

Influences the behavior of individuals and groups in his/her facility, helps establish shared goals and objectives, and demonstrates leadership characteristics and abilities that promote person-centered care.^{1,2,3} Facilitates shared problem-solving, decision-making and planning with interdisciplinary team members.¹

Knowledge, Skills and Abilities

- Understands one's own feelings and emotions and is able to control them in stressful situations. Knows how his/her reactions can affect others.¹
 - 1. You hear a housekeeper yelling for a nurse. You go to the room and find a resident on the floor in the bathroom. You:**
 - A. Tell the housekeeper to stop being so loud and go get some help.
 - B. Start crying and run to find the nurse.
 - C. Turn the call light on, stay with the resident and ask the housekeeper to notify the nurse.**
 - D. Run down the hall to get the crash cart.
- Understands the goals of his/her resident's care and works with the team to problem-solve difficult situations.¹
 - 2. It is your first day assigned to a resident who fell 15 minutes before you clocked in for your evening shift. What do you need to know about the resident?**
 - A. Is the resident on fall precautions?
 - B. Are there specific interventions on the resident's plan of care related to fall prevention?
 - C. Why did the resident fall?
 - D. All of the above.**
- Promotes a positive workplace by valuing everyone's ideas, understanding how personal thoughts and beliefs impact others.¹
 - 3. What is a positive way to deal with your frustration with a difficult resident?**
 - A. Privately talk to the charge nurse about your feelings.**
 - B. Document your feelings in the resident's medical record.
 - C. Ask your coworker if he/she has the same feelings.
 - D. All of the above.
- Understands the need for accountability; identifies the roles and responsibilities of the team; asks for help to complete own assignment and assists others on the team if needed.¹
 - 4. A resident's plan of care says he/she requires mechanical lift support for transfers. You see the nursing assistant (CNA) who cares for the resident is about to transfer him/her without the lift. You:**
 - A. Continue down the hall because you have ADLs to document.
 - B. Ask the CNA if you can help to get the lift and transfer the resident.**
 - C. Immediately tell the charge nurse what the other CNA is doing.
 - D. Tell the CNA he/she is neglecting the resident by not following the plan of care.
- Effectively participates with team by understanding own strengths and weaknesses, avoiding conflicts, sharing ideas and participating in shared decision-making.¹
 - 5. A shift report is one way of sharing ideas and being part of problem-solving.**
 - A. True.**
 - B. False.

Sources

¹[Nurse of the Future](#)

²[Pioneer Network/Hartford](#)

³[American Nurses Association Leadership Institute Competency Model](#)

Problem-Solving

Definition

Applies critical thinking skills, knowledge of mathematics and ability to combine information to make conclusions. Detects and recognizes changes in residents.¹ Collaborates with others to evaluate interventions. Makes recommendations to the care plan, deduces risk and improves care for resident.^{3,4}

Knowledge, Skills and Abilities

- Works with team to solve problems and make decisions.
 1. **You meet with your unit coworkers to decide what time each person will leave for his/her lunch break. This is an example of team decision-making.**
 - A. **True.**
 - B. False.
- Actively participates in team problem-solving and offers solutions based on knowledge of the resident.⁴
 2. **A post-fall “huddle” is one example of a good way to solve a problem together.**
 - A. **True.**
 - B. False.
- Identifies a problem. Gathers information in order to understand the problem. Refers the problem to the appropriate people as needed.¹
 3. **A resident who is normally wide awake and happy in the mornings is suddenly very sleepy and difficult to wake up. You should:**
 - A. Finish getting other residents ready and let the charge nurse know when you see him/her.
 - B. **Report to the charge nurse immediately.**
 - C. Obtain vital signs after notifying the charge nurse.
 - D. All of the above.
- Recognizes there are steps to problem-solving, including: identify the problem, generate possible solutions, choose a solution and evaluate success of solution.¹
 4. **Useful steps to address a problem include defining the problem, looking for ways to fix the problem, picking the best one and checking that the problem is solved.**
 - A. **True.**
 - B. False.
- Identifies and addresses barriers to person-centered care. Uses approaches to promote quality of care and resident safety.^{1,2,4}
 5. **Which of the following is an example of a barrier to person-centered care?**
 - A. Hold interdisciplinary team meetings to update resident plan of care.
 - B. Respecting a resident’s wish to remain in bed later in the morning.
 - C. **Not communicating a resident’s food preferences to the rest of the team.**
 - D. Night shift getting a resident up and showered to respect lifelong pattern of early rising in the morning.

Sources

¹[Competency Model Clearinghouse](#)

²[American Association of Colleges of Nursing](#)

³[Pioneer Network/Hartford](#)

⁴[Canadian Gerontological Nursing Association](#)

Professionalism

Definition

Shows professional standards and work behaviors. Provides care that is consistent with moral, legal and ethical principles for his/her practice. Maintains a professional manner at work. Shares professional values, attitudes and thoughts related to person-centered care for the resident and his/her family.^{1,2,3}

Knowledge, Skills and Abilities

- Treats others with respect. Takes responsibility for his/her own behavior, decisions and actions. Shows commitment to providing high-quality and safe care to residents.^{1,2}
 1. **It is acceptable to call in sick if you feel your supervisor is upset with you. This gives him/her time to cool off.**
 - A. True.
 - B. **False.**
- Understands role and responsibility as part of the team. Holds oneself responsible and maintains accepted standards. Uses ethical principles in decision-making.²
 2. **A resident's daughter is angry. She approaches you and says, "None of you people know what you are doing." You:**
 - A. Tell her that she is upsetting the other residents and she should quiet down.
 - B. **Calmly acknowledge her concerns. Find a private place to talk with her and notify your nurse or supervisor. Follow your facility's protocols regarding grievances or abuse and neglect, if needed.**
 - C. Walk away because no one should talk to you like that.
 - D. Tell her that her mother is not your resident.
- Recognizes and practices self-care. Contributes to a positive, healthy work environment that promotes safety and shared accountability.²
 3. **Self-care is an important part of your professional responsibility. Some examples of self-care are:**
 - A. Saying no to overtime shifts when you are already tired.
 - B. Calling in sick to go to a concert.
 - C. Learning to manage stress by getting enough sleep, exercise and nutritious foods.
 - D. **A and C.**
- Maintains a professional appearance and positive attitude by following the facility dress code, practicing good personal hygiene, demonstrating self-control and maintaining composure during difficult situations. Projects a professional image to the public and takes pride in his/her work and the facility.^{1,2}
 4. **After your shift, several of your coworkers go out to eat. Some staff members begin to talk negatively about your new manager. You:**
 - A. Agree and state that you do not like the way things are going. You mention you are looking for a new job.
 - B. Take bets on how long the new manager will stay employed at your facility.
 - C. **Change the conversation to something that is not facility-related.**
 - D. Tell them the new manager is friends with some important people, so they should be careful about what they say.

- Recognizes the importance of lifelong learning. Understands its impact on professional advancement and delivering high-quality care to residents.²
 - 5. Which of the following are ways you can learn about your role and improve your knowledge and skills.**
 - A. Participate in in-service training.
 - B. Get information from Wikipedia.
 - C. Take a course to advance knowledge and skills.
 - D. A and C.**
- Works within his/her responsibilities. Follows nursing home regulations, policies and procedures.²
 - 6. Your supervisor asks you to perform a task that you were not trained to do. You:**
 - A. Do it because your supervisor gave you permission.
 - B. Say “no” and walk out because you have to protect yourself.
 - C. Read the facility policy and procedure before performing the task.
 - D. Respectfully explain to the supervisor that the task is not something you can do as a nursing assistant (CNA).**
- Treats others with respect. Takes responsibility for his/her own behavior, decisions and actions. Shows commitment to providing high-quality and safe care to residents.^{1,2}
 - 7. Documenting that you gave care before care has been given is okay if you complete the task by the end of your shift.**
 - A. True.
 - B. False.**

Sources

¹[Competency Model Clearinghouse](#)

²[Nurse of the Future](#)

³[American Association of Colleges of Nursing](#)

Teamwork and Collaboration

Definition

Promotes interdisciplinary team collaboration through problem-solving and intervention planning that focuses on resident needs.⁴ Sees self as part of a team and values open communication, respect, shared decision-making, team learning and professional development.¹

Knowledge, Skills and Abilities

- Recognizes the importance of properly transferring resident care responsibilities to another CNA at shift change.^{1,2}
 - 1. What information should be given to another nursing assistant (CNA) at shift change?**
 - A. Change in diet order.
 - B. The last time the resident was turned and repositioned.
 - C. Any change of condition.
 - D. All of the above.**
- Knows own strengths and weaknesses, and how they relate to meeting team goals.^{1,2,3}
 - 2. You are working in the dementia unit and are assigned to activities. You notice that your coworker who is assigned to showers is struggling with the residents. You know you are better at giving showers than supporting activities. You:**
 - A. Go into the shower room and tell the other CNA you want to do showers today instead of supporting activities.
 - B. Say nothing and continue with your assignment.
 - C. Approach the other CNA and ask if she would like you to ask the charge nurse to swap assignments. You tell her you like to do the showers and you know that she prefers to do activities.**
 - D. Go to the charge nurse and ask if it would be acceptable to swap assignments with the CNA doing showers.
- Understands roles and responsibilities of team members and the importance of effective teamwork. Talks regularly with team members and shows interest in learning from others.^{1,2,3}
 - 3. Which of the following are examples of times when the interdisciplinary team needs to share information?**
 - A. Falls prevention.
 - B. Pressure ulcer/injury prevention and management.
 - C. Resident care plan discussions.
 - D. All of the above.**

Sources

¹[Quality and Safety Education of Nursing, American Association of Colleges of Nursing](#)

²[Competency Model Clearinghouse](#)

³[Pioneer Network/Hartford](#)

⁴[Geriatric Nursing Pain](#)

Time Management and Adaptability

Definition

Manages time and prioritizes tasks in order to safely complete responsibilities.¹ Recognizes the importance of consistent caregivers for residents. Takes initiative, adjusts actions as priorities change and performs effectively.^{1,2}

Knowledge, Skills and Abilities

- Plans tasks so that work is completed safely and on time. Prioritizes tasks efficiently according to importance or urgency.¹
 - 1. You begin your shift at 7 a.m. What is the correct order to do the tasks below?**
 - a) Mrs. Palm has in-house therapy at 10 a.m.
 - b) Assist Mr. Jones for his doctor's appointment at 8 a.m.
 - c) Pass snacks
 - d) Serve and assist with breakfast
 - A. d, a, b, c
 - B. b, d, a, c**
 - C. b, c, a, d
 - D. c, d, a, b
- Takes initiative without being asked by management; shows reliability, responsibility and dependability in fulfilling commitments and tasks.¹
 - 2. Four nursing assistants (CNAs) are assigned to assist in the dining room for lunch, but only two of them are there and trays are stacking up. Your morning tasks are complete and the resident you usually assist for lunch is out on pass. You:**
 - A. Page the two missing CNAs to the dining room.
 - B. Tell the charge nurse the two CNAs are not in the dining room.
 - C. Go to the dining room to assist until appropriate relief arrives.**
 - D. Mind your business and take a break at the nurses' station.
- Provides complete and accurate information in a timely manner.¹
 - 3. You have a resident who has vomited and has a terrible headache. You:**
 - A. Take the resident to the shower room.
 - B. Find a nurse and report it immediately.
 - C. Stay with the resident and pull the emergency call bell.**
 - D. Lay the resident in bed and begin to clean up.
- Shows openness to new ways of completing tasks and improving processes.¹
 - 4. Your facility has a new Director of Nursing (DON) and he/she gives you a new shower schedule. You have worked at the facility for a long time and know the residents very well. Should you try the new schedule and give it a real chance?**
 - A. Yes.**
 - B. No.

- Understands personal responsibility to residents and the facility in order to promote quality of care and facility confidence.¹

5. What should you consider when determining the best time to take a break?

- A. Facility policy.
- B. The time you need to leave each day to pick up your kids.
- C. Residents' needs are met before I go and another CNA has agreed to help if any of my residents need something while I am on break.
- D. A and C.**

Sources

¹[Competency Model Clearinghouse](#)

²[Pioneer Network/Hartford](#)

ANSWER SHEET

Technical Competencies

Certified Nursing Assistant (CNA) and Certified Medication Aide/Technician (CMA/CMT)

Activities of Daily Living (ADLs)

Definition

Develops and follows a person-centered plan of care addressing each resident's range in ability to perform activities of daily living (ADLs) (e.g., bathing, dressing, grooming, toileting, bed mobility, eating, transfer and locomotion). Supports residents in order to help them maintain their highest level of functioning.³

Knowledge, Skills and Abilities

- Understands the importance of and actively encourages the resident's independence when assisting with ADLs.¹
 1. **What unwanted result can happen if a staff member completes all of the ADLs for a resident who can perform some or all of the tasks without help?**
 - A. Unused muscles can weaken.
 - B. The resident can lose the ability to do it without assistance.
 - C. Residents can become depressed.
 - D. **All of the above.**
- Uses a person-centered approach to provide safe and appropriate resident care related to ADLs. For example, "bathing (e.g., tub, shower, bed), bed-making (occupied and unoccupied), bedpan, dressing, eating, nail and hair care, grooming (brushing teeth or dentures), providing resident privacy, range of motion (upper or lower extremity), transfers, using gait belt, using mechanical lifts, etc."²
 2. **You and another nursing assistant (CNA) are assisting a new resident. You realize the resident can stand to help complete the transfer if you give him/her a little time to gain his/her balance. The care plan states that the resident is a two-person transfer. What else could you share with the nurse for the care plan to be person-centered for this resident?**
 - A. Assist with meals as needed.
 - B. Resident is a fall risk.
 - C. **Requires extra time to gain balance upon standing.**
 - D. Provide safe environment.
- Understands the importance of nutrition and the pleasure of eating meals and snacks. Preserves the dignity of all residents at mealtime and acts in a caring and compassionate manner when providing support and/or assistance to residents during meals and/or snacks. Maintains safety based on the person-centered plan of care.
 3. **Mealtime observations for a resident with weight loss can provide valuable information to help understand why a resident is losing weight. Which of the following is an example of important information to report?**
 - A. Resident is a slow eater and is rushed to finish meals before returning to his/her room.
 - B. The dining room is noisy and the resident appears distracted.
 - C. The resident values his/her independence and you observe him/her struggling to use utensils.
 - D. **All of the above.**

- Understands the normal changes that occur with aging, and supports residents who require assistance with ADLs in a respectful and dignified manner in order to help them “live a self-determined life.”¹
- 4. Incontinence can be embarrassing to a resident and may lead to isolation and depression. Some preventable causes of resident incontinence are:**
 - A. Lack of access to toileting devices, such as bedside commode, bedpan, etc.
 - B. Lack of an individualized toileting plan.
 - C. Not responding to a resident’s call light in a timely manner.
 - D. All of the above.**
- Understands the importance of and actively encourages the resident’s independence when assisting with ADLs.¹
- 5. Breaking tasks down into small steps, so that the resident can rest in between steps, can help residents stay independent.**
 - A. True.**
 - B. False.

Sources

¹[Competency Model Clearinghouse](#)

²[Centers for Medicare and Medicaid Services](#)

³[Medical Definition of Activities of Daily Living \(ADLs\)](#)

Admission, Transfer and Discharge

Definition

Facilitates safe and effective transitions across levels of care, including acute, community-based and long-term care (e.g., home, assisted living, hospice, nursing homes) for residents.¹

Knowledge, Skills and Abilities

- Demonstrates the ability to contribute meaningful information to support the accuracy of a person-centered plan of care for a newly admitted resident.
 1. **You are working with a new resident who tells you that he has gotten up at 8:30 a.m. for the last 25 years. You know that your facility strives to provide person-centered care. The best thing to do is:**
 - A. Tell night shift nursing assistants (CNAs) only. The nurse doesn't help with morning care.
 - B. **You work the 3–11 p.m. shift so you pass it on in the report to the oncoming shift and let the nurse know so it can be added to the care plan.**
 - C. Tell the resident that it might be hard for the staff to get him up at that time because there are a lot of other residents to consider.
 - D. Tell the resident that he is on the "early" list and it can't be changed so night shift will help him get up at about 6:00 a.m.
- Works with the new resident, resident representative and nurse to provide a safe transition and assist the resident in feeling physically safe and emotionally comfortable.
 2. **Examples of important steps the CNA can take to assist the resident in feeling welcomed and reassured does NOT include:**
 - A. Helping the resident get comfortable in the bed or chair and providing seating for family members.
 - B. Showing the resident how to call for help, demonstrating the use of the signal cord/call bell and telling the resident that help is always available.
 - C. **Let the resident know about the staffing issues on upcoming shifts so he/she understands when the call light is not answered right away.**
 - D. Explaining a typical daily routine and asking him/her if he/she has specific preferences.
- Understands role to support the resident in preparation for a safe and orderly transfer or discharge.
 3. **Your role in the discharge process includes:**
 - A. Completing the resident's discharge assessment.
 - B. Looking through his/her medication list and teaching him/her how to take them.
 - C. **Assisting him/her with activities of daily living (ADL) care and neatly packing his/her belongings.**
 - D. B and C.
- Demonstrates the ability to understand and follow written baseline plan of care that includes minimum health care information necessary to properly care for the immediate needs of the resident.
 4. **Information that you would find on a baseline care plan to help keep the resident safe and prevent injuries that are most likely to happen right after admission includes:**
 - A. Common safety risks, such as choking, falls and bleeding.
 - B. Transfer and mobility information and whether continent or incontinent.
 - C. Dietary orders.
 - D. **All of the above.**

- Recognizes the importance of effective discharge teaching. Collaborates and facilitates communication between interdisciplinary team members and resident/family regarding plans to address resident's needs and provide services supporting a safe transition.
- 5. **During therapies, the resident and her daughter are trained about how to use a sliding/transfer board. They will use the sliding/transfer board for transfers when the resident returns home. On the day the resident is to go home, the daughter tells you she is worried that she cannot safely use the board with her mom once she is at home. The best way to respond is:**
 - A. Reassure her that it is very easy and that her mom can almost do it by herself.
 - B. Speak to the resident's therapist so that the therapist can come and assist the daughter.**
 - C. Offer to watch her and help her feel more comfortable.
 - D. Suggest she leave her mom in the facility.
- Demonstrates the ability to contribute meaningful information to support the accuracy of a person-centered plan of care for a newly admitted resident.
- 6. **A newly admitted resident has admission orders for dialysis on Tuesday, Thursday and Saturday. The resident leaves your facility after breakfast at 8 a.m. and is not scheduled to return until 1 p.m. You know that the resident is diabetic. The dietary department provided a bagged lunch. The resident tells you that she normally eats a snack at 10 a.m. to prevent her blood sugar from getting too low. The safest course of action is to ask the dietary staff for an appropriate 10 a.m. snack to send with the resident.**
 - A. True.**
 - B. False.

Source

¹[American Association of Colleges of Nursing](#)

Detecting Resident Change in Condition

Definition

Knows the signs of illness in older adults and other nursing facility residents and watches for and reports early changes in a resident's condition.²

Knowledge, Skills and Abilities

- Gathers information and communicates to the team using a variety of methods (e.g., huddles, shift report, Stop and Watch, walking rounds, stand-up/stand-down meetings).
 1. If you notice a dark red area on the bony part of a resident's hip when you are completing activities of daily living (ADL) care, you should _____.
 - A. Rub it to help it get circulation.
 - B. Report it immediately to the nurse.
 - C. Get the resident in his/her wheelchair to take the pressure off his/her hip.
 - D. Check skin again in two hours when you change the resident's position and if it is still there report to the nurse.
- Knows the resident's normal patterns and abilities in order to identify early resident change of condition.¹
 2. Which of the following are part of determining a change in a resident's normal behavior patterns?
 - A. A resident who needs more help than normal in the morning.
 - B. A resident who seems more confused than normal.
 - C. A blood pressure that is different from normal (higher or lower, either top or bottom number).
 - D. All of the above.
- Understands that unrecognized changes of condition can lead to preventable conditions for residents.
 3. Which of the following would be important for you to report immediately to the nurse?
 - A. Elevated temperature.
 - B. Increased hunger.
 - C. Increased confusion.
 - D. A and C.
- Recognizes the importance of a culture that encourages reporting of perceived changes in residents.
 4. Resident changes in condition are most easily found when:
 - A. All facility staff are encouraged to know the residents and report changes.
 - B. The nursing staff have sole responsibility for monitoring and reporting changes.
 - C. Assignments frequently change so staff works with different residents each week.
 - D. Only nursing supervisors are allowed to notify medical practitioners about changes.

- Notifies nursing staff of observed change of condition and documents in the medical record as appropriate.¹
- 5. **A resident who is normally happy and participates in activities has an angry outburst and refuses to stay for an activity he normally enjoys. The best action would be to:**
 - A. Return the resident to his room and leave him alone for a bit to calm down.
 - B. Tell the oncoming nursing assistant (CNA) at shift change that you think that this resident is upset about something that happened and to watch him.
 - C. Take vitals and notify the nurse about the unusual behavior, per facility policy.**
 - D. Do nothing because this kind of thing is not unusual for residents in your facility.

Sources

¹[Canadian Gerontological Nursing Association](#)

²[Agency for Healthcare Research and Quality](#)

Documentation

Definition

Records important facts and observations about a resident's health, including past and present illnesses, medical tests, treatments and outcomes. Establishes a resident's history, including treatment and response to treatment as a legal record. Uses documentation to serve as communication between health care professionals, residents, their families and health care organizations.¹

Knowledge, Skills and Abilities

- Understands that documentation is: legible, clear, concise and complete, accurate, timely, true and serves as a legal record of care provided to the resident.¹
 - 1. Accurate nursing assistant (CNA) documentation can lead to better resident care by identifying:**
 - A. Changes in level of assistance needed over time.
 - B. Decreased nutritional and fluid intake.
 - C. Hypotension and hypertension.
 - D. All of the above.**
 - 2. Copying information from a previous shift is not only wrong but also illegal.**
 - A. True.**
 - B. False.
- Documents and reports timely and accurate resident vital signs, height and weight and bowel movements.
 - 3. Accurate and timely documentation and reporting of vital signs can help prevent incidents such as falls.**
 - A. True.**
 - B. False.
- Understands and practices ways to protect resident information, including electronic or written documentation.¹
 - 4. CNA documentation does NOT include information that needs to be protected under Health Insurance Portability and Accountability Act (HIPAA) guidelines.**
 - A. True.
 - B. False.**

Source

¹[Nursing World](#)

Infection Control and Prevention

Definition

Understands facility infection prevention and control policies and procedures. Practices in an environmentally safe and healthy manner.² Demonstrates mastery of hand hygiene, transmission-based precautions, standard precautions, equipment and environmental cleaning, etc.¹

Knowledge, Skills and Abilities

- Educates residents and families on basic infection control and prevention information. Demonstrates and helps residents and visitors understand the steps to correct handwashing and proper use of personal protective equipment (PPE). Maintains resident dignity and confidentiality and shows sensitivity to resident's feelings about having an infection.³
 - 1. What is the last step in correct handwashing?**
 - A. Rinsing hands elbows down.
 - B. Drying hands with paper towel.
 - C. Turning off the faucet with a paper towel.**
 - D. Putting on gloves.
- Demonstrates the correct handling of all linens, including resident personal clothing, in a way that minimizes the risk of spreading infection. Follows facility protocol and collects, bags and transports soiled linen items properly. Manages clean linen appropriately without contaminating (e.g., by touching one's own body or letting it touch a soiled surface).
 - 2. What are good infection control practices the nursing assistant (CNA) should follow when handling a resident's linens?**
 - A. Hold linen away from your body.**
 - B. Drag heavy linen bags down the hall to avoid straining your back.
 - C. Take extra linen out of a resident room and place it back on the linen cart.
 - D. A and C.
- Observes for and promptly reports any signs of infection to the nurse.
 - 3. The CNA's role in promoting a prompt response to possible infection is to:**
 - A. Observe the residents on the unit for signs of infection.
 - B. Report resident signs of infection to the nurse.
 - C. Inform the nurse if visitors show signs of infection, such as coughing or sneezing.
 - D. All of the above.**
- Understands the importance of cleaning the equipment and the environment during routine care (including blood pressure cuffs, lifts, shower chairs and shower room surfaces) after use with each resident.
 - 4. What practice can lead to the spread of infection?**
 - A. Using the same equipment for all residents without cleaning in between each resident.
 - B. Wearing the same uniform to work without laundering.
 - C. Bringing resident care equipment in from home (e.g., personal blood pressure cuff or bathing supplies).
 - D. All of the above.**

- Demonstrates personal responsibility for own health and the health of others by adopting personal infection prevention practices (e.g., annual influenza vaccines), good personal hygiene and protecting others when experiencing an active infection.
 - 5. **Select the statements below that are considered good personal health practices to help prevent the spread of infection.**
 - A. Stress management.
 - B. Healthy diet and exercise.
 - C. Receiving an annual influenza vaccine, unless medically contraindicated.**
 - D. None of the above.

Sources

¹[American Nurses Association Competency Model](#)

²[QIO/QIN Facility Assessment; F-Tag](#)

³[National Committee for Quality Assurance](#)

Medication Administration

Definition

Has a basic understanding of medications and related diagnoses (i.e., prescription medications, over-the-counter medications, herbal remedies and supplements).¹ Properly delivers medication as directed by the medical practitioner's orders and consults nurse on any concerns about medication doses and availability.^{2,3} Follows safe medication administration practices, such as adhering to accepted processes around medication use and documentation, including the "Five Rights" or "10 Rights" of medication administration.^{4,5}

Knowledge, Skills and Abilities

- Monitors resident response to medication, especially initial doses and dose adjustments. Looks for potential side effects and adverse events related to medications.
 - 1. Which of the following could indicate a drug allergy?**
 - A. Rash.
 - B. Swelling to lips and face.
 - C. Difficulty breathing.
 - D. All of the above.**
- Safely administers prescribed medications according to the physician's orders within one's professional scope of practice. Adheres to accepted processes, such as use of the "Rights" of medication administration.
 - 2. Which is NOT one of the "Rights" of medication administration?**
 - A. Dose.
 - B. Disease.**
 - C. Resident.
 - D. Time.
- Maintains knowledge of the information and techniques needed to identify common disease states and conditions (e.g., symptoms, side effects, potential drug interactions, adverse events, preventive health measures, etc.).¹
 - 3. You are preparing to administer a routine analgesic. Which of the following signs and symptoms would prompt you to consult the nurse prior to administering the medication?**
 - A. Tremor.
 - B. Increased drowsiness with constipation.**
 - C. Improved mobility.
 - D. B and C.
- Uses critical thinking to determine whether the resident is experiencing a medication-related side effect (e.g., constipation related to opioid use) or adverse event. Reviews and evaluates resident data, including intake of food and liquid, vital signs, weight, and urinary and fecal output. Reports findings as needed.¹
 - 4. A resident with type 2 diabetes has had blood sugars over 250 mg/dL for the past month. What resident data would you want to observe and report to the nurse?**
 - A. Urine output.
 - B. Weight.
 - C. Elevated temperature.
 - D. All of the above.**

- Ensures accurate documentation regarding time, dosage, route and location, as appropriate.
- 5. **You receive a personal emergency call during medication distribution and have to leave the facility. You are 100-percent confident that the person taking your place will know where you left off because you always follow best practices around medication administration. Select the associated best practice below:**
 - A. Set up/pre-pour my medications prior to administering.
 - B. Sign for medications immediately after administering.**
 - C. You always follow the “Five Rights” or “10 Rights” of medication administration.
 - D. Document that the medication is not available.

Sources

¹[Competency Model Clearinghouse](#)

²[Canadian Gerontological Nursing Association](#)

³[CMS](#)

⁴[Patient-Centered Medical Home](#)

⁵[US National Library of Medicine](#)

Pain Management

Definition

Understands and recognizes the signs of acute and chronic pain and reports to the nurse, as appropriate. Follows resident-specific plan of care related to pain management interventions and approaches.¹

Knowledge, Skills and Abilities

- Reports resident pain to the nurse and advocates for pain and symptom management.^{1,2}
 1. **You work the day shift and have told your charge nurse more than once that Ms. J is crying and rubbing her knees. The nurse has not taken action. You:**
 - A. Ask the other nursing assistant (CNA) to ask the charge nurse to help Ms. J.
 - B. **Report your concern about Ms. J's pain to the nursing supervisor on duty.**
 - C. Call Ms. J's daughter and tell her that her mother has been hurting for hours.
 - D. Do nothing, as you have already reported the issue more than once.
- Knows the specific non-medication pain prevention and reduction preferences of their residents. Offers interventions as outlined in the resident's plan of care.^{1,2}
 2. **Select the interventions that can be helpful to relieve pain:**
 - A. Proper pillow positioning.
 - B. Massage.
 - C. Seating device.
 - D. **All of the above.**
- Describes ways to recognize pain in residents, including those with cognitive impairment.¹
 3. **Which statement about pain in the elderly is TRUE?**
 - A. **Elderly persons often do not report pain because they consider it a normal part of the aging process.**
 - B. Pain is part of the aging process.
 - C. The elderly have a greater tolerance to pain than younger adults.
 - D. Residents with dementia always cry when they are in pain.
- Comprehends potential consequences of untreated pain specific to older adults.¹
 4. **Possible results of untreated pain in older adults are:**
 - A. Depression.
 - B. Weight loss.
 - C. Decline in activities of daily living (ADLs).
 - D. **All of the above.**
- Accepts self-reported pain and/or observations of possible pain (e.g. agitation, withdrawal, vocalizations and facial response/grimaces) and reports to nurse.²
 5. **Which statement is FALSE?**
 - A. Pain is what the resident says it is.
 - B. **Residents with dementia do not feel pain.**
 - C. Residents with unusual behaviors should be evaluated by a nurse for pain.
 - D. Residents with routine pain medication need regular, ongoing evaluation by a nurse.

- Observes resident for common side effects of medications, including opioids. Reports observations to the nurse.¹
 - 6. Common side effects of opioid pain medications include:**
 - A. Hypotension.
 - B. Constipation.
 - C. Drowsiness.
 - D. All of the above.**
- Understands the causes, characteristics of, and differences in treatment for acute and chronic pain.¹
 - 7. Common causes of acute pain that can be avoided include:**
 - A. Improper chair-to-bed transfer.
 - B. Bladder retention.
 - C. Long periods of immobility.
 - D. All of the above.**

Sources

¹[Oregon Health and Science University; University of Iowa; University of California, Davis](#)

²[Canadian Gerontological Nursing Association](#)

³[Elsevier: Pain Management Nursing](#)

Person-Centered Care

Definition

Recognizes and supports the resident's right to make decisions about his/her health care and maintain control over his/her daily life. Provides compassionate and coordinated care based on respect for the resident's preferences, values and needs.⁴

Knowledge, Skills and Abilities

- Recognizes the factors that create barriers to person-centered care (which may include: limited time for delivery of care; inconsistent caregiver assignments; lack of knowledge about individual resident needs and preferences; facility culture; staff educational gaps) and supports finding solutions.⁴
 1. **Which of the following are examples of nursing assistant (CNA) assignments in a person-centered care environment?**
 - A. Assigning the same number of residents in each assignment.
 - B. CNA preference.
 - C. **Consistent assignments.**
 - D. Convenience for nursing staff.
- Utilizes person-centered plan of care and adapts daily routines to accommodate resident preferences.^{3, 4}
 2. **A resident tells you that he prefers to go to bed at 3 a.m. because he used to work the late shift. Providing person-centered care for this resident might mean:**
 - A. Providing late-night activities for the resident.
 - B. Asking if he prefers a shower before he goes to bed.
 - C. Asking about preferred meal times to accommodate the schedule change.
 - D. **All of the above.**
- Encourages participation of the resident, his/her family and his/her representative in decision-making.¹ Commits to the resident being the source of control.⁴
 3. **A confused resident has recently started wearing several outfits on top of each other, including wearing multiple heavy sweaters on hot days. You notice that she appears very hot wearing the sweaters, but she does not want to remove them. What is the best course of action to support her right to make her own decisions while also keeping her safe?**
 - A. **Ask her family to take heavier clothing home until cooler weather arrives.**
 - B. Remove all her clothing from her room and only take what she will wear that day to her in the morning.
 - C. Let her wear whatever she wants; it is her right to choose her clothing.
 - D. None of the above.
- Respects the resident's thoughts regarding his/her health and concerns.² Strives to support resident decisions even when the decision conflicts with caregiver's personal values.⁴
 4. **A resident often saves snacks and food in her room. The family tells you that she has always saved food because she is afraid of being hungry. A person-centered approach to this situation might be:**
 - A. Explain that keeping food might attract bugs and insist you will get her anything she wants, anytime she wants it.
 - B. Discard food only when resident is out of the room.
 - C. **Report this to the charge nurse and suggest giving the resident a closed, covered container to store food and snacks that won't spoil.**
 - D. Insist all food is dated and stored in the resident nourishment room.

- Understands the dimensions of person-centered care, including preferences and values, communication, education styles and needs, physical comfort and emotional support needs, etc.^{2, 4}
- 5. **A resident's need for physical and emotional closeness with a spouse or partner diminishes with illness. Those needs are not considered in the development of a person-centered plan of care.**
 - A. True.
 - B. False.**
- Understands how human behavior is affected by illness or disability, life roles (occupation, family and community), culture, race, spiritual beliefs, gender identity, sexual orientation, lifestyle and age. Considers diverse behaviors in the delivery of person-centered care.²
- 6. **Which factors may play a role in a resident, family and representative's decision to use a feeding tube for a resident who has lost the ability to swallow?**
 - A. Culture.
 - B. Spiritual beliefs.
 - C. Age.
 - D. All of the above.**

Sources

¹[Canadian Gerontological Nursing Association](#)

²[Nurse of the Future](#)

³[Pioneer Network/Hartford](#)

⁴[Quality and Safety Education for Nurses \(QSEN\)](#)

Quality Assurance Performance Improvement (QAPI)

Definition

Understands the basics of Quality Assurance Performance Improvement (QAPI). Uses data to measure performance, looks for root causes of problems and tests changes to continuously improve the quality of care provided by engaging residents, families and staff in quality improvement activities.^{1, 2} Participates in performance improvement projects and monitors performance over time.

Knowledge, Skills and Abilities

- Understands the importance of involving residents and families in quality improvement activities.¹
 1. **As a member of a Performance Improvement Project (PIP) focused on preventing weight loss, it would be important to ask residents and families the following:**
 - A. Is the food tasty?
 - B. Does the food look appetizing?
 - C. Are foods served at the right temperature?
 - D. **All of the above.**
- Understands how measures and data can be used to identify the need for improvement.
 2. **Weight loss, falls, and pressure ulcers/injuries are examples of information and adverse events which can be counted on the unit and used to improve performance.**
 - A. **True.**
 - B. False.
- Understands the need to find the root cause.
 3. **Why is it important to find the root cause of a problem?**
 - A. To explain to the resident and family why the problem happened.
 - B. **To fix the process that led to the problem.**
 - C. To document why the resident had a negative outcome.
 - D. None of the above.
- Knows basic concepts of quality improvement.
 4. **Which of the following does quality improvement do?**
 - A. Tells your facility what they do great.
 - B. Tells your facility what they can do better.
 - C. Tells your facility who needs to be fired.
 - D. **A and B.**
 - E. A, B and C.
- Recognizes the need to help test changes and participate in continuous quality improvement.²
 5. **The Director of Nursing (DON) posts a list for staff to sign up to work on a PIP. You:**
 - A. Wait to see who else is going to sign up so you know if the PIP is going to succeed.
 - B. Walk away feeling like things will never change so why bother.
 - C. **See the importance of getting involved with making improvement so you sign up right away.**
 - D. Tell your co-workers that there is no reason for change and this is just another task to take up time.

- Participates in identifying useful measures, setting goals, developing action plans and testing changes to improve outcomes and processes.
- 6. **A PIP is focused on systems and not on individual performance.**
 - A. **True.**
 - B. False.

Sources

¹[National Committee for Quality Assurance](#)

²[Quality and Safety Education for Nurses \(QSEN\)](#)

ANSWER SHEET

Resident-Based Competencies

Certified Nursing Assistant (CNA), Certified Medication Aide/Technician (CMA/CMT)

Managing Chronic Obstructive Pulmonary Disease (COPD)

Definition

Assists resident to manage day-to-day living with Chronic Obstructive Pulmonary Disease (COPD). Identifies and responds to changes in condition to prevent complications and acute exacerbations. Uses knowledge of appropriate COPD interventions, treatments, methods and modalities to improve the quality of life and care for the resident. Effectively uses an interdisciplinary approach to manage resident-specific needs.

Knowledge, Skills and Abilities

- Demonstrates empathy for resident and family experiencing anxiety related to COPD.²
 1. **How can you help the resident with COPD and his/her family?**
 - A. Ask the family to leave when the resident is experiencing shortness of breath (SOB) to avoid increased anxiety in the resident.
 - B. Be patient when working with the resident with SOB.
 - C. Speak to the resident in a calm and reassuring manner.
 - D. **B and C.**
- Recognizes that extended periods of shortness of breath need to be reported to the nurse immediately and that the resident with COPD should never be left alone during these episodes.³
 2. **Leaving a resident who is having increased periods of SOB could cause severe anxiety.**
 - A. **True.**
 - B. False.
- Assists residents with COPD by avoiding factors that cause increased shortness of breath, encourages care-planned activities and exercises and uses good infection prevention practices. Uses task segmentation as necessary if a resident is experiencing increased shortness of breath.^{1, 3}
 3. **Which approach is important for the resident to understand and use when having increased SOB?**
 - A. Deep breathing exercises.
 - B. **Pursed lip breathing.**
 - C. Mouth breathing.
 - D. All of the above.

Sources

¹[National Association of Directors of Nursing Administration in Long Term Care \(NADONA\)](#)

²[American Thoracic Society \(ATS\) Journals](#)

³[World Health Organization \(WHO\) Chronic Respiratory Diseases](#)

Managing Congestive Heart Failure (CHF)

Definition

Uses knowledge of Congestive Heart Failure (CHF) symptoms, evaluation and treatment to support residents with CHF. Utilizes nursing knowledge, skills and functions as an integral member of an interdisciplinary team, including the registered dietician and the rehabilitation staff (Physical Therapy [PT], Occupational Therapy [OT] and Speech-Language Pathology [SLP]) to maintain the highest practicable level of function and quality of life.

Knowledge, Skills and Abilities

- Recognizes the role of the nursing assistant (CNA) in gathering, reviewing and reporting information, including, but not limited to: weights as ordered, vital signs, intake and output.^{1, 3}
 - 1. Which factor is important to know when making sure a resident's weight is correct.**
 - A. Time of day.
 - B. Clothing or other items worn by the resident (braces, splints and artificial limbs).
 - C. Wheelchair.
 - D. All of the above.**
- Recognizes and reports to the nurse when they notice resident changes, including, but not limited to: increased swelling, weight gain, shortness of breath or appear more tired than usual.^{1, 3}
 - 2. Swelling (edema) that should be reported to the nurse may occur in:**
 - A. Lower extremities.
 - B. Sacrum.
 - C. Abdomen.
 - D. All of the above.**
- Recognizes that residents with cardiac disorders may need care segmented to their level of tolerance.¹
 - 3. To prevent shortness of breath (SOB), it is important to provide rest periods during activities of daily living (e.g., dressing, grooming or walking).**
 - A. True.**
 - B. False.
- Recognizes the role of the CNA in encouraging the resident with CHF to follow medical practitioner's treatment plan, including ordered diet and fluid restrictions. Reports and documents accurate food and fluid intake.
 - 4. If the nursing assistant (CNA) sees that a resident with CHF is drinking more fluids than the physician orders, the CNA should:**
 - A. Take fluids away from the resident and explain it is not on his/her order.
 - B. Encourage the resident to follow the plan, but report the resident's choices to the nurse and document the resident's fluid intake correctly.**
 - C. Tell the family that the resident is non-compliant.
 - D. Tell the resident that he/she is only harming himself/herself if he/she continues this bad behavior.
- Utilizes and shares his/her knowledge of the resident to improve the quality of life for the resident and contribute to the person-centered plan of care, including: how the resident has learned to prevent or manage symptoms, what makes them most comfortable and interventions the resident finds helpful during a CHF exacerbation.^{1, 2}
 - 5. Knowing about the resident with CHF, you can help him/her by telling the team how well the resident can dress him/herself, how long it takes the resident to eat, and if the resident can ambulate safely.**
 - A. True.**
 - B. False.

Sources

¹[European Society of Cardiology](#)

²[Population Health Learning Network: Annals of Long Term Care](#)

³[Pearson](#)

Managing Dementia/Cognitive Impairment

Definition

Encourages adoption of interventions for quality assurance and performance improvement plans for residents with dementia/cognitive impairments. Advocates for quality and empowers residents with dementia/cognitive impairment and their caregivers to make informed decisions.

Knowledge, Skills and Abilities

- Encourages and supports the resident's mobility and choice by enabling the resident to move about safely and independently and by providing opportunities for the resident to maintain customary activities. Provides appropriate assistance with basic physical care tasks and community involvement. Prevents unsafe wandering by ensuring that causes of wandering are evaluated and addressed, with particular attention to unmet needs.^{1, 2}
 - 1. Some of the ways to reduce the effects of altered perception may include:**
 - A. Increasing the lighting.
 - B. Placing a colored towel at the bottom of a tub.
 - C. Evaluating the floor coverings.
 - D. All of the above.**
- Identifies and addresses the unique safety needs of residents with dementia and other cognitive impairments. Understands why residents may be more vulnerable to abuse and neglect.²
 - 2. The following constitutes abuse or neglect:**
 - A. Making it difficult for a resident to request assistance.
 - B. Telling a resident to toilet in his/her diaper.
 - C. Ignoring a resident who is asking for help.
 - D. All of the above.**
- Understands how brain changes affect the way the resident communicates, functions and behaves. Develops empathy for residents by better understanding their condition and preferences. Evaluates possible reasons behind the actions and reactions of the resident in order to provide individualized care.^{2, 3}
 - 3. A resident with dementia always acts in an aggressive way when he/she is upset.**
 - A. True.
 - B. False.**
- Identifies changes in cognitive impairment and shares knowledge with nurse and interdisciplinary team.^{2, 3}
 - 4. A resident with dementia may show which of the following behavior changes.**
 - A. Fearful behavior.
 - B. Crying.
 - C. Wandering.
 - D. All of the above.**
- Identify indications that the resident may be experiencing pain, paying special attention to potential unmet needs. Reports indicators to the nurse upon identification. Aware of and provides non-pharmacological interventions as identified in the resident's person-centered plan of care.¹
 - 5. When a resident with dementia is upset, he/she may be in pain caused by constipation, hunger or another unmet need.**
 - A. True.**
 - B. False.

Sources

¹[Alzheimer's Association](#)

²[Michigan Dementia Coalition](#)

³[Centers for Medicare and Medicaid Services \(Hand in Hand training\)](#)

Managing Diabetes Mellitus

Definition

Demonstrates knowledge of the factors that affect blood glucose levels, the health implications and complications associated with diabetes. Works within the interdisciplinary team to teach and provide support and guidance to residents who have diabetes. Conducts comprehensive health evaluations, documents and reports findings, and consults with appropriate medical practitioners as needed. Uses a holistic approach to the care of diabetic residents with the goal of enhancing quality of life and minimizing complications.

Knowledge, Skills and Abilities

- Demonstrates knowledge of acute illness effects on glycemic control and reports any signs or symptoms of infection immediately.^{1, 3}
 - 1. A resident who has an active infection may need additional monitoring of his/her blood sugar because:**
 - A. The resident who is sick may not eat enough.
 - B. The resident who is sick may not drink enough.
 - C. The resident who is sick may have increased pain.
 - D. A and B.**
- Recognizes emergencies related to resident's diabetes and reports immediately.³
 - 2. The signs and symptoms of low blood sugar are:**
 - A. Increased thirst, headache, frequent urination.
 - B. Shakiness, excessive sweating, confusion.**
 - C. Blurred vision and hyperactivity.
 - D. Swelling, ringing in the ears.
- Understands that infections can have a negative effect on a resident with diabetes. Practices good infection prevention techniques to reduce the likelihood of infection.
 - 3. Why is foot care important for diabetic residents?**
 - A. Routine foot inspection can identify early skin problems.
 - B. Moisturizing feet during foot care can prevent cracks in the soles of feet, which can be a source of infection.
 - C. To alert the nurse when nails need to be trimmed.
 - D. All of the above.**
- Understands the importance of a healthy, balanced diet and how resident food choices can impact the resident's diabetes.^{1, 2}
 - 4. If a resident with diabetes chose NOT to eat any of his/her evening snack, you would do all of the following, EXCEPT:**
 - A. Offer an alternative snack.
 - B. Report the situation to the nurse.
 - C. Tell the resident he/she must eat his/her snack.**
 - D. Document no snack eaten.

Sources

¹[Diabetes Nurse Specialists, College of Nurses, NZSSD](#)

²[Diabetes UK](#)

³[Training, Research and Education for Nurses in Diabetes](#)

Managing Residents with Impaired Mobility

Definition

Understands the impact that impaired mobility has on the resident's quality of life. Works with the interdisciplinary team to promote the health and safety of the resident while empowering the resident to attain and/or maintain the highest practicable level of independence.

Knowledge, Skills and Abilities

- Promotes the “use of risk reduction, harm prevention and health management promotion strategies” (e.g., helmet safety, transportation services, nutrition education, lifestyle modifications) to encourage wellness for residents with impaired mobility.¹
 1. **As a nursing assistant (CNA), you know that:**
 - A. Pain can lead to decreased mobility, and decreased mobility can lead to pain.
 - B. Loss of muscle mass can lead to decreased mobility.
 - C. Decreased mobility can lead to a decrease in bone density and greater risk for fractures.
 - D. **All of the above.**
- Applies knowledge of activities of daily living (ADL) management (e.g., difficulty with bed mobility, transfers between surfaces, walking in corridors and room). Works with interdisciplinary team to develop a person-centered approach for caring for residents with impaired mobility.^{1,2}
 2. **The Physical Therapist (PT) informs you that Mr. Jones will reach his skilled therapy goals within the next two weeks. Although progress has been made, safety with ambulation remains a long-term need. As the CNA assigned to his care, and in preparation for the transition off of skilled therapy, you:**
 - A. Attend the training provided to CNAs on the safe and appropriate ambulation assistance required for Mr. Jones.
 - B. Encourage Mr. Jones to ambulate following the safety guidelines provided in the training.
 - C. No CNA instruction is needed if the resident is going to a restorative program.
 - D. **A and B.**
- Uses appropriate supportive equipment “that promotes independence, functional improvement and quality of life for residents” with impaired mobility.¹
 3. **Watching the resident to make sure he/she can properly use equipment, such as a cane or walker, is part of the CNA's role in resident safety. Some residents who have had a Cerebral Vascular Accident (CVA), arthritis and other mobility issues can walk safely by using canes and walkers.**
 - A. **True.**
 - B. False.
- Contributes to and implements interdisciplinary, holistic person-centered plans of care for diverse residents with impaired mobility, which includes strategies, alternatives and interventions to attain desired outcomes.¹
 4. **Assisting residents to take part in the Walk-to-Dine Program and helping them ambulate to the bathroom or to activities are ways that staff help residents stay independent and strong.**
 - A. **True.**
 - B. False.

- Uses person-centered interventions to prevent adverse events (e.g., falls, weight loss, pressure ulcers/injuries). Promotes resident independence related to chronic illness or injury.¹
- 5. **As a member of the caregiving team, the CNA follows the therapy plan to encourage resident independence and safety while preventing undesired events. Examples of interventions in the therapy plan may include:**
 - A. Sliding boards for transfers.
 - B. Geri-chairs.
 - C. Walk-to-Dine Program.
 - D. A and C.**

Sources

¹[Association of Rehabilitation Nurses \(ARN\)](#)

²[Illinois Council on Long Term Care](#)

Managing Mental Health

Definition

Promotes holistic, respectful person-centered care for residents as they experience mental health concerns. Incorporates the principles of cultural sensitivity, evidence-based best practice and accurate evaluation to provide an environment that emphasizes the strength of the individual and encourages quality of care and life for residents with mental health concerns.

Knowledge, Skills and Abilities

- Understands the impact of mental health concerns on quality of life and functional status.²
 1. **Routines and consistency can be important for residents who suffer from Post-Traumatic Stress Disorder (PTSD). This addresses which human need:**
 - A. Caring.
 - B. Esteem.
 - C. **Safety.**
 - D. Love.
- Understands the impact of mental health concerns on quality of life and functional status.²
 2. **Out of the ordinary weather, such as thunderstorms or sudden loud sounds, can trigger a post-traumatic stress reaction.**
 - A. **True.**
 - B. False.
- Observes, documents and reports resident behaviors. Recognizes the importance of reporting changes in mental status and new or worsened behaviors.²
 3. **Documenting behaviors as they occur can help the interdisciplinary team identify behavior changes that may be related to illness.**
 - A. **True.**
 - B. False.
- Demonstrates cultural and social competence and professional behaviors in the delivery of care to residents with mental health concerns and “upholds ethical and legal standards related to the provision of mental health care.”^{1, 2}
 4. **Alcoholism and drug addiction can be:**
 - A. Treated, so there is no excuse for either one.
 - B. A problem of morality.
 - C. A sign of a weak personality.
 - D. **Symptoms of an underlying mental health issue.**
- Reports to the nurse (or other administration staff) signs of “risky, harmful or dependent use of substances; cognitive impairment, mental health concerns, behaviors that compromise health (e.g., excessive smoking, isolation); risk for abuse, neglect and violence, or harm to self or others.”¹
 5. **You notice a resident pacing and gesturing angrily in his room by himself, which is not normal for this resident. A coworker is nearby. The best thing to do is:**
 - A. **Stay just outside the resident room and ask the co-worker to get the nurse.**
 - B. Enter the resident’s room; ask him to lie down and relax.
 - C. Leave the area to go get help.
 - D. Leave him alone for a while to see if he calms down.

Sources

¹[Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#)

²[Geropsychiatric Nursing Collaborative](#)

Managing and Preventing Pneumonia

Definition

Demonstrates knowledge around different types of pneumonia, how they impact residents and appropriate treatment. Recognizes signs and symptoms of pneumonia and works with the interdisciplinary team to identify the cause, document findings, carry out the prescribed treatment plan and modify the plan of care as appropriate.

Knowledge, Skills and Abilities

- Recognizes as a member of the interdisciplinary team that he/she has a role in the prevention of pneumonia for residents by ensuring proper handwashing and cough and sneeze etiquette, as well as not going to work when sick.³
 1. **You have a family member at home with pneumonia, and you are starting to cough and sneeze. How can you protect your residents?**
 - A. Proper handwashing.
 - B. Wear a mask while on duty.
 - C. Let your supervisor know about the situation before going to work.
 - D. **All of the above.**
- Understands that the recovery period for older adults with pneumonia does not end when visible symptoms appear to be resolved and task segmentation may be necessary, especially if they continue to have shortness of breath.
 2. **For an older adult with pneumonia, it may take several weeks for he/she to fully recover his/her strength. He/she may need more help to complete tasks.**
 - A. **True.**
 - B. False.
- Monitors and reports to the nurse any resident with signs or symptoms of cough, shortness of breath and vital signs, including pain and anxiety, outside the resident's baseline.^{1, 2, 3}
 3. **What symptoms are you likely to see if a resident has pneumonia?**
 - A. Swelling of feet or lower legs.
 - B. Shortness of breath (SOB).
 - C. Cough.
 - D. **B and C.**
- Supports the resident with managing his/her pneumonia by maintaining nutrition and hydration, monitoring and reporting vital signs including pain and shortness of breath, new or changed cough. Assists resident with position changes frequently.^{2, 3}
 4. **When residents have pneumonia, which position can help them breathe better if they are short of breath?**
 - A. Side lying.
 - B. **Elevated at a 45-degree angle.**
 - C. Lying flat.
 - D. With feet dangling off the edge of the bed.

Sources

¹[AMN Healthcare Education Services](#)

²[RNpedia](#)

³[Nurses Labs](#)

Managing and Preventing Pressure Ulcers/Injuries

Definition

Monitors, evaluates and manages risk factors to prevent pressure ulcers/injuries. Uses evidence-based best practices when managing the treatment of pressure ulcers/injuries. Works with the interdisciplinary team to develop and implement person-centered plans of care to prevent and/or manage pressure ulcers/injuries. Identifies root causes when pressure ulcers/injuries develop to determine appropriate interventions for healing. Demonstrates competence in pressure ulcer/injury documentation.

Knowledge, Skills and Abilities

- Performs head-to-toe skin check, documents and reports areas of redness or skin changes to nurse.
 - 1. Which resident skin change(s) should be reported to the nurse?**
 - A. New discolored areas, or areas that are cooler or warmer to the touch than surrounding skin.**
 - B. Scars.
 - C. A and B.
 - D. None of the above.
- Knowledgeable in the methods of pressure ulcer/injury prevention and treatment (e.g., monitoring skin condition; maintaining skin cleanliness and dryness; providing person-centered, pressure-reducing surfaces for residents while they are in bed or seated; developing an individualized turning and repositioning schedule; providing nutrition and hydration support, padding and protecting bony prominences).²
 - 2. A resident has been determined to be at high risk for developing pressure ulcers/injuries. It is enough to reposition this resident every two hours.**
 - A. True.
 - B. False.**
- Demonstrates knowledge of repositioning techniques that can prevent tissue damage, as well as tools that are effective in reducing the risk.³
 - 3. What can prevent shear and friction injuries?**
 - A. Lifting rather than “pulling” residents when repositioning.
 - B. Properly fitting shoes.
 - C. Proper use of mechanical lifts.
 - D. All of the above.**
- Communicates effectively with the resident and his/her family about the importance of consistent pressure reduction strategies.¹²
 - 4. One role a nursing assistant (CNA) might play in communicating the importance of consistent pressure reduction strategies would be:**
 - A. Encouraging a resident to eat lunch in his/her room while lying in his/her bed.
 - B. Encouraging the resident to eat all of his/her lunch.
 - C. Helping a resident plan pressure reduction rest periods into his/her day.**
 - D. All of the above.

- Participates in a root cause analysis for the underlying causes and factors that lead to pressure ulcers; understands that root causes may be classified into categories, such as equipment, environment, staff training, fatigue, scheduling, communication, etc.¹
 - 5. Pressure ulcers/injuries related to improper wheelchair sizing and oxygen nasal cannulas or tubing are examples of ulcers related to:**
 - A. Equipment.**
 - B. Shearing.
 - C. Environment.
 - D. A and B.
- Implements care planned interventions for preventing or reducing pressure; monitors and reports if they are not effective.¹
 - 6. A resident with a gel cushion in his wheelchair develops an open area to his coccyx. Potentially avoidable contributing factors are:**
 - A. Missed reddened area on skin check.
 - B. Failure to reposition per plan of care while in wheelchair.
 - C. Unidentified/unaddressed weight loss.
 - D. All of the above.**

Sources

¹[Stratis Health, Oklahoma Foundation, CMS](#)

²[Stratis Health, Minnesota Medicare QI Organizations, CMS](#)

³[National Health Service \(NHS\)](#)

Managing and Preventing Resident Falls

Definition

Identifies risk factors associated with falls and minimizes risks by using best practices and proper techniques. If a fall does occur, investigates, determines the cause and documents findings. Works with the interdisciplinary team to develop an individualized plan of care to support the resident, and contributes to the development of a process to prevent and manage falls across one's facility.

Knowledge, Skills and Abilities

- Evaluates the resident for fall risks through a standardized assessment using multiple demographics and risk factors; understands that each resident may have a unique combination of risk factors that can change over time.^{3,4}
 - 1. Which of the following is NOT a risk factor for falls?**
 - A. Medications.
 - B. Dementia.
 - C. Daily strength exercises.**
 - D. Gait and balance impairments.
 - Observes, investigates and identifies components that contribute to resident falls (e.g., environmental factors, resident history, medications, physical examination, factors in care or equipment, continence needs, mental status, mobility challenges, facility staffing); documents per facility protocol and supports falls prevention programs or strategies across the facility.^{2,3,4}
 - 2. Why does a resident try to stand up on his/her own, even if he/she is weak?**
 - A. Toileting need.
 - B. Hunger.
 - C. Pain.
 - D. All of the above.**
 - 3. Which environmental factors in a resident's room can contribute to falls?**
 - A. Changes in furniture placement.**
 - B. Hunger.
 - C. Pain.
 - D. All of the above.
 - Avoids restraints and understands that using them does not help prevent falls, but can actually cause falls when residents attempt to get out of them or slide down through them.¹
 - 4. Which of the following can be considered a physical restraint and may cause a resident fall?**
 - A. Geri-chair.
 - B. Placing a resident's wheelchair at a table and locking the brakes.
 - C. Chair alarm.
 - D. A and B.**
 - Maintains a safe and comfortable environment while minimizing the risk of resident falls by screening and/or evaluation to identify resident-specific environmental, educational and treatment interventions.^{3,4}
 - 5. Which of the following is NOT a precaution to prevent falls?**
 - A. Keeping the resident's possessions within the resident's safe reach.
 - B. Keeping the resident care areas uncluttered.
 - C. Using a bed alarm.**
 - D. Keeping the resident's bed brakes locked.

Sources

¹[Capezuti E, Strumpf, N, Evans 1998](#)

²[Agency for Healthcare Research and Quality \(AHRQ\) - Improving Patient Safety in Long Term Care Facilities](#)

³[Agency for Healthcare Research and Quality \(AHRQ\) - Preventing Falls in Hospitals](#)

⁴[The John A. Hartford Foundation Institute for Geriatric Nursing](#)

Treating and Preventing Urinary Incontinence (UI)

Definition

Understands the causes and complications associated with urinary incontinence (UI). Follows evidence-based practice guidelines with a person-centered approach that focuses on the prevention, early detection and appropriate treatment of UI.

Knowledge, Skills and Abilities

- Promotes and provides assistance as necessary to aid residents in adhering to planned incontinence programs by considering the following: safe access to bathroom and appropriate equipment/assistance; adequate fluid intake; carefully following individualized toileting plans; and avoiding the use of incontinence briefs if possible for all residents, including those with cognitive and/or functional impairment.
 - 1. Undesirable results of resident incontinence include:**
 - A. Increased risk for falls.
 - B. Embarrassment, depression and isolation.
 - C. Increased urination.
 - D. A and B.**
- Understands that urinary incontinence is not a normal part of aging and contributes to and implements the person-centered plan of care that addresses resident needs related to urinary incontinence.²
 - 2. What should be included in a voiding/patterning diary?**
 - A. Time of toileting.
 - B. Fluids consumed.
 - C. Wet or dry at time of toileting.
 - D. All of the above.**
 - 3. Urinary incontinence is a normal part of aging.**
 - A. True.
 - B. False.**
- Knowledgeable about the safe and appropriate use of incontinence care products, including the use of proper brief size, proper cleansing and moisturizing products, while maintaining good infection control practices when providing care for the incontinent resident.
 - 4. When residents void large amounts of urine during incontinent episodes, it is wise to use a larger brief to contain the urine.**
 - A. True.
 - B. False.**
- Understands the role of the nursing assistant (CNA) related to toileting and perineal care for incontinent episodes, which includes monitoring and reporting skin problems.⁴
 - 5. It is the nursing assistant's (CNA's) responsibility to provide the following care related to urinary incontinence.**
 - A. Toilet residents according to the person-centered plan of care.
 - B. Report skin changes immediately.
 - C. Intermittently catheterize the resident.
 - D. A and B.**

- Assists residents with the interventions on the person-centered plan of care that include ways to improve the quality of life for residents with incontinence, such as encouraging good toileting and hygiene habits and reminding them to do exercises that may improve continence and/or independence.³
- 6. A resident is experiencing incontinent episodes related to extended periods of time spent in activities. As the CNA, you:**
 - A. Quietly, while maintaining privacy, remind and assist the resident with toileting before, during and after activities as she allows.
 - B. Privately speak with the resident about the possible ways to prevent incontinent episodes.
 - C. Tell the resident she must toilet at specific times.
 - D. A and B.**

Sources

¹[Stratis Health, Minnesota Medicare QI Organizations, CMS](#)

²[UCLA Health](#)

³[Ministry of Health](#)

⁴[Wound Ostomy and Continence Nurses Society \(WOCNS\)](#)

Treating and Preventing Urinary Tract Infections (UTIs)

Definition

Understands the causes and complications associated with urinary tract infections (UTI), including sepsis. Follows evidence-based practice guidelines with a person-centered approach that focuses on the prevention, early detection and appropriate treatment of UTI.

Knowledge, Skills and Abilities

- Understands that early identification of resident changes may reduce the risk of serious complications related to urinary tract infections, including sepsis.¹
 - 1. A UTI places residents at risk for sepsis. Signs of sepsis related to a possible UTI that need to be immediately reported to the nurse include:**
 - A. Difficult to awaken and increased confusion.
 - B. Foul smelling urine.
 - C. Respiratory rate higher than 20 breaths per minute and heart rate higher than 90 beats per minute.
 - D. All of the above.**
- Understands that some UTIs can be avoided by practicing good toileting and perineal care techniques. Teaches residents who are able to perform self-care about ways to help prevent UTIs.²
 - 2. It is part of the nursing assistant's (CNA's) role to demonstrate ways to help prevent UTIs when helping the resident. Examples of common avoidable causes of UTIs among women include:**
 - A. Wiping from back to front.
 - B. Remaining in a soiled brief.
 - C. A and B.**
 - D. None of the above.
- Understands that residents with urinary catheters have an increased risk for UTIs. Performs catheter care and maintenance in a way that minimizes the risk for trauma and/or infection, including proper bag location, tubing management and anchoring tubing to prevent trauma.²
 - 3. Examples of factors that decrease the possibility of UTI or trauma in a resident with a urinary catheter are:**
 - A. Bag and tubing held above the level of the bladder.
 - B. Catheter bag properly hung on wheelchair.**
 - C. Failing to anchor tubing to prevent pulling or tugging.
 - D. Changing from the leg bag to the drainage bag often.
- Understands that many UTIs are preventable by using good infection control techniques, providing residents with adequate hydration and toileting residents per their individualized toileting plan.¹
 - 4. Ways to make sure residents have adequate hydration may include:**
 - A. Offering residents fluids with every interaction.
 - B. Encouraging him/her to drink all of his/her fluids at mealtimes.
 - C. Offering fruit.
 - D. A and B.**

- Recognizes resident changes of condition that may indicate UTI and reports the changes to the nurse immediately.
- 5. Examples of changes in a resident that may indicate a UTI and should be reported to the nurse immediately include:**
- A. New episodes of incontinence.
 - B. Pain in lower abdomen or back.
 - C. Difficulty starting urine stream or changes in the urine (e.g., color, odor, looks different or cloudy).
 - D. All of the above.**

Sources

¹[UCLA Health](#)

²[Ministry of Health](#)